



RECREATION/SNOW VEHICLE OPERATOR ACCIDENT REPORT

Massachusetts Environmental Police
Boat & Recreation Vehicle Safety Bureau
PO Box 1325 Forestdale, MA 02644
(508) 564-4961 • FAX: (508) 564-4964

**COMPLETE BOTH
SIDES, SIGN AND
FORWARD TO THE
FORESTALDE ADDRESS**

GENERAL INFORMATION							
DATE OF ACCIDENT		TIME		VEHICLE TYPE		ACCIDENT TYPE	
Mo.	Day	Year	AM PM	2 Wheel 3 Wheel	4 Wheel Snow Vehicle	1. Prop. Damage _____	2.# of Fatafs _____
						3. # Injured _____	
						4.# of Vehicles _____	
LOCATION (Specific) - Include nearest trail markings & property owner				LOCATION (General) - City or Town and County		Was accident investigated by officer? Yes No	
						If Yes, check box below: State Local MEP	
WEATHER		VISIBILITY		TYPE OF TERRAIN		OTHER CONDITIONS EFFECTING ACCIDENT	
Clear	Snow	Good	Fair	Blacktop	Snow	Air Temperature _____	
Cloudy	Sleet	Poor		Dirt Road	Ice		
Rain	Ice			Approved Track	Mud		

VEHICLE #1 - YOUR VEHICLE									
Registration Number		Make		Type	Color	Identification No.		Year Built	
Engine Make	Engine Type		Engine H.P.	Engine Serial No.		Year Built	Manufacturer	Recommendation	
							Max. H.P. _____		Capacity (Persons) _____
Name and Address of Operator				D.O.B.		Operator Experience		Operator Training	
				Age		This Vehicle (Hrs.) _____		Formal Course _____	
						Total (Hrs.) _____		Other _____	
Operator Lic. # (S.S. #)				Operator Telephone #					
Name and Address of Owner				D.O.B.		Nature of Property		Damage	
				Age		Estimated Damage _____			
						Insurance Co. _____			
Owner Lic. # (S.S. #)				Owner Telephone #					

VEHICLE #2 - OTHER VEHICLE									
Registration Number		Make		Type	Color	Identification No.		Year Built	
Engine Make	Engine Type		Engine H.P.	Engine Serial No.		Year Built	Manufacturer	Recommendation	
							Max. H.P. _____		Capacity (Persons) _____
Name and Address of Operator				D.O.B.		Operator Experience		Operator Training	
				Age		This Vehicle (Hrs.) _____		Formal Course _____	
						Total (Hrs.) _____		Other _____	
Operator Lic. # (S.S. #)				Operator Telephone #					
Name and Address of Owner				D.O.B.		Nature of Property		Damage	
				Age		Estimated Damage _____			
						Insurance Co. _____			
Owner Lic. # (S.S. #)				Owner Telephone #					

PEDESTRIAN DATA - Complete Only if Pedestrian was Involved in Accident

PEDESTRIAN		
WHAT WAS PEDESTRIAN DOING?		
Walking With Traffic (includes skiing)	Crossing Intersection	Pushing Vehicle
Walking Against Traffic (includes skiing)	Crossing Not at Intersection	Working on Vehicle
Not in Path/Trail/Roadway	Getting On/Off Vehicle	Other _____

WITNESSES			
WITNESSES	Other Witness or Persons Present	Address	Phone Work: _____ Home: _____
	Other Witness or Persons Present	Address	Phone Work: _____ Home: _____

INJURY / PROPERTY DAMAGE

PROPERTY	Describe Property Damage:		Appx. Cost to Repair:
	Name of Property Owner	Address	

INJ	Number Injured	To What Hospital Taken?	Taken by Ambulance Yes No
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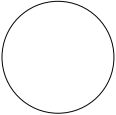


INJURED 1	Name	Street	City/Town	State
	Date of Birth	Injury Severity Killed Serious visible injury No visible injury but complained of pain Transported to hospital	Safety Equipment	
	Age		Helmet: Yes No	
	Sex M F		Eye Protection: Yes No	
Injured Person		Operator	Bicyclist	
		Passenger	Other	
		Pedestrian	_____	

INJURED 2	Name	Street	City/Town	State
	Date of Birth	Injury Severity Killed Serious visible injury No visible injury but complained of pain Transported to hospital	Safety Equipment	
	Age		Helmet: Yes No	
	Sex M F		Eye Protection: Yes No	
Injured Person		Operator	Bicyclist	
		Passenger	Other	
		Pedestrian	_____	

ACCIDENT DESCRIPTION

ACCIDENT DESC	Describe what happened:

ACCIDENT DIAGRAM

ACCIDENT DIAGRAM		Indicate North by Arrow	Number each vehicle and show direction of travel:		

Print Name & Address and Telephone Number:	My speed prior to accident was approx.: _____ MPH
Owner Operator Investigator Other _____	Signed under the pains and penalties of perjury: _____
	Date submitted: _____

Chapter 90B: Section 27: Accident reports The operator or owner of a snow vehicle or a recreation vehicle involved in a collision, accident or other such casualty resulting in death or injury to a person or damage to property in excess of fifty dollars shall notify a law enforcement officer immediately and file a report of the incident with the division within forty-eight hours, on forms prescribed by the director.