

# Minnesota Recreational Vehicle Accident Report Form



Accident Type	Vehicle #1	Vehicle #2	
F = Fatal	S - Snowmobile	C2 - Class II ATV	
N = Personal Injury	3 - 3 Wheeler	OHM - Off HWY motorcycle	
P = Property Damage	C1 - Class I ATV	ORV - Off road vehicle	Date of Accident:

Vehicle #1: \_\_\_\_\_ Incident Case Report #: \_\_\_\_\_

County or County #: \_\_\_\_\_ Location of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Operator's Name (Last, First, Middle): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Safety Training Certification: \_\_\_\_\_

Yes No

Operator's Address, City, State, Zip: \_\_\_\_\_ Make of vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_

Owner's Full Name (If other than operator): \_\_\_\_\_ Registration #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Helmet: \_\_\_\_\_

Yes No

Owner's Address, City, State, Zip: \_\_\_\_\_ Estimated Speed MPH: \_\_\_\_\_ Did the operator fit the machine: \_\_\_\_\_

Yes No

Operator Drug Use:	Operator Alcohol Use:	Chem Test:	BAC:	Any violations:	Yes	No
Yes No	Yes No	Yes No		Explanation:		

Seat belt (if equipped): Yes No N/A

*(If another vehicle was involved, please list that information on page 2 of this document.)*

**Position: 1- Operator, 2 - Passenger, 3 - Pedestrian, 4 - Other(Explain)** **Casualty: F - Fatal, N - Injury**

Position \_\_\_\_\_ Injured Name, (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Casualty: \_\_\_\_\_

*Report Submitted by:* \_\_\_\_\_ *Reporting Agency:* \_\_\_\_\_

*Address of investigating officer, (City, State, Zip):* \_\_\_\_\_ *Phone #:* \_\_\_\_\_ *E-mail address:* \_\_\_\_\_

387.03 POWERS, DUTIES: The sheriff shall pursue and apprehend all felons, execute all processes, writs, precepts, and orders issued or made by lawful authority and to the sheriff delivered, attend upon the terms of the district court, and perform all of the duties pertaining to the office, including investigating **recreational vehicle accidents involving personal injury or death that occur outside the boundaries of a municipality**, searching and dragging for drowned bodies, and searching and looking for lost persons. The operator or an officer investigating an accident resulting in injury requiring medical attention or hospitalization or death of a person or total damage of \$500.00 or more to the machine (\$300.00 for ORV) shall forward within 10 business days to address below or email to: enforcement.education@state.mn.us

# Minnesota Recreational Vehicle Accident Report Form

Vehicle #2

Operator's Name (Last, First, Middle): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Safety Training Certification: \_\_\_\_\_  
Yes      No

Operator's Address, City, State, Zip: \_\_\_\_\_ Make of vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_

Owner's Full Name (If other than operator): \_\_\_\_\_ Registration #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Helmet: \_\_\_\_\_  
Yes      No

Owner's Address, City, State, Zip: \_\_\_\_\_ Estimated Speed MPH: \_\_\_\_\_ Did the operator fit the machine: \_\_\_\_\_  
Yes      No

Operator Drug Use:      Operator Alcohol Use:      Chem Test:      Any Violations: Yes      No  
Explanation:  
 Yes      No      Yes      No      Yes      No

Seat belt (if equipped): Yes      No      N/A      BAC: \_\_\_\_\_

**Weather:**

- |            |          |           |                  |
|------------|----------|-----------|------------------|
| 1 - Clear  | 3 - Rain | 5 - Sleet | 7 - Blowing snow |
| 2 - Cloudy | 4 - Fog  | 6 - Snow  |                  |

**Type of Accident:**

- |                                      |                                    |   |
|--------------------------------------|------------------------------------|---|
| 1 - Struck fixed object (what) _____ | 7 - Machine - car collision        | 13 - Passenger thrown from device being towed |
| 2 - Machine rollover                 | 8 - Equipment malfunction          | 14 - Clothing caught in machine               |
| 3 - Broke through ice                | 9 - Struck guy wire or cable       | 15 - Other - _____                            |
| 4 - Barbed wire or fence             | 10 - Machine - machine collision   | 16 - Excessive speed                          |
| 5 - Operator injured in mechanism    | 11 - Operator thrown from machine  | 17 - Loss of control                          |
| 6 - Collision with train             | 12 - Passenger thrown from machine | 18 - Pedestrian                               |

**Type of Terrain:**

- |                           |                               |                                  |
|---------------------------|-------------------------------|----------------------------------|
| 1 - Lake or Stream        | 4 - Private marked trail      | 7 - Within city or town limits   |
| 2 - Road right-of-way     | 5 - Government marked trail   | 8 - Government unmarked property |
| 3 - Railroad right-of-way | 6 - Private unmarked property | 9 - Outside city or town limits  |
|                           |                               | 10 - Other (Describe) _____      |

**List injuries sustained and describe accident in detail:**