

Vehicle Type:

Notice: For the purpose of this report an off-highway vehicle (OHV) means snowmobile, all-terrain vehicle (ATV), utility-terrain vehicle (UTV) or off-highway motorcycle (OHM). The operator of any ATV, UTV or snowmobile involved in a crash incident on public or private lands that results in death or injuries requiring treatment by a physician is required by sections 350.15, 23.33(7) and any OHM involved in a crash incident on public lands that results in death or injuries requiring treatment by a physician is required by section 23.335(18) Wis. Stats., to report the incident as soon as possible to a conservation warden or a local law enforcement agency, and to submit a written report within 10 days to the Department of Natural Resources. Failure to complete this form as required may result in a forfeiture of up to \$250.00. Personal information collected will be used for investigatory purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

Crash Incident Criteria

Incident Date	Day of Week	Time of Day <input type="radio"/> am <input type="radio"/> pm	City or Township	County	State WI
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Location of Incident: <input type="radio"/> Private Land <input type="radio"/> Hwy. Right-of-way <input type="radio"/> Waterway <input type="radio"/> Public Land <input type="radio"/> Public Trail <input type="radio"/> Route <input type="radio"/> Public Road <input type="radio"/> Private Trail	Number of Vehicles in Crash _____ Injuries Requiring Medical Treatment? <input type="radio"/> Y <input type="radio"/> N Death Related to Incident? <input type="radio"/> Y <input type="radio"/> N Disappearance of Person Indicating Injury or Death? <input type="radio"/> Y <input type="radio"/> N
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Operator Information

Operator Name (First, Middle, Last)	Phone Number (ext.)	Yes No N/A
Address	Date of Birth	Age
City	State	ZIP Code
Gender: <input type="radio"/> Male <input type="radio"/> Female		Injured? <input type="radio"/> <input type="radio"/>
Description of Injury		<input type="radio"/> Minor–No Permanent Injury <input type="radio"/> Major–Required Hospitalization

Completed OHV-Specific DNR Safety Training Course? <input type="radio"/> Yes - State _____ <input type="radio"/> No - Online course? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Operator Experience: <input type="radio"/> 0 - 100 Hours <input type="radio"/> Over 100 Hours
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Vehicle Information (Vehicle A)

OHV Type: Snowmobile ATV UTV OHM Other _____

OHV is: Rented Borrowed Owned _____

Owner Name (First, Middle, Last)	<input type="checkbox"/> Same as Operator	Phone Number (ext.)
Address	City	State ZIP Code
Make	Model	Year Decal Number Exp. Date State
Vehicle ID Number	Engine Size CC	Studs/Chains? <input type="radio"/> Yes <input type="radio"/> No Estimated Speed MPH Designed to Seat How Many?

Passengers

Passenger Name (First, Middle, Last)	Phone Number (ext.)	Yes No N/A
Address	Date of Birth	Age
City	State	ZIP Code
Gender: <input type="radio"/> Male <input type="radio"/> Female		Injured? <input type="radio"/> <input type="radio"/>
Description of Injury		<input type="radio"/> Minor–No Permanent Injury <input type="radio"/> Major–Required Hospitalization <input type="radio"/> Fatal

OHV Incident – Operator Report

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Other Party Involved

Name (First, Middle, Last)			Phone Number (ext.)		Describe Involvement
Address			Date of Birth	Age	
City	State	ZIP Code	Gender: <input type="radio"/> Male <input type="radio"/> Female		
Description of Injury					Injured? Yes No <input type="radio"/> <input type="radio"/> <input type="radio"/> Minor–No Permanent Injury <input type="radio"/> Major–Required Hospitalization <input type="radio"/> Fatal

Other Vehicle Involved

Vehicle Type: Snowmobile ATV UTV OHM Other _____

Decal Number: _____

Operator Name (First, Middle, Last)		Date of Birth	Age	Gender: <input type="radio"/> M <input type="radio"/> F	Phone Number (ext.)
Address		City	State	ZIP Code	

Witnesses

First, MI, Last Name	Address	Birthdate	Phone Number	Sex
1.				<input type="radio"/> M <input type="radio"/> F
2.				<input type="radio"/> M <input type="radio"/> F
3.				<input type="radio"/> M <input type="radio"/> F

Type and Cause of Accident

Type of Incident: (select all that apply) <input type="checkbox"/> Fell/ejected from OHV <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with another OHV <input type="checkbox"/> Collision with moving motor vehicle <input type="checkbox"/> Collision with parked motor vehicle <input type="checkbox"/> Broke through ice <input type="checkbox"/> Driven into open water <input type="checkbox"/> OHV rolled over/Tip over <input type="checkbox"/> Struck fence or cable <input type="checkbox"/> Injured by contact with part of OHV <input type="checkbox"/> Pedestrian struck by OHV <input type="checkbox"/> Being pulled by OHV <input type="checkbox"/> Other _____	Activity at Time of Incident: <input type="radio"/> Recreational <input type="radio"/> Agricultural <input type="radio"/> Sanctioned Race (ATV/UTV only) <input type="radio"/> Construction <input type="radio"/> Hunting <input type="radio"/> Other _____	Environment Weather: <input type="checkbox"/> Foggy - Mist <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Clear	
	What in Your Opinion Contributed to the Incident? <input type="checkbox"/> Drinking or Drugs <input type="checkbox"/> Vehicle speed <input type="checkbox"/> Equipment failure <input type="checkbox"/> Failure to yield <input type="checkbox"/> Inexperience <input type="checkbox"/> Trail conditions <input type="checkbox"/> Other _____	Temperature _____ °F Trail Condition: <input type="checkbox"/> Icy <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Muddy <input type="checkbox"/> Dry <input type="checkbox"/> Other _____	Visibility: Day <input type="radio"/> Good <input type="radio"/> Night <input type="radio"/> <input type="radio"/> Fair <input type="radio"/> <input type="radio"/> Poor <input type="radio"/> Road Condition: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow Covered <input type="checkbox"/> Icy <input type="checkbox"/> Gravel <input type="checkbox"/> Paved <input type="checkbox"/> Other _____

Describe What Happened (Sequence of events leading up to the incident)

Please double check your report for accuracy. Pursuant to s. 350.15(4), Wis. Stats., and NR64.10, Wis. Admin. Code, this report may not be used as evidence in any trial.

Printed Name of Operator	Signature of Operator	Date Signed (MM/DD/YYYY)
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Incident reported to (name of Warden or Law Enforcement Agency):