



# Officer's Investigation Report - Snowmobile Crash

DEPARTMENT OF MOTOR VEHICLES  
Agency of Transportation  
dmv.vermont.gov

120 State Street  
Montpelier, Vermont 05603-0001  
Phone: 802.828.2000

Date of Crash	Day of Week	Time of Day <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Investigating Agency Case Number	DMV Case Number
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**Place Where Crash Occurred**

Town	County
Exact Location (Street, road, residence, etc.)	

**VEHICLE NUMBER ONE**

Operator's Name	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender
Street Address	City/Town	State	Zip Code
Owner's Name	Registration Number	State of Registration	Make of Snowmobile
Serial Number (Not Engine Number)	Model	Engine	

**VEHICLE NUMBER TWO**

Operator's Name	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender
Street Address	City/Town	State	Zip Code
Owner's Name	Registration Number	State of Registration	Make of Snowmobile
Serial Number (Not Engine Number)	Model	Engine	

<b>INJURIES</b>	Name	Age	Gender	On Vehicle #
	Address	<input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____		
	Nature & Extent of Injuries	Where Was Injured Taken?		

<b>INJURIES</b>	Name	Age	Gender	On Vehicle #
	Address	<input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____		
	Nature & Extent of Injuries	Where Was Injured Taken?		

Use additional pages, if necessary, to provide details, as outlined above, for additional injured persons.

**DESCRIBE HOW THE CRASH OCCURRED:**

Large empty rectangular box for describing the crash.

<b>Investigating Officer's Name</b>	<b>Date</b>
<b>Signature</b>	<b>Department</b>