

STATE OF MAINE

SNOWMOBILE, ATV, WATERCRAFT ACCIDENT REPORT FORM

The Department of Inland Fisheries and Wildlife is responsible for documenting all reportable snowmobile, ATV & Watercraft accidents which have at least one of the following:

1. **\$1,000.00 or more which includes all property damage.** This report must be filed within 72 hours of a property damage only accident and can only be used to report a property damage accident. Property damage accidents resulting in less than \$1,000.00 which includes all property damage do not need to be reported.
2. **Personal injury or death.** Any accident that causes a death or injuries that require the services of a physician have to be reported by the quickest means to a law enforcement officer and investigated by a law enforcement officer. This 72 hour form can not be used for reporting this type of accident

MAIL TO: Department of Inland Fisheries and Wildlife
 Recreational Safety Division
 284 State Street
 41 State House Station
 Augusta, Maine 04333

**WITHIN 72 HOURS FOLLOWING
 ACCIDENT**

| | | | | | |
|-------------|-------------------|-------------|------|----------------------------------|----------------------------------|
| TIME | DATE OF ACCIDENT: | DAY OF WEEK | HOUR | A.M. <input type="checkbox"/> | P.M. <input type="checkbox"/> |
|-------------|-------------------|-------------|------|----------------------------------|----------------------------------|

| | | | |
|--------------|--|--------------|-----------------|
| PLACE | PLACE WHERE ACCIDENT OCCURRED | COUNTY _____ | CITY/TOWN _____ |
| | LOCATION WHERE ACCIDENT OCCURRED _____ Give name of road, body of water, trail name or ITS number | | |
| | AT TRAIL INTERSECTION WITH _____ Road, another trail | | |

| Vehicle # 1 | | | Vehicle # 2 | | |
|---|--|--------------|---|--|--------------|
| DRIVER'S NAME LAST, FIRST, MIDDLE | | | DRIVER'S NAME LAST, FIRST, MIDDLE | | |
| D.O.B MO. DAY YEAR | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | PHONE NUMBER | D.O.B MO. DAY YEAR | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | PHONE NUMBER |
| <input type="checkbox"/> CHECK IF NEW ADDRESS CURRENT ADDRESS, NUMBER AND STREET | | | <input type="checkbox"/> CHECK IF NEW ADDRESS CURRENT ADDRESS, NUMBER AND STREET | | |
| CITY/TOWN | STATE | ZIP | CITY/TOWN | STATE | ZIP |

| | |
|----------------------------|----------------------------|
| YEAR MAKE | YEAR MAKE |
| SERIAL NUMBER | SERIAL NUMBER |
| DESCRIBE DAMAGE TO VEHICLE | DESCRIBE DAMAGE TO VEHICLE |
| ESTIMATED COST TO REPAIR | ESTIMATED COST TO REPAIR |

TOTAL NUMBER OF VEHICLES INVOLVED: _____ If more than two vehicles were involved, describe the additional vehicles on separate report forms and attach to this report.

As a result of this accident, was anyone summonsed to court? Yes No Arrested? Yes No
 Name of Court _____

Charge(s) _____

Did a Law Enforcement Officer investigate at the scene of the accident? Yes No

Name of Investigating Officer _____ Department: _____
 (Please Print) (IFW, State Police, Sheriff, Local Police, etc)

WAS A POLICY OF LIABILITY INSURANCE COVERING THE VEHICLE YOU WERE DRIVING IN EFFECT AT THE TIME OF ACCIDENT? YES NO UNSURE

FOR OFFICE USE ONLY

DATE RECEIVED: _____

