

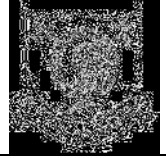
					Within 5 days, forward to: N.H. FISH AND GAME DEPARTMENT OHRV DIVISION 11 HAZEN DRIVE CONCORD, N.H. 03301					For Administrative Use Only Reviewed By: District Supervisor OHRV Program Coordinator								
Accident Date	Day of Week	Time		Total Vehicles	Total Injured	Total Killed	Time Investigated	Investigated at Scene		Operator(s) Left Scene	Police Photos							
		<input type="checkbox"/> AM <input type="checkbox"/> PM						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Your Vehicle (#1)						Other Vehicle (#2)												
Last Name – Operator			First Name			Middle Initial		Last Name – Operator			First Name		Middle Initial					
Number and Street						Number and Street												
City			State		Zip Code	City			State		Zip Code							
Date of Birth		Sex		Telephone No.			Date of Birth		Sex		Telephone No.							
Mo.	Day	Yr.					Mo.	Day	Yr.									
Last Name – Owner			First Name			Middle Initial			Last Name – Owner			First Name			Middle Initial			
Same as Operator <input type="checkbox"/>																		
Number and Street									Number and Street									
City					State			Zip Code		City				State			Zip Code	
Date of Birth		Sex		Telephone No.			Date of Birth		Sex		Telephone No.							
Mo.	Day	Yr.					Mo.	Day	Yr.									
Decal #	Exp. Date	Yr. & Veh. Make		Model	Disp. C.C.			Decal #	Exp. Date	Yr. & Veh. Make		Model	Displac. C.C.					
No Damage Vehicle #1 <input type="checkbox"/>						ACCIDENT DIAGRAM						No Damage Vehicle #2 <input type="checkbox"/>						
Indicate North by Arrow 																		
Town				County				Landmarks at Scene				GPS Coordinates						
Ticket/Arrest <input type="checkbox"/>			Warning <input type="checkbox"/>			Name/Type Area			<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> At Intersection With			Route No. or Street Name						
Opr 1 <input type="checkbox"/>			Opr 2 <input type="checkbox"/>						Of									
Charge RSA																		
Owner and Address of Damaged Property																		
Property if Other than OHRV																		
Accident Narrative/Officer's Notes/Witnesses (add supplemental page(s) if necessary)																		
SIGN HERE				PRINT NAME				DEPT.										

<input type="checkbox"/>	1 ◀	REPORT SUBMITTED BY 1. Operator 2. Law Enforcement 3. Medical Facility	NAME/OPERATOR/VICTIM		DATE OF INCIDENT	
<input type="checkbox"/>	2 ◀	LOCATION 1. Public Property 2. Private Property	Last	First	MI	
<input type="checkbox"/>	3 ◀	TYPE TERRAIN 1. Trail – bare ground 2. Trail w/snow – groomed 3. Trail w/snow – not groomed 4. Frozen Body of Water 5. Road 6. Road Right-of-Way 7. Field/Lawn 8. Woods – no trail 9. Airport 10. Parking Lot 11. Sand Pit 12. Race Track 13. Railroad 14. Other	APPARENT CONTRIBUTING FACTORS <i>HUMAN</i> 1. Unsafe Speed 2. Alcoholic/Drug Involvement 3. Inattention 4. Inexperience 5. Reckless/Careless 6. Following too Close 7. Failed to Yield/Stop 8. Improper Turn 9. Operating on Road 10. Hit by Vehicle <i>VEHICULAR</i> 11. Stuck Throttle 12. Brake Defective 13. Other Vehicular <i>ENVIRONMENTAL</i> 14. Animal's Actions 15. Thin Ice 16. Obstruction/Debris 17. View Obstructed 18. Icy Trail		Veh1 ▶17	<input type="checkbox"/>
<input type="checkbox"/>	4 ◀	TRAFFIC CONTROL 1. None 2. Signed Trail 3. Posted Hazard 4. Stop/Yield 5. Other			Veh1 ▶18	<input type="checkbox"/>
<input type="checkbox"/>	5 ◀	LIGHT CONDITIONS 1. Daylight 2. Dusk/Dawn 3. Dark – area lighted 4. Dark – area unlighted			TYPE OF VEHICLE 1. Snowmobile 2. 3-Wheeled ATV 3. 4-Wheeled ATV 4. Trail Bike 5. Car or Truck 6. Tracked ATV 7. UTV 8. Other	Veh1 ▶21 Veh2 ▶22
<input type="checkbox"/>	6 ◀	TRAIL CHARACTER 1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest 7. Crossing Bridge	IF A QUESTION DOES NOT APPLY, ENTER A DASH (-). IF AN ANSWER IS UNKNOWN, ENTER AN "X"		PRE-ACCIDENT VEHICLE ACTION 1. Going Straight Ahead 2. Making a turn 3. Stopped 4. Avoiding Object 5. Slowing or Stopping 6. Overtaking 7. Backing 8. Towing	Veh1 ▶23 Veh2 ▶24
<input type="checkbox"/>	7 ◀	SURFACE CONDITION 1. Snow 2. Ice 3. Bare Ground 4. Pavement 5. Other	LOCATION OF MOST SEVERE PHYSICAL COMPLAINT 1. No Injury 2. Head 3. Neck 4. Arm 5. Hand 6. Trunk/Torso 7. Leg 8. Foot 9. Entire Body		OHRV SAFETY TRAINING OPERATOR #1 1. Yes 2. No 3. Unknown	▶25
<input type="checkbox"/>	8 ◀	WEATHER 1. Clear 2. Cloudy/Overcast 3. Rain 4. Snow 5. Sleet/Freezing Rain			OHRV SAFETY TRAINING OPERATOR #2 1. Yes 2. No 3. Unknown	▶26
WHICH VEHICLE OCCUPIED 1. Vehicle No. 1 2. Vehicle No. 2				TYPE OF PHYSICAL COMPLAINT 1. No Injury 2. Amputation 3. Concussion 4. Internal 5. Bleeding 6. Fracture / Dislocation 7. Bruise 8. Burn 9. Other	TYPE OF ACCIDENT 1. Collision 2. Fell Off 3. Rollover 4. Fire/Explosion 5. Submersion 6. Ran Off Roadway Only	▶27
POSITION IN/ON VEHICLE 1. Driver 2-3. Passengers 4. Riding / Hanging on Outside				VICTIM'S PHYSICAL/ EMOTIONAL STATUS 1. Conscious 2. Semi-Conscious 3. Unconscious 4. Apparent Death	COLLISION TYPE 1. Snowmobile 2. ATV 3. Trail Bike 4. Car/Truck 5. Railroad Train 6. Maintenance Equipment 7. Pedestrian 8. Animal 9. Tree 10. Rock 11. Post/Pole 12. Guard Rail 13. Embankment/Ditch 14. Building/Structure 15. Fence/Gate 16. Other	▶28
SAFETY EQUIPMENT USED 1. No Helmet 2. Helmet On 3. Helmet/Eye Protection						
VEHICLE LIGHTING 1. Lights On 2. Light Not On 3. Not Equipped 4. Unknown						
AGE						
NAMES OF ALL INVOLVED – (IF DECEASED, GIVE DATE OF DEATH)						

New Hampshire Fish & Game Department
UNIFORM OHRV/SNOWMOBILE ACCIDENT REPORT

Within 5 days mail report to:

OHRV Division, N.H. Fish & Game Department, 11 Hazen Drive, Concord, N.H. 03301
(603) 271-3129



USE TAB KEY TO NAVIGATE; BACK ARROW TO UNDO

215-A:28 215-C:48 Financial Responsibility and Conduct After an Accident.

The operator of an OHRV or snowmobile involved in an accident resulting in death or injury to a person or damage to property in excess of \$500, or the owner of said OHRV or snowmobile having knowledge of the accident, should the operator of same be incapacitated, shall report said accident immediately to the nearest police officer or nearest police station and shall file a report of the accident with the department of fish and game within 5 days on forms prescribed by the department of fish and game.

V. Any person who is knowingly involved in any accident involving personal injury with an OHRV or snowmobile shall report said accident to the nearest police officer or police station. A report of said accident shall be filed forthwith by said police officer or police station and the fish and game department.

COMPLETION OF THE ACCIDENT FORM: Follow the instructions for entering accident data.

ACCIDENT IDENTIFICATION - Page 1

The top line of the form should be completed as follows:
complete date, day of week, time accident occurred with am or pm, total number of vehicles involved, total injured, total killed, time the officer investigated, did the officer go to the accident scene?, did any involved operators leave the scene?, does investigating agency have scene photos?

OPERATOR OWNER BLOCKS - Page 1

1. Print names in all entries -last, first, middle initial.
2. If operator, owner is at temporary or vacation address, list home address and phone.
3. If operator is also the owner, check the "Same as Operator" box within the owner name block. Leave address blank.
4. Enter vehicle information at bottom of this section.
5. If the registration is expired or invalid, make note within the accident description section.
6. Make sure that model of OHRV is entered.

ACCIDENT DIAGRAM - Page 1

Space is provided to draw an illustration. Place an arrow within the circle to indicate the direction of North. If no damage, check box for each vehicle involved.

LOCATION/ARREST INFORMATION - Page 1

Name/Type Area refers to: Trail number, highway number or street name and when it is possible; reference an accident location to a named or designated public roadway or GPS location, if known.
Ticket/Arrest- List any violations or warnings that participants are cited for.

TYPE TERRAIN - page 2

The key to whether area is a trail or woods, field, lawn, etc. is that a trail is an established route for the general public. A route between two or more properties utilized only by adjoining landowners should not be considered a trail.

TRAFFIC CONTROL - Page 2

A posted hazard would include steep grades, drop offs, bridge out, or other special hazards involved at location of the incident. If the trail is generally signed, but no special hazard was involved, then #2 should be entered.

TRAIL CHARACTER - Page 2

Applies to any area where incident occurred.

SURFACE CONDITION/WEATHER Page 2

Should relate to conditions at the scene of the actual incident at the time which it occurred.

APPARENT CONTRIBUTING FACTORS: - Page 2

There are two (2) boxes for indicators of two (2) vehicles involved. There should be at least one entry for each vehicle.

If a second indicator is not available, insert a "dash" for the vehicle in question. **DO NOT LEAVE ANY FIELD BLANK**

TYPE OF ACCIDENT AND COLLISION TYPE: - Page 2

Indicate the most appropriate description in box #27 & 28.

ALL INVOLVED DATA - Page 2

Must be filled out for all persons involved in the incident regardless of injury or no injury. A dash (-) should be entered when a category has no entry.

For injury columns, always list the most serious apparent injury.