

DEPARTMENT OF MOTOR VEHICLES
 Agency of Transportation
 dmv.vermont.gov

 120 State Street
 Montpelier, Vermont 05603-0001
 Phone: 802.828.2000 / Toll Free: 888-99-VERMONT / TTD: 711

TYPE OF ACCIDENT REPORT: SNOWMOBILE ACCIDENT REPORT ATV ACCIDENT REPORT

The operator of a snowmobile or ATV involved in an accident which results in death or injury to any person, or damage to property in excess of \$500.00 (not including the damage to your snowmobile or ATV) must contact a law enforcement officer immediately and must make a report on this form (within 72 hours) to the Commissioner of Motor Vehicles. You must file this report even if your snowmobile or ATV was parked at the time of the accident. Complete all of the fields below; if not applicable, enter "N/A", if unknown, enter "UK".

DATE OF ACCIDENT		DAY OF WEEK		TIME OF DAY		DEPT. USE ONLY:		DMV CASE NUMBER		
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.						
EXACT LOCATION OF ACCIDENT (STREET, ROAD, RESIDENCE - BE SPECIFIC, INCLUDE PROPERTY OWNER'S NAME)										
CITY/TOWN WHERE ACCIDENT OCCURRED			WITHIN CITY LIMITS?			COUNTY WHERE ACCIDENT OCCURRED				
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKOWN							
VEHICLE #1 (YOUR VEHICLE)					VEHICLE #2 (OTHER VEHICLE)					
NAME OF OPERATOR: FIRST, MIDDLE, LAST					NAME OF OPERATOR: FIRST, MIDDLE, LAST					
OPERATOR'S MAILING ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP					OPERATOR'S MAILING ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP					
DATE OF BIRTH: MM/DD/YYYY		AGE	SOCIAL SECURITY NUMBER		DATE OF BIRTH: MM/DD/YYYY		AGE	SOCIAL SECURITY NUMBER		
LICENSE NUMBER		STATE	DRIVING EXPERIENCE		LICENSE NUMBER		STATE	DRIVING EXPERIENCE		
			YRS. MOS.					YRS. MOS.		
REGISTRATION #		STATE	HELMET WORN?		REGISTRATION #		STATE	HELMET WORN?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO		
VEHICLE MAKE	VEHICLE MODEL		VEH. YEAR	EST. SPEED	VEHICAL MAKE	VEHICLE MODEL		VEH. YEAR	EST. SPEED	
				MPH					MPH	
VEHICLE IDENTIFICATION NUMBER					VEHICLE IDENTIFICATION NUMBER					
VEHICLE OWNER'S NAME (IF DIFFERENT THAN OPERATOR)					VEHICLE OWNER'S NAME (IF DIFFERENT THAN OPERATOR)					
OWNER'S MAILING ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP					OWNERS'S MAILING ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP					
DESCRIBE DAMAGE TO VEHICLE					DESCRIBE DAMAGE TO VEHICLE					
EST. REPAIR COST		VEHICLE REMOVED BY			EST. REPAIR COST		VEHICLE REMOVED BY			
\$					\$					
VEHICLE TAKEN TO					VEHICLE TAKEN TO					
PASSENGER DATA - THE INFORMATION BELOW IS REQUIRED FOR YOURSELF AND ALL PERSONS IN/ON ALL VEHICLES										
PASSENGER NAME	PASSENGER ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP			NATURE & EXTENT OF INJURIES (STATE "NONE" IF NOT INJURED)		NAME OF HOSPITAL TAKEN TO	VEH. #	AGE	GEN-DER	HELMET WORN?
										<input type="checkbox"/> YES <input type="checkbox"/> NO
										<input type="checkbox"/> YES <input type="checkbox"/> NO
										<input type="checkbox"/> YES <input type="checkbox"/> NO
										<input type="checkbox"/> YES <input type="checkbox"/> NO

