



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
email: MEP.Accident Reports@Mass.Gov

TO BE SUBMITTED VIA
EMAIL, FAX OR MAIL WITHIN
48 HOURS OF ACCIDENT

GENERAL INFORMATION								
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	
WEATHER		VISIBILITY		TYPE OF TERRAIN		OTHER CONDITIONS EFFECTING ACCIDENT		
Clear	Snow	Good	Blacktop	Snow	Was accident investigated by officer? Yes No			
Cloudy	Sleet	Fair	Dirt Road	Ice	If Yes, check box below:			
Rain	Ice	Poor	Approved Track	Mud	State	Local	MEP	
Air Temperature _____								

VEHICLE #1 - YOUR VEHICLE

VEHICLE #1	Registration Number		Make	Type	Color	Identification No.	Year Built	
	Engine Make	Engine Type	Engine H.P.	Engine Serial No.	Year Built	Manufacturer	Recommendation	
	Name and Address of Operator		D.O.B.	Operator Experience	Operator Training			
			Age	This Vehicle (Hrs.) _____	Formal Course _____			
	Operator Lic. # (S.S. #)		Operator Telephone #		Total (Hrs.) _____		Other _____	
	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

VEHICLE #2	Registration Number		Make	Type	Color	Identification No.	Year Built	
	Engine Make	Engine Type	Engine H.P.	Engine Serial No.	Year Built	Manufacturer	Recommendation	
	Name and Address of Operator		D.O.B.	Operator Experience	Operator Training			
			Age	This Vehicle (Hrs.) _____	Formal Course _____			
	Operator Lic. # (S.S. #)		Operator Telephone #		Total (Hrs.) _____		Other _____	
	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:
	Name of Property Owner
Address	
Appx. Cost to Repair:	

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 Signed under the pains and penalties of perjury:
Owner Operator Investigator Other _____	_____
	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.