



# REPORT OF RECREATION VEHICLE ACCIDENT

State Form 3815 (R4 / 8-85)

Department of Natural Resources

This form is not spaced for typewriter use.

Snowmobile

Off-road

Property code	Case number
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ACCIDENTS RESULTING IN INJURY, DEATH OR  
DAMAGE OF \$100.00 OR MORE MUST BE REPORTED.  
AUTHORITY: IC 14-16-2-25 and IC 14-16-1-24

ACCIDENT DATA															
Date (month, day, year)		Day of week		Actual local time		<input type="checkbox"/> AM <input type="checkbox"/> PM		Number of veh.		Number injured		Number fatalities		Total damage \$	
City			Township			County			State			Exact location			
Visibility <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Night		Wind (MPH) <input type="checkbox"/> None <input type="checkbox"/> Strong (15-25) <input type="checkbox"/> Light (0-6) <input type="checkbox"/> Storm (over 25) <input type="checkbox"/> Moderate (7-14)		Terrain/snow condition <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> None		Type of terrain <input type="checkbox"/> Woods <input type="checkbox"/> Roadway <input type="checkbox"/> Fields <input type="checkbox"/> Lake Ice <input type="checkbox"/> Trail		Weather <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy							
<input type="checkbox"/> OPERATOR 1						<input type="checkbox"/> OPERATOR 2									
Name of Operator (last, first, m.i.)				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Name of Operator (last, first, m.i.)				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female					
Address (street and number)						Address (street and number)									
City, state and ZIP code						City, state and ZIP code									
Telephone number			Age	Date of Birth (month, day, year)			Telephone number			Age	Date of Birth (month, day, year)				
Experience of operator <input type="checkbox"/> Under 20 hrs.		<input type="checkbox"/> 20 to 100 hrs.		<input type="checkbox"/> 100 to 500 hrs.		<input type="checkbox"/> over 500 hrs.		Experience of operator <input type="checkbox"/> Under 20 hrs.		<input type="checkbox"/> 20 to 100 hrs.		<input type="checkbox"/> 100 to 500 hrs.		<input type="checkbox"/> over 500 hrs.	
Formal instruction <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of instructing agency				Formal instruction <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of instructing agency							
Test given <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug		<input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> BAC		Type given <input type="checkbox"/> Blood <input type="checkbox"/> Breath		<input type="checkbox"/> Urine <input type="checkbox"/> Other		Test given <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug		<input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> BAC		<input type="checkbox"/> Blood <input type="checkbox"/> Breath		<input type="checkbox"/> Urine <input type="checkbox"/> Other	
<input type="checkbox"/> VEHICLE 1						<input type="checkbox"/> VEHICLE 2									
Name of registered owner (last, first, m.i.)						Name of registered owner (last, first, m.i.)									
Address (street and number)						Address (street and number)									
City, state and ZIP code						City, state and ZIP code									
Registration number			VIN			Registration number			VIN						
Make	Model		Year	Number of wheels			Make	Model		Year	Number of wheels				
No. of persons on/in vehicle		Vehicle damage \$		Other property damage \$		No. of persons on/in vehicle		Vehicle damage \$		Other property damage \$					
Operation at time of accident <input type="checkbox"/> Cruising <input type="checkbox"/> Being towed <input type="checkbox"/> Maneuvering <input type="checkbox"/> Towing sled		<input type="checkbox"/> Towing other <input type="checkbox"/> Fueling		<input type="checkbox"/> Parked <input type="checkbox"/> Attended <input type="checkbox"/> Racing <input type="checkbox"/> Other		Operation at time of accident <input type="checkbox"/> Cruising <input type="checkbox"/> Being towed <input type="checkbox"/> Maneuvering <input type="checkbox"/> Towing sled		<input type="checkbox"/> Towing other <input type="checkbox"/> Fueling		<input type="checkbox"/> Parked <input type="checkbox"/> Attended <input type="checkbox"/> Racing <input type="checkbox"/> Other					
<input type="checkbox"/> Injured		<input type="checkbox"/> Deceased		<input type="checkbox"/> Witness		<input type="checkbox"/> Injured		<input type="checkbox"/> Deceased		<input type="checkbox"/> Witness					
Name (last, first, m.i.)						Name (last, first, m.i.)									
Address (street and number)						Address (street and number)									
City, state and ZIP code						City, state and ZIP code									
Date of birth (month, day, year)			Age	Telephone number			Date of birth (month, day, year)			Age	Telephone number				
Nature of injury/cause of death <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement						Nature of injury/cause of death <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement									
<input type="checkbox"/> Injured		<input type="checkbox"/> Deceased		<input type="checkbox"/> Witness		<input type="checkbox"/> Injured		<input type="checkbox"/> Deceased		<input type="checkbox"/> Witness					
Name (last, first, m.i.)						Name (last, first, m.i.)									
Address (street and number)						Address (street and number)									
City, state and ZIP code						City, state and ZIP code									
Date of birth (month, day, year)			Age	Telephone number			Date of birth (month, day, year)			Age	Telephone number				
Nature of injury/cause of death <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement						Nature of injury/cause of death <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement									

## ACCIDENT DIAGRAM

### VEHICLE 1

- Nature of classification of accident
- |   |   |
|---|---|
| <input type="checkbox"/> Fell from machine              | <input type="checkbox"/> Collision with another off-road veh. |
| <input type="checkbox"/> Over turning                   | <input type="checkbox"/> Fire or explosion                    |
| <input type="checkbox"/> Skidding                       | <input type="checkbox"/> Collision with another snowmobile    |
| <input type="checkbox"/> Collision with another person  | <input type="checkbox"/> Collision with another object        |
| <input type="checkbox"/> Collision with another vehicle | <input type="checkbox"/> Struck hidden object in snow         |
|   | <input type="checkbox"/> Other (specify)                      |

### VEHICLE 2

- Nature of classification of accident
- |   |   |
|---|---|
| <input type="checkbox"/> Fell from machine              | <input type="checkbox"/> Collision with another off-road veh. |
| <input type="checkbox"/> Over turning                   | <input type="checkbox"/> Fire or explosion                    |
| <input type="checkbox"/> Skidding                       | <input type="checkbox"/> Collision with another snowmobile    |
| <input type="checkbox"/> Collision with another person  | <input type="checkbox"/> Collision with another object        |
| <input type="checkbox"/> Collision with another vehicle | <input type="checkbox"/> Struck hidden object in snow         |
|   | <input type="checkbox"/> Other (specify)                      |

### ACCIDENT DESCRIPTION

Sequence of events (include failure of equipment, any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident and any descriptive information about the use of safety equipment. Continue on additional sheets if necessary.)

Operator 1 insured by: <b>Operator 1 Insurance</b>		Operator 2 insured by: <b>Operator 2 Insurance</b>		Date of report (month, day, year) <b>Date Completed</b>
Name of investigating officer <b>Investigating Officer</b>	I.D. number <b>I. O. PE</b>	Agency <b>I. O. Agency</b>	Name of Field Supervisor	Date (month, day, year)
Name of assisting Officer <b>Assisting Officer</b>	I.D. number <b>A. O. PE</b>	Agency <b>A. O. Agency</b>	Were photos taken? <b>Yes or No</b>	Were any charges filed as a result of this accident? <b>Yes or No</b>