

**COLORADO STATE PARKS**  
**OHV/SNOWMOBILE ACCIDENT REPORT**

REPORTING AGENCY \_\_\_\_\_  
CASE NUMBER \_\_\_\_\_  
CONNECTING CASE # \_\_\_\_\_

L.O.C. CASE # \_\_\_\_\_  
STATE PARKS L.E. UNIT USE \_\_\_\_\_

**Colorado State Parks Law Enforcement Unit, 13787 S. Highway 85, Littleton, CO 80125 (303) 791-1954 fax (303) 470-0782**

33-14.5-113 / 33-14-115 C.R.S. NOTICE OF ACCIDENT (1) The operator of an off-highway vehicle or snowmobile involved in an accident resulting in property damage of \$1500 or more or injuries resulting in hospitalization or death, or some person acting for the operator, or the owner of the off-highway vehicle/snowmobile having knowledge of the accident shall immediately, by the quickest available means of communication, notify an officer of the Colorado State Patrol, the sheriff's office of the county wherein the accident occurred, or the office of the police department of the municipality wherein the accident occurred. (2) Any law enforcement agency receiving a report of accident under this section shall forward a copy thereof to the Division, which shall compile statistics annually based upon such reports. (3) Within forty-eight hours after the accident involving an off-highway vehicle, the accident shall be reported to the Denver office of the Division. The reports shall be made on forms furnished by the Division and shall be made by the owner of the vehicle or someone acting for the owner or operator.

**ACCIDENT INFORMATION**

Number of vehicles in accident: \_\_\_\_\_ Disappearance of person indicating injury or death?  1 Yes  2 No  
Injuries requiring medical treatment?  1 Yes  2 No Death related to accident  1 Yes  2 No

Date of Accident / /	Time of Day <input type="checkbox"/> am <input type="checkbox"/> pm	Day of Week	Location of Accident <input type="checkbox"/> 1 Private Land <input type="checkbox"/> 4 Hwy Right-of-Way <input type="checkbox"/> 7 Lake or Stream <input type="checkbox"/> 2 Public Land <input type="checkbox"/> 5 Public Trail <input type="checkbox"/> 8 Route <input type="checkbox"/> 3 Public Road <input type="checkbox"/> 6 Private Trail
County	City or Municipality	Primary Location of Accident <input type="checkbox"/> 1 Water <input type="checkbox"/> 2 Trail <input type="checkbox"/> 3 Roadway	State CO

**OHV/Snowmobile #1**

OPERATOR NAME (Last, First, MI)				SEX	RACE	AGE	DOB	OCCUPATION	
ADDRESS (Res.)		TELEPHONE ( )		ADDRESS (Bus.)			TELEPHONE ( )		
ZIP		ZIP					ZIP		
OPERATOR'S EXPERIENCE (hours) <input type="checkbox"/> 1 Under 20 hours <input type="checkbox"/> 3 101 – 500 hours <input type="checkbox"/> 2 20 – 100 hours <input type="checkbox"/> 4 Over 500 hours		TYPE OF OHV/Snowmobile <input type="checkbox"/> 1 Three Wheel ATV <input type="checkbox"/> 3 Motorcycle <input type="checkbox"/> 2 Four Wheel ATV <input type="checkbox"/> 4 Snowmobile		Has Operator Completed an OHV/Snowmobile Safety Course? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			BAC TEST? <input type="checkbox"/> 1 Breath <input type="checkbox"/> 2 Blood <input type="checkbox"/> 3 No RESULTS _____%		
REGISTRATION NUMBER	MAKE	MODEL	YEAR	SERIAL NUMBER					
RENTED MACHINE? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	WEARING HELMET? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	CC DISPLACEMENT	ODOMETER	ESTIMATED SPEED AT TIME OF ACCIDENT					
OWNER NAME (Last, First, MI)				SEX	RACE	AGE	DOB	OCCUPATION	
ADDRESS (Res.)		TELEPHONE ( )		ADDRESS (Bus.)			TELEPHONE ( )		
ZIP		ZIP					ZIP		

**OHV/Snowmobile #2**

OPERATOR NAME (Last, First, MI)				SEX	RACE	AGE	DOB	OCCUPATION	
ADDRESS (Res.)		TELEPHONE ( )		ADDRESS (Bus.)			TELEPHONE ( )		
ZIP		ZIP					ZIP		
OPERATOR'S EXPERIENCE (hours) <input type="checkbox"/> 1 Under 20 hours <input type="checkbox"/> 3 101 – 500 hours <input type="checkbox"/> 2 20 – 100 hours <input type="checkbox"/> 4 Over 500 hours		TYPE OF OHV/Snowmobile <input type="checkbox"/> 1 Three Wheel ATV <input type="checkbox"/> 3 Motorcycle <input type="checkbox"/> 2 Four Wheel ATV <input type="checkbox"/> 4 Snowmobile		Has Operator Completed an OHV/Snowmobile Safety Course? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			BAC TEST? <input type="checkbox"/> 1 Breath <input type="checkbox"/> 2 Blood <input type="checkbox"/> 3 No RESULTS _____%		
REGISTRATION NUMBER	MAKE	MODEL	YEAR	SERIAL NUMBER					
RENTED MACHINE? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	WEARING HELMET? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	CC DISPLACEMENT	ODOMETER	ESTIMATED SPEED AT TIME OF ACCIDENT					
OWNER NAME (Last, First, MI)				SEX	RACE	AGE	DOB	OCCUPATION	
ADDRESS (Res.)		TELEPHONE ( )		ADDRESS (Bus.)			TELEPHONE ( )		
ZIP		ZIP					ZIP		

**TYPE AND CAUSE OF ACCIDENT**

TYPE OF ACCIDENT <input type="checkbox"/> 1 Fell from moving machine <input type="checkbox"/> 6 Collision with parked vehicle <input type="checkbox"/> 11 Injured by part of machine <input type="checkbox"/> 2 Collision with fixed object <input type="checkbox"/> 7 Broke through ice <input type="checkbox"/> 12 Pedestrian struck by machine <input type="checkbox"/> 3 Collision with another machine <input type="checkbox"/> 8 Driven into open water <input type="checkbox"/> 13 Being pulled by machine <input type="checkbox"/> 4 Struck by another machine <input type="checkbox"/> 9 Machine rolled over <input type="checkbox"/> 14 Other _____ <input type="checkbox"/> 5 Collision with moving vehicle <input type="checkbox"/> 10 Struck fence or cable			WEATHER <input type="checkbox"/> 1 Fog / mist <input type="checkbox"/> 2 Raining <input type="checkbox"/> 3 Snowing <input type="checkbox"/> 4 Clear	
WHAT CONTRIBUTED TO THE ACCIDENT <input type="checkbox"/> 1 Alcohol and/or drug use <input type="checkbox"/> 3 Fault of equipment <input type="checkbox"/> 5 Fault of other person <input type="checkbox"/> 7 Unfamiliar with terrain <input type="checkbox"/> 2 Excessive speed <input type="checkbox"/> 4 Fault of operator <input type="checkbox"/> 6 Inexperience <input type="checkbox"/> 8 Other _____			SURFACE INFORMATION <input type="checkbox"/> 1 Dirt <input type="checkbox"/> 4 Ice <input type="checkbox"/> 2 Snow <input type="checkbox"/> 5 Stream <input type="checkbox"/> 3 Pavement	
			VISIBILITY <input type="checkbox"/> 1 Good <input type="checkbox"/> 4 Day <input type="checkbox"/> 2 Fair <input type="checkbox"/> 5 Night <input type="checkbox"/> 3 Poor	
			TRAIL CONDITION <input type="checkbox"/> 1 Muddy <input type="checkbox"/> 3 Rough <input type="checkbox"/> 2 Icy <input type="checkbox"/> 4 Smooth	
			TEMPERATURE _____°F	

**COLORADO STATE PARKS OHV/SNOWMOBILE ACCIDENT REPORT**

**AGENCY CASE #** \_\_\_\_\_

<b>IMPACT / DAMAGE DATA</b>	<b>VEHICLE #1</b> INITIAL IMPACT POINT # _____ CIRCLE ALL DAMAGED AREAS 	<b>VEHICLE #2</b> INITIAL IMPACT POINT # _____ CIRCLE ALL DAMAGED AREAS 
	Estimated Damages: \$ _____	Estimated Damages: \$ _____

**INDICATE LOCATION OF OPERATOR / PASSENGERS ON MACHINE IN DIAGRAMS ABOVE USING LETTER + NUMBER CODES LISTED BELOW**

**D = DECEASED V = VICTIM O = OPERATOR P = PASSENGER (UNINJURED) I = PASSENGER (INJURED)**

<b>INJURED</b>	<b>V 1</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES				BAC? _____%
		ZIP	MEDICAL TREATMENT					
	<b>V 2</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES				BAC? _____%
		ZIP	MEDICAL TREATMENT					
	<b>V 3</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES				BAC? _____%
		ZIP	MEDICAL TREATMENT					
<b>DECEASED</b>	<b>D 1</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES				BAC? _____%
		ZIP	CAUSE OF DEATH?				HELMET? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
	<b>D 2</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES				BAC? _____%
		ZIP	CAUSE OF DEATH?				HELMET? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
	<b>D 3</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES				BAC? _____%
		ZIP	CAUSE OF DEATH?				HELMET? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
<b>WITNESSES</b>	<b>W 1</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	ADDRESS (Bus.)			TELEPHONE # ( )	
		ZIP					ZIP	
	<b>W 2</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	ADDRESS (Bus.)			TELEPHONE # ( )	
		ZIP					ZIP	
	<b>W 3</b>	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION	
		ADDRESS (Res.)	TELEPHONE # ( )	ADDRESS (Bus.)			TELEPHONE # ( )	
		ZIP					ZIP	



