



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 CR	DAY OF WEEK					TIME OF DAY			DEPT. DMV CASE NUM		IBER			
							□ A.M.			USE				
	EVACTICO	TION OF	CDACH "	CTDEET	DOAD D	COLDEN	OF DESPESSES	INCLUS	P.M.	ONLY				
	EXACT LOCA	ATION OF	CKASH (OIKEEI	, KUAD, R	ESIDEN	CE – BE SPECIFIC,	INCLUL	JE PRUPERT	T OWNER	(3 NAME)			
						CITY LIMITS? COUNTY WHERE CRASH OCCURRED								
					S 🔲 NO	NO 🗖 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 AG	E	SOCIAL S	SECURI	TY NUMBE	R	DATE OF BIRTH	H: MM/[DD/YYYY	AGE	SOC	IAL SEC	URITY N	UMBER
LICENSE N	UMBER	STA	TE C	DRIVING	EXPERIE	NCE	LICE	NSE NU	JMBER		STATE	DRI	VING EX	PERIENCE
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VEHICLE MAKE	VEHICLE MOD)EL	VEH. Y	EAR	EST. SP	PEED	VEHICAL MAI	KE	VEH	ICLE MO	DEL	VEH. YE	AR	EST. SPEED
						MPH								MPH
	VEHICLE IDENTIFIC	CATION N	IUMBER				VEHICLE IDENTIFICATION NUMBER							
VEHICLE O	WNER'S NAME (IF D	IFFEREN	T THAN O	PERATO	OR)		VEH	IICLE O	WNER'S NAM	ME (IF DIF	FERENT TH	AN OPER	ATOR)	
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OWNED'S MAILING	G ADDRESS: STREE	T / PD / I	ROY and C	יפ / עדוי	TATE / 7ID		OWNEDS'S	MAII IN	IG ADDRESS	· STDEE	T / PD / BOY	and CITY	/ / ST AT	E / 7ID
OWNER 3 MAILIN	S ADDRESS. STREE	וועאוו	BOX allu C)	IAIE/ZIF		OWNERS S	IVIAILIIV	IO ADDRESS	. SIREE	IIRDIBOX	anu Cii	I/SIAI	C / ZIF
	DESCRIBE DAMA	GE TO VE	HICLE						DESCRIBE	DAMAG	E TO VEHICI	E		
EST. REPAIR COST		VEHICI	E REMOVE	FD RY			EST. REPAIR C	OST		,	VEHICLE RE	MOVED	RY	
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\$							\$				/FN = 4			
	VEHICLE T	AKEN TO							VEH	IICLE TA	KEN 10			
PASSEN	IGER DATA – TH	E INFO	RMATIO	N BEL	OW IS R				ND ALL PE	RSONS	IN/ON AL	L VEHI	CLES	
PASSENGER NAME			R ADDRES				TURE & EXTENT OF IES (STATE "NONE"		NAME OF H		└ VEH.#	AGE	GEN-	
PASSENGER NAME	STREET / RI	/ BOX a	nd CITY / S	STATE /	ZIP		NOT INJURED)	"	TAKE	N TO	VEN.#	AGE	DER	WORN?
							,							☐ YES
														□ NO
													+	+_
														☐ YES☐ NO
														U NO
														☐ YES
														□ NO
												1	1	☐ YES
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				ESTRIAN WAS INVOLVED IN TH			
Walking with Traffic		Getting on/off Vehicle	PEDESTF	IAN'S NAME	DATE OF BIR	TH (MM/DI	D/YYYY) AGE GENDER
■ Walking against Traffic		Pushing Vehicle					
☐ Not in Roadway		Working on Vehicle	PEDES	STRIAN'S ADDRESS STREET / RI	D / BOX and CITY	/ STATE / Z	ZIP
☐ Crossing at Intersection		Unknown					
Crossing not at Intersection		Other (explain):		EXTENT OF INJURY		Т Т	YPE OF CLOTHING
☐ Playing in Road		, ,		EXTENT OF INJURT			
						☐ Brigh	ht 🗖 Medium 🗖 Dark
YOUR VEHICLE COLLIDED		LOCATION TYPE	TRAIL DESIGN	WEATHER CONDITION	LIGHT COND	ITION	SPEED OF VEHICLE
WITH (FIRST ACTION) Pedestrian							0 0. 10
		Blacktop Road	Up/Down Hill	☐ Clear	□ Dawn		
☐ Motor Vehicle		Dirt Road	☐ Top of Hill	□ Raining	□ Daylight		
RR Train		Approved Trail	□ Bottom of Hill	□ Snowing	□ Dusk		
☐ Wild Animal		River/Pond/Lake	☐ Level	□ Foggy	□ Dark		
□ Domestic Animal		Other (explain)	☐ Straight	☐ Hailing	☐ Other (exp	lain):	
□ Snowmobile			☐ Slight Curve	☐ Cloudy Only			
ATV		CONTROL SIGNALS	☐ Sharp Curve	☐ Sleeting ☐ Other (cynlein):			MPH
☐ Guardrail and/or Curb☐ Tree			☐ Other (explain):	Other (explain):			
		Stop Sign		NAME C	E INVESTIGATIVE	G OFFICE	
□ Pole/Sign □ Fence		Yield Sign Trail Markings	WAS THIS CRASH INVESTIGATED BY AN	NAME C)F INVESTIGATING	G UFFICER	
☐ Ledge/Boulder		Special Signs	OFFICER?				
Overturned]	opeciai oigiis			DEPARTMENT	•	
Other (explain):			□ YES □ NO		DEI ARTIMERT		
Curor (explain).			— 125 — 115				
		WITNESS INFO	RMATION - DO NOT LIST PASSI	ENGERS ON THE INVOLVED VEH	IICI ES		
WITNES	S'S N		NIII/THON DO NOT EIGHT AGO	WITNESS'S AL			
			GES TO PROPERTY OTHER TH				_
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DESCRIBE PROPERTY DA	AMAG				S ADDRESS		EST. REPAIR COST
DESCRIBE PROPERTY DA	AMAG				S ADDRESS		
		E	OWNER'S NAME	OWNER'	S ADDRESS		\$
WAS LIABILITY INSURANCE CO	OVER	E		OWNER'	S ADDRESS		\$
WAS LIABILITY INSURANCE CONTAINE OF INSURANCE COMPA	OVER	E	OWNER'S NAME	OWNER'	S ADDRESS		\$
WAS LIABILITY INSURANCE CONTAINE OF INSURANCE COMPAINED (STREET):	OVER	E	OWNER'S NAME	OWNER'	S ADDRESS		\$
WAS LIABILITY INSURANCE CONTAINE OF INSURANCE COMPA	OVER	E	OWNER'S NAME	OWNER'	S ADDRESS		\$
WAS LIABILITY INSURANCE CONTAINE OF INSURANCE COMPAINED (STREET):	OVER NY:	NG YOUR VEHICLE IN EFF	OWNER'S NAME FECT AT THE TIME OF THE CRA	OWNER*	S ADDRESS		\$
WAS LIABILITY INSURANCE CONAME OF INSURANCE COMPA ADDRESS (STREET): ADDRESS (CITY/STATE/ZIP):	OVER NY:	NG YOUR VEHICLE IN EFF	OWNER'S NAME	OWNER*	S ADDRESS		\$
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