

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

 120 State Street
 Montpelier, Vermont 05603-0001
 802.828.2000

TYPE OF CRASH REPORT: **SNOWMOBILE CRASH REPORT** **ATV CRASH REPORT**

The operator of a snowmobile or ATV involved in an CRASH 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 DMV. You must file this report even if your snowmobile or ATV was parked at the time of the CRASH. Complete all of the fields below; if not applicable, enter "N/A", if unknown, enter "UK".

DATE OF CRASH		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 CRASH (STREET, ROAD, RESIDENCE – BE SPECIFIC, INCLUDE PROPERTY OWNER'S NAME)											
CITY/TOWN WHERE CRASH OCCURRED			WITHIN CITY LIMITS?		COUNTY WHERE CRASH 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

