

New Hampshire Fish & Game Department

OHRV/SNOWMOBILE ACCIDENT REPORT

Within 5 days mail report to:

N.H. Fish & Game Department, Law Enforcement Division, 11 Hazen Drive, Concord, N.H. 03301
(603) 271-3129



215-A:28/215-C:48 - Financial Responsibility and Conduct After an Accident

The operator of an OHRV or snowmobile involved in an accident resulting in death or injury to a person or damage to property in excess of \$1000, or the owner of said OHRV or snowmobile having knowledge of the accident, should the operator of same be incapacitated, shall report said accident immediately to the nearest police officer or nearest police station and shall file a report of the accident with the department of fish and game within 5 days on forms prescribed by the department of fish and game. Any person who is knowingly involved in any accident involving personal injury with an OHRV or snowmobile shall report said accident to the nearest police officer or police station. A report of said accident shall be filed forthwith by said police officer or police station with the fish and game department. Any operator or owner who fails to comply with these requirements following an accident involving death or personal injury shall be guilty of a felony. Any operator or owner who fails to comply with these requirements following an accident involving property damage shall be guilty of a misdemeanor.

COMPLETION OF THE ACCIDENT FORM: Use TAB key to navigate. Enter the most applicable numeral for each category. Follow these instructions for sections requiring further clarification or specific data entry. Each report allows for 2 vehicles/operators and 4 others involved. If additional Vehicle/Operators pages are needed, submit an additional report with the needed pages filled out.

PAGE 1

ACCIDENT INFORMATION

The top lines of the form should be completed as follows:

Complete date of accident, day of week, time of accident with am or pm checked, total vehicles involved, total injured, total fatalities, date/time the officer investigated, did the officer go to the accident scene?, did any involved operators leave the scene?, are there scene photos?

Enter the town and county where the accident occurred, any remarkable landmarks at scene, and GPS coordinates (if taken).

Department: name of agency submitting accident report

Hospital: enter name of hospital(s) where any victim(s) were initially transported if applicable

Collision Type: only enter most applicable numeral from list if numeral 1 (Collision) was selected for 'Accident Type'

Terrain: enter most applicable numeral from list - a trail is an established route for the general public. A route between two or more properties utilized only by adjoining landowners should not be considered a trail.

Traffic Control: enter most applicable numeral from list - a posted hazard would include steep grades, drop offs, bridge out, or other special hazards identified at location of the incident. If the trail is generally signed, but no special hazard was identified, then #2 should be entered.

Traffic Character: enter most applicable numeral from list relating to where the incident occurred

Surface Condition: enter most applicable numeral from list relating to conditions at the scene of the incident at the time it occurred.

LOCATION/ARREST INFORMATION

Check appropriate boxes if any violations occurred and for which operators. Check Blood Draw box if any operators involved had blood drawn for any reason under 265-A. Enter RSA(s) for any tickets or warnings issued.

Trail/Road/Area: enter Trail name/number, road name, or name of area and, if applicable, reference an accident location to a named or designated public roadway by entering approximate distance in miles or feet with directional box(s) checked or 'At Intersection With' box checked.

Property Damage: list names and addresses of any owners where property, other than OHRVs or snowmobiles, was damaged and list what the property was.

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Vehicle and Operator Information

Vehicle #: enter numeral which vehicle is being described

Decal #: enter the most recently issued OHRV decal on the machine and the state if not NH

Decal Expiration Date: will be identified on the actual decal

Rental: check this box if this vehicle is a rented vehicle- Decal will begin with "R"

Vehicle Damaged: check this box if vehicle sustained any damage, leave unchecked if no damage due to accident

Make, Model, Year, Displacement: self-explanatory, an entry should be made for each

Contributing Factors: enter most applicable numeral - there should be at least one entry for each vehicle

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OPERATOR INFORMATION

Enter name of operator (and owner if different) - last, first, middle initial. If operator/owner is at temporary or vacation address, list home address and phone. If operator is also the owner, check the "Same as Operator" box within the owner name block. Leave address blank.

Operator Specifics

Safety Ed. Certified: enter applicable numeral - pertains to completion of a Safety Education course provided by a state/province. If not sure call 603-271-3129 for the information

Location of Severe Injury & Physical Complaint: enter the most applicable numeral for the most serious apparent injury

Signature/Name/Dept./Date: fill in all lines, electronic signatures are acceptable

PAGE 4-5

Others Involved: use this page for additional vehicle or others (i.e. pedestrians) involved in the incident. Make additional copies of this page to accommodate the number of people involved.

PAGE 6

Narrative

Complete a Narrative/Incident Report of the incident/investigation. Page will self-populate if additional pages are required.

PAGE 7

ACCIDENT DIAGRAM

Space is provided to draw an illustration of the accident or copy/paste from any digital diagramming software. Place an arrow within the circle to indicate the direction of North. If involved machines were removed from scene before officer arrival, no need for diagram.

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Within 5 days, forward to:

VEHICLE #1 – OPERATOR'S LAST NAME:

NH FISH AND GAME DEPARTMENT LAW ENFORCEMENT DIVISION 11 HAZEN DRIVE CONCORD, NH 03301	For Administrative Use Only Reviewed By: District Supervisor: OHRV Program Coordinator:
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ACCIDENT INFORMATION

Date of Accident:	Day of Week:	Time of Accident:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Total Vehicles: <input type="checkbox"/>	Total Injured: <input type="checkbox"/>	Total Involved: <input type="checkbox"/>	Total Fatalities: <input type="checkbox"/>
Date / Time Investigated: <input type="checkbox"/> AM <input type="checkbox"/> PM	Investigated at Scene: <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator(s) Left Scene: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No
Town:	County:	Landmarks at Scene:	GPS Coordinates (optional):
Submitted By: <input type="checkbox"/>	Department:	Hospital:	
1 – Operator 2 – Law Enforcement 3 – Medical Facility	4 – Parent/Guardian 5 – Owner		
Accident Type: <input type="checkbox"/>	Collision Type: (use only when Accident Type = 1) <input type="checkbox"/>	Type of Property: <input type="checkbox"/>	Terrain : <input type="checkbox"/>
1 – Collision 2 – Fell Off 3 – Rollover 4 – Fire/Explosion 5 – Submersion 6 – Ran Off Roadway/Trail 7 – Other: <input style="width: 50px;" type="text"/>	1 – Snowmobile 2 – ATV 3 – Trail Bike 4 – Car/Truck 5 – Railroad Train 6 – Maintenance Equipment 7 – Pedestrian 8 – Animal	9 – Tree 10 – Rock 11 – Post/Pole 12 – Guard Rail 13 – Embankment/Ditch 14 – Building/Structure 15 – Fence/Gate 16 – Other	1 – Trail – bare ground 2 – Trail w/snow - groomed 3 – Trail w/snow – not groomed 4 – Frozen Body of Water 5 – Road 6 – Road – Right-of-Way 7 – Field/ Lawn 8 – Woods – not trail 9 – Airport 10 – Parking Lot 11 – Sand Pit 12 – Race Track 13 – Railroad 14 - Other
Traffic Control: <input type="checkbox"/>	Light Condition: <input type="checkbox"/>	Trail Character: <input type="checkbox"/>	Surface Condition: <input type="checkbox"/>
1 – None 2 – Signed Trail 3 – Posted Hazard 4 – Stop/Yield 5 – Other	1 – Daylight 2 – Dusk/Dawn 3 – Dark – area with lights 4 – Dark – area w/out lights	1 – Straight and Level 2 – Straight and Graded 3 – Straight at Hillcrest 4 – Curve and Level 5 – Curve and Grade 6 – Curve at Hillcrest 7 – Crossing Bridge	1 – Snow 2 – Ice 3 – Bare Ground 4 – Pavement 5 – Other
<input type="checkbox"/> Ticket/Arrest <input type="checkbox"/> Warning <input type="checkbox"/> Blood Draw <input type="checkbox"/> Opr 1 <input type="checkbox"/> Opr 2 <input type="checkbox"/> Opr 3 <input type="checkbox"/> Opr 4 <input type="checkbox"/> Charge/RSA (up to 35 characters only) <input style="width: 100px;" type="text"/>	Trail/Road/Area: <input style="width: 100px; height: 50px;" type="text"/>	Location of Accident: <input type="checkbox"/> Miles or <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of: <input type="checkbox"/> At Intersection With: Route No. or Street Name: <input style="width: 100px;" type="text"/>	

Sign here:	Print Name: <input style="width: 100%;" type="text"/>
Department: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>

NH Fish & Game - OHRV/Snowmobile Accident Report

VEHICLE AND OPERATOR INFORMATION										
Vehicle #: <input style="width: 100%;" type="text"/>	Decal #: <input style="width: 100%;" type="text"/>	Decal Expiration Date: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Rental <input type="checkbox"/> Vehicle Damaged							
Make: <input style="width: 100%;" type="text"/>		Model: <input style="width: 100%;" type="text"/>			Year: <input style="width: 100%;" type="text"/>		Displacement: <input style="width: 100%;" type="text"/>			
Vehicle Type: <input style="width: 100%;" type="text"/>	Vehicle Lights: <input style="width: 100%;" type="text"/>	Pre-Accident Action: <input style="width: 100%;" type="text"/>			Contributing Factor 1 : <input style="width: 100%;" type="text"/> Factor 2 : <input style="width: 100%;" type="text"/>					
1 – Snowmobile 2 – 3-Wheeled ATV 3 – 4-Wheeled ATV 4 – Trail Bike 5 – Car or Truck 6 – Tracked OHRV 7 – UTV 8 – Other 9 – Trail Maintenance/Groomer	1 – Lights On 2 – Lights not On 3 – Not Equipped 4 – Unknown	1 – Going Straight Ahead 2 – Making a Turn 3 – Stopped 4 – Avoiding Object 5 – Slowing or Stopping 6 – Overtaking 7 – Backing Up 8 – Towing			1 – Unsafe Speed 2 – Alcoholic/Drug Involvement 3 – Inattention 4 – Inexperience 5 – Reckless/Careless 6 – Following to Close 7 – Failed to Yield/Stop 8 – Improper Turn 9 – Operating on Road 10 – Hit by Vehicle			11 – Stuck Throttle 12 – Brake Defective 13 – Other Vehicular 14 – Animal's Actions 15 – Thin Ice 16 – Obstruction/Debris 17 – View Obstructed 18 – Icy Trail 19 – Failure to Keep Right		
OPERATOR INFORMATION										
Last Name: <input style="width: 100%;" type="text"/>			First: <input style="width: 100%;" type="text"/>			MI: <input style="width: 100%;" type="text"/>				
Address: <input style="width: 100%;" type="text"/>										
City: <input style="width: 100%;" type="text"/>				State: <input style="width: 100%;" type="text"/>		ZIP Code: <input style="width: 100%;" type="text"/>				
Date of Birth: <input style="width: 100%;" type="text"/>		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Telephone #: <input style="width: 100%;" type="text"/>						
OWNER INFORMATION									Same as Operator: <input type="checkbox"/>	
Owner's Last Name / Business Name: <input style="width: 100%;" type="text"/>										
First Name: <input style="width: 100%;" type="text"/>			MI: <input style="width: 100%;" type="text"/>							
Address: <input style="width: 100%;" type="text"/>										
City: <input style="width: 100%;" type="text"/>				State: <input style="width: 100%;" type="text"/>		ZIP Code: <input style="width: 100%;" type="text"/>				
OPERATOR SPECIFICS										
Vehicle Occupied: <input style="width: 100%;" type="text"/>			Position on Vehicle: <input style="width: 100%;" type="text"/>			Safety Ed. Certified: <input style="width: 100%;" type="text"/>		Safety Equipment: <input style="width: 100%;" type="text"/>		
1 – Vehicle No. 1 3 – Vehicle No. 3 2 – Vehicle No. 2 4 – Vehicle No. 4		1 – Driver 2 – Passenger 3 – Passenger 4 – Riding/Hanging On Outside			1 – Yes 2 – No		1 – No Helmet 2 – Helmet Only 3 – Helmet & Eye Protection			
Location of Significant Injury: <input style="width: 100%;" type="text"/>			Physical Complaint: <input style="width: 100%;" type="text"/>				Physical/Emotional Status: <input style="width: 100%;" type="text"/>			
1 – No Injury 2 – Head 3 – Neck 4 – Arm 5 – Hand		6 – Trunk/Torso 7 – Leg 8 – Foot 9 – Entire Body		1 – No Injury 2 – Amputation 3 – Concussion 4 – Internal 5 – Bleeding		6 – Fracture/Dislocation 7 – Bruise 8 – Burn 9 – Other 10 – Unknown		1 – Conscious 2 – Semi-Conscious 3 – Unconscious 4 – Fatal 5 – Unknown		

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VEHICLE AND OPERATOR INFORMATION					
Vehicle #:	Decal #:	Decal Expiration Date:	<input type="checkbox"/> Rental <input type="checkbox"/> Vehicle Damaged		
Make:	Model:	Year:	Displacement:		
Vehicle Type:	Vehicle Lights:	Pre-Accident Action:	Contributing Factor 1: Factor 2:		
1 – Snowmobile 2 – 3-Wheeled ATV 3 – 4-Wheeled ATV 4 – Trail Bike 5 – Car or Truck 6 – Tracked OHRV 7 – UTV 8 – Other 9 – Trail Maintenance/Groomer	1 – Lights On 2 – Lights not On 3 – Not Equipped 4 – Unknown	1 – Going Straight Ahead 2 – Making a Turn 3 – Stopped 4 – Avoiding Object 5 – Slowing or Stopping 6 – Overtaking 7 – Backing Up 8 – Towing	1 – Unsafe Speed 2 – Alcoholic/Drug Involvement 3 – Inattention 4 – Inexperience 5 – Reckless/Careless 6 – Following to Close 7 – Failed to Yield/Stop 8 – Improper Turn 9 – Operating on Road 10 – Hit by Vehicle 11 – Stuck Throttle 12 – Brake Defective 13 – Other Vehicular 14 – Animal’s Actions 15 – Thin Ice 16 – Obstruction/Debris 17 – View Obstructed 18 – Icy Trail 19 – Failure to Keep Right		
OPERATOR INFORMATION					
Last Name:		First:	MI:		
Address:					
City:		State:	ZIP Code:		
Date of Birth:	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F		Telephone #:	
OWNER INFORMATION					
Owner’s Last Name / Business Name:					Same as Operator: <input type="checkbox"/>
First Name:		MI:			
Address:					
City:		State:	ZIP Code:		
OPERATOR SPECIFICS					
Vehicle Occupied:		Position on Vehicle:	Safety Ed. Certified:	Safety Equipment:	
<input type="checkbox"/> 1 – Vehicle No. 1 3 – Vehicle No. 3 2 – Vehicle No. 2 4 – Vehicle No. 4		<input type="checkbox"/> 1 – Driver 2 – Passenger 3 – Passenger 4 – Riding/Hanging On Outside	<input type="checkbox"/> 1 – Yes 2 – No	<input type="checkbox"/> 1 – No Helmet 2 – Helmet Only 3 – Helmet & Eye Protection	
Location of Significant Injury:		Physical Complaint:		Physical/Emotional Status:	
<input type="checkbox"/> 1 – No Injury 6 – Trunk/Torso 2 – Head 7 – Leg 3 – Neck 8 – Foot 4 – Arm 9 – Entire Body 5 – Hand		<input type="checkbox"/> 1 – No Injury 6 – Fracture/Dislocation 2 – Amputation 7 – Bruise 3 – Concussion 8 – Burn 4 – Internal 9 – Other 5 – Bleeding 10 – Unknown		<input type="checkbox"/> 1 – Conscious 2 – Semi-Conscious 3 – Unconscious 4 – Fatal 5 – Unknown	

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OTHERS INVOLVED			
Last Name:	First:	MI:	
Address:			
City:	State:	ZIP Code:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Telephone #:	
Vehicle Occupied/Other:	Position on Vehicle:	Safety Training:	Safety Equipment:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 – Vehicle No. 1 2 – Vehicle No. 2 P – Pedestrian O – Other	3 – Vehicle No. 3 4 – Vehicle No. 4	1 – Driver 2 – Passenger 3 – Passenger 4 – Riding/Hanging On Outside 5 – Does not apply	1 – Yes 2 – No 4 – Does not apply
1 – No Helmet 2 – Helmet On 3 – Helmet Eye Protection 4 – Does not apply			
Location of Severe Injury: <input type="checkbox"/>	Physical Complaint: <input type="checkbox"/>	Physical/Emotional Status: <input type="checkbox"/>	
1 – No Injury 2 – Head 3 – Neck 4 – Arm 5 – Hand 6 – Trunk/Torso 7 – Leg 8 – Foot 9 – Entire Body	1 – No Injury 2 – Amputation 3 – Concussion 4 – Internal 5 – Bleeding 6 – Fracture/Dislocation 7 – Bruise 8 – Burn 9 – Other 10 – Unknown	1 – Conscious 2 – Semi-Conscious 3 – Unconscious 4 – Fatal 5 – Unknown	

OTHERS INVOLVED			
Last Name:	First:	MI:	
Address:			
City:	State:	ZIP Code:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Telephone #:	
Vehicle Occupied/Other:	Position on Vehicle:	Safety Training:	Safety Equipment:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 – Vehicle No. 1 2 – Vehicle No. 2 P – Pedestrian O – Other	3 – Vehicle No. 3 4 – Vehicle No. 4	1 – Driver 2 – Passenger 3 – Passenger 4 – Riding/Hanging On Outside 5 – Does not apply	1 – Yes 2 – No 4 – Does not apply
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Location of Severe Injury: <input type="checkbox"/>	Physical Complaint: <input type="checkbox"/>	Physical/Emotional Status: <input type="checkbox"/>	
1 – No Injury 2 – Head 3 – Neck 4 – Arm 5 – Hand 6 – Trunk/Torso 7 – Leg 8 – Foot 9 – Entire Body	1 – No Injury 2 – Amputation 3 – Concussion 4 – Internal 5 – Bleeding 6 – Fracture/Dislocation 7 – Bruise 8 – Burn 9 – Other 10 – Unknown	1 – Conscious 2 – Semi-Conscious 3 – Unconscious 4 – Fatal 5 – Unknown	

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OTHERS INVOLVED			
Last Name:	First:	MI:	
Address:			
City:	State:	ZIP Code:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Telephone #:	
Vehicle Occupied/Other:	Position on Vehicle:	Safety Training:	Safety Equipment:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 – Vehicle No. 1 2 – Vehicle No. 2 P – Pedestrian O – Other	3 – Vehicle No. 3 4 – Vehicle No. 4	1 – Driver 2 – Passenger 3 – Passenger 4 – Riding/Hanging On Outside 5 – Does not apply	1 – Yes 2 – No 4 – Does not apply
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Location of Severe Injury: <input type="checkbox"/>	Physical Complaint: <input type="checkbox"/>	Physical/Emotional Status: <input type="checkbox"/>	
1 – No Injury 2 – Head 3 – Neck 4 – Arm 5 – Hand 6 – Trunk/Torso 7 – Leg 8 – Foot 9 – Entire Body	1 – No Injury 2 – Amputation 3 – Concussion 4 – Internal 5 – Bleeding 6 – Fracture/Dislocation 7 – Bruise 8 – Burn 9 – Other 10 – Unknown	1 – Conscious 2 – Semi-Conscious 3 – Unconscious 4 – Fatal 5 – Unknown	

OTHERS INVOLVED			
Last Name:	First:	MI:	
Address:			
City:	State:	ZIP Code:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Telephone #:	
Vehicle Occupied/Other:	Position on Vehicle:	Safety Training:	Safety Equipment:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 – Vehicle No. 1 2 – Vehicle No. 2 P – Pedestrian O – Other	3 – Vehicle No. 3 4 – Vehicle No. 4	1 – Driver 2 – Passenger 3 – Passenger 4 – Riding/Hanging On Outside 5 – Does not apply	1 – Yes 2 – No 4 – Does not apply
1 – No Helmet 2 – Helmet On 3 – Helmet Eye Protection 4 – Does not apply			
Location of Severe Injury: <input type="checkbox"/>	Physical Complaint: <input type="checkbox"/>	Physical/Emotional Status: <input type="checkbox"/>	
1 – No Injury 2 – Head 3 – Neck 4 – Arm 5 – Hand 6 – Trunk/Torso 7 – Leg 8 – Foot 9 – Entire Body	1 – No Injury 2 – Amputation 3 – Concussion 4 – Internal 5 – Bleeding 6 – Fracture/Dislocation 7 – Bruise 8 – Burn 9 – Other 10 – Unknown	1 – Conscious 2 – Semi-Conscious 3 – Unconscious 4 – Fatal 5 – Unknown	

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INCIDENT NARRATIVE

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ACCIDENT DIAGRAM

Indicate North with Arrow

