Department of Natural Resources
Division of Education
State of Illinois

SNOWMOBILE INCIDENT REPORT

Incident Report Number _____
Field Report Number _____
(Springfield Office Only)

The operator of every snowmobile involved is required by the Illinois Snowmobile Registration and Safety Act of1971 to file a report in writing whenever a snowmobile incident results in loss of life, injury to a person or property damage in excess of $750. Reports in death cases must be submitted within 48 hours; reports in all other cases are required within 5 days. All reports shall be submitted to the Illinois Department of Natural Resources, Safety Education Section, One Natural Resources Way, Springfield, IL 62702-1271.

1. TIME AND PLACE OF INCIDENT

A. DATE OF INCIDENT	B. TIME AM PM	C. STATE	D. NEAREST CITY, TOWN, ECT.	E. COUNTY

F. EXACT LOCATION *(Name of Trail or area, fix location precisely)*

G. TYPE OF TERRAIN

	1. Woods		3. Trail		4. Roadway
	2. Field				

2. DATA *(Check all appropriate items in box to left of number or fill in)*

A. NAME & ADDRESS OF OPERATOR

B. OPERATOR'S AGE

DATE OF BIRTH

C. OPERATOR'S EXPERIENCE

1. Less than 20 hours		3. 100 to 500 hours	
2. 20 to 100 hours		4. Over 500 hours	

D. NAME & ADDRESS OF OWNER

5. Have you had formal instruction in snowmobiling?

6. Operator's Certification No.

E. SNOWMOBILE TRACK

1. Rubber		3. Bogie Wheels		5. Width of Track
2. Rubber & Steel Cleats		4. Slide Suspension		

F. SNOWMOBILE

Make	1. Length Ft.
Weight	2. Width Ft.
Model	3. Year Built

G. PROPULSION

	1. 1 Cylinder		4. Other		6. Total Horsepower
	2. 2 Cylinder		5. CC		
	3. 3 Cylinder				

3. WEATHER AND SNOW CONDITIONS *(Check all appropriate items in box to left of number)*

A. WEATHER				B. VISIBILITY		C. SNOW		A. WIND			
	1. Clear		4. Snow		1. Good		1. Smooth		1. None		4. Strong
	2. Fog		5. Other *(Specify)*		2. Fair		2. Rough		2. Light		5. Storm
	3. Rain				3. Poor		3. None		3. Moderate		

4. OPERATION AT TIME OF INCIDENT *(Check all appropriate items in box to left of number or fill in)*

A. UNDERWAY						B. NOT UNDERWAY			C. NUMBER OF PERSONS ON SNOWMOBILE *(Specify)*
	1. Cruising		3. Towing Sled		6. Racing		1. Attended		4. Other *(Specify)*
	2. Maneuvering		4. Towing *(Other)*		7. Other *(Specify)*		2. Parked		
			5. Being Towed				3. Fueling		

4. TYPE, NATURE OR CLASSIFICATION OF INCIDENT *(Check all appropriate items in box to left of number or fill in)*

A. SNOWMOBILE CASUALTY

	1. Overturning		3. Collision with Person		5. Fire or Explosion *(Fuel)*		7. Collision with another Snowmobile		9. Struck Hidden Object in Snow		11. Alcohol or Drug Related
	2. Maneuvering		4. Collision with Motor Vehicle		6. Fire or Explosion *(Other than Fuel)*		8. Collision with Fixed Object		10. Disappearance of Snowmobile		12. Other *(Specify)*

B. DEATHS		C. PERSONAL INJURIES				D. PROPERTY DAMAGE		
No.	Cause	No.	Cause	No.	Cause	Item Damaged	This Vehicle	Other Vehicle
	1.		1. Fell Off		5. Struck by other Snowmobile	1. Snowmobile	$	$
	2.		2. Track Injury		6. Other *(Specify)*	2. Accessory Equipment	$	$
	3.		3. Burns or Scalds			3. Damage to Other Property *(Describe on Reverse)*		
			4. Crushed or Pinched					

GIVE A BRIEF BUT CLEAR DESCRIPTION OF THE INCIDENT *(Use additional sheets if necessary)*

WHAT, IN YOUR OPINION, CAUSED THE INCIDENT

7. LIVES LOST	8. PERSONS INJURED
LIST NAMES & ADDRESSES	LIST NAMES & ADDRESS: NATURE AND EXTENT OF INJURY

9. PROPERTY DAMAGE

DESCRIBE PROPERTY DAMAGED, INCLUDE NAME, ADDRESS OF OWNER:

10. WITNESSES	11. ASSISTANCE FURNISHED
LIST NAMES & ADDRESSES OF ALL KNOWN WITNESSES:	LIST KNOWN POLICE, FIRE DEPT., RESCUE SQUADS, ETC.

12. PERSONS ON SNOWMOBILE (Other than operator)

NAME	ADDRESS	AGE
NAME	ADDRESS	AGE
NAME	ADDRESS	AGE

13. REMARKS: *(Include opinion how similar incidents can be prevented or avoided in the future)*

14. NAME, ADDRESS OF OPERATORS AND REGISTRATION NUMBER OF OTHER VEHICLES INVOLVED

I DECLARE UNDER THE PENALTIES OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DESCRIPTION AND STATEMENTS MADE HEREIN ARE TRUE AND CORRECT

OPERATOR'S SIGNATURE	DATE	TELEPHONE NUMBER

(COMPLETE ALL APPLICABLE SECTIONS OR FORMS WILL BE RETURNED

Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to a individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/ the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL 62702-1271; 217/785-0067; TTY 217/ 782-9175. This information may be provided in an alternati format if required. Contact the DNR Clearinghouse at 217/782-7498 for assistance.
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