

Type of injury sustained?

Iowa Department of Natural Resources 502 East 9th St Des Moines IA 50319-0034

OPERATOR'S INCIDENT REPORT

	Snowmob	ile		ATV	
Complete all questions. Indicate items not a	oplicable by "NA."	Ag	gency Case #:		
Whenever any snowmobile/ATV is involved in \$1500.00 or more the operator shall file with operator is unable, then someone acting for I	the Department of N				_
1. Registration No.	Make		C.C	Year _	
2. Date of Incident	Time	am 🔲	pm		
Rented Machine Private	ly Owned D	emonstrator			
3. Location of Incident County		Nearest To	wn		
Name of Area	River		Lake		
Public Land Field Ditch Traveled Portion	Private Land Groomed		tht of Way		
4. Total Property Damage \$		chine & Other			
5. Personal Injury on this Machine Ye		Number Injured _			
6. Fatality on this Machine Yes	No Number	Fatally Injured			
7. Owner's Name		Address			
City	State	e		Zip	
8. Driver's Name		Date of Birth		Gender	M L F
Address	City		State	Zip	
9. Was Driver Wearing a Helmet? Yes	☐ No	Was Driver Wearin	ng Goggles or Viso	or? 🗌 Yes	☐ No
10. Experience in Operating Snowmobiles/AT	Vs Days	Months	· `	Years	
11. Passenger's Name		/	∖ ge	Gender	M F
Address	City		State	Zip	
12. Was Passenger Wearing a Helmet?	Yes No	Passenger was on	Snowmobile	e/ATV 🔲 Tow	ved Vehicle
13. Injuries (Describe Briefly):					
14. Treated at: Doctor's Name					□No
Address				Tr	reatment
Hospital Name					Needed
Address					
15. Weather Clear Cloudy	Fog Sno	ow 🗌 Extreme	Wind B	Blowing Snow	
Visibility Good Fair	Poor				
16. If more than one snowmobile/ATV or veh	icle was involved, give	the following infor	mation for the ot	her	
Snowmobile/ATV or Vehicle: Registration No.		Make		Year	
Driver's Name				Gender	M F
Address	City		State	Zip	
17. Estimated speed at time of incident: Your		MPH			MPH
18. Persons injured not on vehicle (by-stande	rs, pedestrian, etc.)				
Name		City		State	

Indicate on this diagram what happened. Number each snowmobile/ATV and indicate direction of travel.		Indica	ete North By Arrow
	ROADWAY (Use Stre	eet Diagram)	
OPEN FIELD (Use this area)		·	
21. Cause and description of incident (describe factors you feel co	ntributed to the cause of th	ne incident. Refer to	vehicles by
number, with yours being number 1.)			
22. Using the above information, indicate the cause of the inciden Speed too fast for conditions Operator inattention Unfamiliar with area of operation Operator inexperience On the day of the incident did you consume any alcohol prior to the consumer of the consumer o	Clothing caught in snowr Unsafe Ice Ves	t of the other perso mobile or ATV	n] Mechanical Failure
reporting venice		Estimate	
Other Vehicle			_
		Estimate	
Other Property			
		Estimate	
24. Witnesses			
Name	-		
City Stat		Zip	
Name	Address	7:0	
City Stat	e Address	Zip	
City Stat	-	Zip	
	mobile Yes N		e Yes No
(C) If yes, certificate number:			_
If additional space is needed for any answer, please attach a sheet	of paper to report.		
Signature of person completing report (if other than driver, please	explain.)		
	Date		

20. Incident Sketch (Show Trees, Roads, Obstacles, Terrain, Etc.)

MAIL TO: OHV/Snowmobile Program, Department of Natural Resources, 502 E 9th St, Des Moines IA 50319-0034