

Minnesota Recreational Vehicle Accident Report Form

S - Snowmobile 6 - 6 wheel ATV
 3 - 3 wheel ATV M - Off road motorcycle
 4 - 4 wheel ATV V - Off road vehicle

Accident Type
 F = Fatal
 N = Personal Injury
 P = Property Damage

Date	Time	AM PM	County or County Number	Phone Number () -	Agency
Name of Person or Investigating Officer Completing Report					
Address of Person or Investigating Officer (No. & Street, RFD, Box No., City, Zip Code)					

Machine #1

Operator's Name (First, Middle, Last)				Date of Birth MM/DD/YY ____/____/____		Age _____		Sex _____			
Address (No. & Street, RFD, Box No., City, ZIP Code)						Did operator complete the Dept. of Natural Resources Safety Training? Yes/No					
Owner's Full Name (First, Middle, Last) (If other than operator)						Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +					
Owner's Address						Hours spent riding the day of the accident?					
Make		Model		Engine Size CCs		Year of Machine		Estimated Repair Cost \$		Ownership: O - owned R - rented B - borrowed F - family machine S - stolen	
Registration No.		Exp. Date		State		Estimated Speed MPH		Was operator familiar with the area? Yes No (circle one)		Carbide Wear Rods Yes or No	
Operator Alcohol Use ▼ Yes or No		PBT Used N - No P - Pass ▼ W - Warn F - Fail		Chem Test Yes or No		BAC		Any violations? Yes or No Explain		Track Studs Yes or No	
								Any legal action? Yes or No Explain		If Yes: Number of studs in track	

Machine #2

Operator's Name (First, Middle, Last)				Date of Birth MM/DD/YY ____/____/____		Age _____		Sex _____			
Address (No. & Street, RFD, Box No., City, ZIP Code)						Did operator complete the Dept. of Natural Resources Safety Training? Yes/No					
Owner's Full Name (First, Middle, Last) (If other than operator)						Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +					
Owner's Address						Hours spent riding the day of the accident?					
Make		Model		Engine Size CCs		Year of Machine		Estimated Repair Cost \$		Ownership: O - owned R - rented B - borrowed F - family machine S - stolen	
Registration No.		Exp. Date		State		Estimated Speed MPH		Was operator familiar with the area? Yes No (circle one)		Carbide Wear Rods Yes or No	
Operator Alcohol Use ▼ Yes or No		PBT Used N - No P - Pass ▼ W - Warn F - Fail		Chem Test Yes or No		BAC		Any violations? Yes or No Explain		Track Studs Yes or No	
								Any legal action? Yes or No Explain		If Yes: Number of studs in track	

Position
 1 - Operator 2 - Passenger 3 - Pedestrian
 4 - Other (Explain) _____

Casualty
 F - Fatal
 N - Injury

The operator or an officer investigating an accident resulting in injury requiring medical attention or hospitalization or death of a person or total damage of 500.00 or more to the machine (\$300.00 for ORV) shall forward within 10 business days to:

**MN DNR Enforcement
 Safety Training
 15011 Hwy. 115
 Little Falls MN 56345**

	Injured Name (First Middle Last)	DOB	Age	Sex	
A					
B					
C					
D					

<p>Type of Terrain</p> <p>1 - Lake or Stream 2 - Road Right-of-way 3 - Railroad Right-of-way 4 - Private Marked Trail 5 - Government Marked Trail 6 - Private Unmarked Property</p>	<p>7 - Within City or Village Limits 8 - Government Unmarked Property 9 - Outside City or Village Limits 10 - Other (Describe) _____</p>
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<p>Weather</p> <p>1 - Clear 2 - Cloudy 3 - Rain or Sleet 4 - Fog 5 - Light snow 6 - Heavy snow 7 - Blowing snow</p>
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<p>Type of Accident</p> <p>1 - Struck fixed object (what) _____ 2 - Machine Rollover 3 - Broke through ice 4 - Barbed wire or fence 5 - Operator injured in mechanism 6 - Collision with train</p>	<p>7 - Machine-car collision 8 - Equipment malfunction 9 - Struck guy wire or cable 10 - Machine-machine collision 11 - Operator thrown from machine 12 - Passenger thrown from machine 13 - Passenger thrown from device being towed</p>	<p>14 - Clothing caught in machine 15 - Other (describe) _____ 16 - Excessive speed 17 - Loss of control 18 - Pedestrian</p>
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<p>Injuries, person #1 (Mark all that apply)</p> <div style="display: flex; align-items: center;"> <div style="flex-grow: 1;"> <p>1 Soft tissue 2 Fracture 3 Lacerations 4 Other _____</p> </div> </div> <p>(Place number of injury type at location of injuries on figure) Hospital _____ Admitted <input type="checkbox"/> Transferred <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/></p>	<p>Injuries, person #2 (Mark all that apply)</p> <div style="display: flex; align-items: center;"> <div style="flex-grow: 1;"> <p>1 Soft tissue 2 Fracture 3 Lacerations 4 Other _____</p> </div> </div> <p>(Place number of injury type at location of injuries on figure) Hospital _____ Admitted <input type="checkbox"/> Transferred <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/></p>
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Witness: Name	Address	Phone
		()
		()
		()

Describe accident in detail, explaining cause, number of riders in group and the position the machines were in the group (Attach additional sheets as needed or you may attach a copy of your departmental report.)

Draw an example of machine(s) travel and collision. Mark machine(s) #1, #2, etc. Place an arrow in the box showing north.

Is this a supplement to a previous report?