

THE NEW YORK STATE OPRHP SNOWMOBILE ACCIDENT REPORTING SYSTEM



MANUAL FOR POLICE

OPS – 208 M



KATHY HOCHUL
Governor

**New York State
Parks, Recreation and
Historic Preservation**

ERIC KULLESEID
Commissioner

(Rev. 10/22)

FOREWORD

In the winter season of 1989, New York State implemented an updated contemporary snowmobile accident reporting system. This format is similar to the DMV -104 A and the OPRHP vessel accident report form. It is anticipated that by creating similar formats, the reports filed by the law enforcement personnel will be accurate, complete, and provide information necessary for statistical review.

This report form should be easier to complete by officers since it is similar to others in use. There are, however, differences that are inherent to any report form. This manual will assist law enforcement personnel in completion of accurate, complete uniform records of accidents that can provide an invaluable investigative record and court document.

The NYS Office of Parks, Recreation and Historic Preservation Snowmobile Unit (OPRHP) provides OPS-208 (police report of snowmobile accident) and OPS-209 (operator's report of snowmobile accident) on our website at <https://parks.ny.gov/recreation/snowmobiles/officer-resources.aspx> as downloadable PDF documents. OPRHP provides the forms upon request as well. All violations of the NYS OPRHP Law resulting from an accident must be noted on forms OPS-208 and OPS-209.

Please direct all completed accident reports to:

**Office of Parks, Recreation and Historic Preservation
Snowmobile Unit
625 Broadway, 2nd Floor
Albany, New York 12238**

**snowmobile.unit@parks.ny.gov
t: (518) 474-0446
f: (518) 486-7378**

SNOWMOBILE REGULATIONS - Operation of a snowmobile within New York State is governed by the New York State Parks, Recreation and Historic Preservation Law, New York State Motor Vehicle Law, and New York State Environmental Conservation Law.

For purposes of the New York State Penal Law, a snowmobile is defined as a vehicle.

For the purposes of the Vehicle and Traffic Law, a snowmobile is defined as a vehicle, but is not considered a motor vehicle.

GUIDELINES TO LAW AND REGULATION

NYS PARKS, RECREATION AND HISTORIC PRESERVATION LAW Regulates most functions of snowmobile operation except registration. This includes operational regulations, accident reporting, insurance, special event permit regulations, operating while intoxicated, etc.

NYS MOTOR VEHICLE LAW Regulates registration requirements of a snowmobile.

NYS ENVIRONMENTAL CONSERVATION LAW Regulates possession and carrying of firearms, use of snowmobiles in taking of wildlife, and posting of properties.

Section 25.25 NYS PRL Accidents; reports

1. The operator of any snowmobile involved in any accident resulting in injuries to or death of any person or in which property damage in the estimated amount of one thousand dollars (\$1,000.00) or more is sustained, shall within seven (7) days after such accident report the matter in writing to the office, with a copy thereof to the sheriff of the county in which said accident occurred. If such operator is physically incapable of making such a report and there is another participant in the accident not so incapacitated, such participant shall make the report within the allotted time after such accident. In the event that there is no other participant and the operator is other than the owner, then the owner shall within the prescribed period of time, after learning of the facts of such an accident, report the matter to the office, together with such information as may have come to his knowledge relating to such accident. Every such operator of a snowmobile, or participant of any such accident, or the owner of the snowmobile involved in any such accident, shall make such other and additional reports as the commissioner shall require.

2. Whenever any snowmobile meets with an accident involving a loss of life, personal injury or damage to property and the operator thereof has knowledge of such accident, he shall stop and give his name and address, the name and address of the owner thereof and the registration number assigned to said snowmobile to the injured person or the person sustaining the damage, or to a peace or police officer. In the event the person sustaining the damage is not present at the place where the damage occurred, the operator shall, as soon as physically able, report the same to the nearest law enforcement agency.

3. A peace, police, or judicial officer who investigates or receives information of an accident involving a snowmobile shall make a written report of the investigation or information received and such additional facts relating to the accident as may come to his knowledge and mail the same within **forty-eight (48)** hours to the office and keep a record thereof in his office.


4. Failure of such person to give notice of any accident requiring notice shall be prima facie evidence that such accident was not reported.

OPS-209 CIVILIAN REPORT REQUIRED - AS OUTLINED WITHIN SECTION 25.25 SUBSECTION 01.

"Every operator of a snowmobile, or participant of any such accident, or the owner of the snowmobile involved in any such accident, shall make such other and additional reports as the commissioner shall require."


This area within the Section pertains to the requirement of the operator/owner of a snowmobile that has been involved in a reportable accident to file a written report. This form is currently OPS-209. A police officer should furnish the operator/owner of an involved snowmobile two copies of OPS-209 and instruct the owner/operator to file a completed report to OPRHP. The officer should advise the operator/owner to retain a copy for the operator's file and submit a second copy to the sheriff of the county in which said accident occurred.

OPS-209 REV. 10/22



**New York State
Parks, Recreation and
Historic Preservation**

NYS OPRHP Snowmobile Unit
625 Broadway, 2nd Floor
Albany, NY 12238
(518) 474-0446



REGISTRATION NUMBER
OF REPORTING SNOWMOBILE

DATE OF THIS REPORT _____

SNOWMOBILE ACCIDENT REPORT

Pursuant to the provisions of Section 25.25 of the New York State Parks and Recreation Law, the operator of a snowmobile involved in an accident resulting in death, personal injury or damage to property of \$1,000.00 or more must report the accident to Parks and Recreation, Snowmobile Unit within 7 days. If the operator is physically incapable of making such report, and there is another participant in the accident, then such participant shall make the report. In cases where the operator and the participants are physically incapable of making such report, then the owner shall make the report. Failure to comply with these requirements shall constitute an offense punishable by a fine of not more than one hundred dollars.

1. TIME AND PLACE OF ACCIDENT

A. Date of Accident _____ B. Time _____ C. State _____ D. Nearest City, Town, etc. _____ E. County _____

F. Exact Location (Name of trail/area, GPS coordinates; fix location precisely) _____

G. Type of Terrain

1. Trail	3. Groomed Trail	4. Roadway	6. Other (Specify)
2. Woods	4. Field/Lawn	5. Body of Water	

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

A. Name & Address of Operator _____

B. Operator's Age _____ C. Operator's Experience _____

1. < 1 Year	3. > 5 Years
2. 1-5 Years	4. Unknown

D. Name & Address of Owner _____

E. Have you ever completed a Snowmobile Safety Course? Yes No

F. Helmets Was the operator wearing a helmet? Yes No

Was the passenger wearing a helmet? Yes No

H. Snowmobile Track: Studded? _____ I. Estimated Speed (MPH) _____

Make _____ Model _____ Year Built _____

Ownership: O-owner R-rented B-borrowed F-family machine

J. Was the operator familiar with the area? Yes No

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

A. Weather Conditions			B. Visibility		C. Snow Conditions		D. Wind	
1. Clear	4. Snow	7. Other (Specify)	1. Good	1. Smooth	1. None	4. Strong		
2. Cloudy	5. Sleet/Hail/Freezing Rain		2. Fair	2. Rough	2. Light	5. Storm		
3. Rain	6. Fog/Smog/Smoke		3. Poor	3. None	3. Moderate			

4. OPERATION AT TIME OF ACCIDENT (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	4. Towing (Other)	7. Other (Specify)	1. Attended	3. Fueling		
2. Maneuvering	5. Being Towed		2. Parked	4. Other (Specify)		
3. Towing Sled	6. Racing					

5. TYPE, NATURE OF CLASSIFICATION OF ACCIDENT (Check all appropriate items in box to left of number or fill in)

A. Cause of the Accident			
1. Struck by Other Snowmobile	6. Fire or Explosion (Fuel)	11. Ran off Roadway/Trail	16. Other (Specify)
2. Collision with Another Snowmobile	7. Fire or Explosion (Other than Fuel)	12. Overtaking	
3. Collision with Person	8. Struck Hidden Object in Snow	13. Skidding	
4. Collision with Motor Vehicle	9. Disappearance of Snowmobile	14. Fell Off	
5. Collision with a Fixed Object	10. Submersion	15. Track Injury	

B. PERSONAL INJURIES		C. Property Damage	
1. Burns or Scalds	5. Fracture-Dislocation	Item Damage	This Vehicle
2. Crushed or Pinched	6. Other (Specify)	1. Snowmobile	\$ _____
3. Concussion		2. Accessory Equipment	\$ _____
4. Abrasion		3. Damage to Other Property (Describe on Reverse)	\$ _____

6. GIVE A BRIEF, BUT CLEAR DESCRIPTION OF THE ACCIDENT. USE ADDITIONAL SHEETS IF NECESSARY.

NOTE - MAKE 2 COPIES OF THIS FORM. SEND THE ORIGINAL TO NYS PARKS SNOWMOBILE UNIT. SEND 1 TO THE LAW ENFORCEMENT AGENCY IN THE AREA WHERE THE ACCIDENT OCCURRED AND KEEP 1 FOR YOUR RECORDS.

OVER →

7. WHAT, IN YOUR OPINION, CAUSED THE ACCIDENT?

8. LIVES LOST

A. List Names & Addresses _____

9. PERSONS INJURED

A. List Names & Address, Nature & Extent of Injuries _____

10. PROPERTY DAMAGE

Describe Property Damage, Include Name and Address of Owner _____

11. WITNESSES

A. List Names & Addresses of All Known Witnesses _____

12. ASSISTANCE FURNISHED

A. List Known Police, Fire Dept., Rescue Squads, Etc. _____

13. PERSONS ON SNOWMOBILE (Other than Operator)

NAME _____	ADDRESS _____	AGE _____
NAME _____	ADDRESS _____	AGE _____
NAME _____	ADDRESS _____	AGE _____

14. REMARKS (Include opinion how similar accidents can be prevented in the future)

15. NAME, ADDRESS OF OPERATOR 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	TELEPHONE NUMBER
→	

(COMPLETE ALL APPLICABLE SECTIONS OR FORMS WILL BE RETURNED)

POLICE ACCIDENT REPORT -- OPS 208

OPS-208 should be forwarded to OPRHP at the address noted on page one of this manual. The investigating police agency should retain a copy for their records. Should a certified or original report be necessary for courts or any legal reasons, OPRHP will provide these records to a police agency upon request.

IMPORTANT - If an accident involves a snowmobile and a registered motor vehicle (car, truck, bus), the officer may complete a DMV form MV-104A with the inclusion of snowmobile information in the report body. For example, indicate if the accident occurred on a terrain other than a roadway, what safety equipment, if any, the snowmobile operator used (helmet, shield, etc.), vehicle information for the snowmobile (registration number, make and model, etc.), if the operator has completed a snowmobile safety course, and how many years of experience the operator has operating a snowmobile. If the MV-104A is completed instead of the OPS-208, a copy of the MV-104A must be filed with OPRHP in order to meet the report requirements.

COMPLETION OF THE ACCIDENT FORM

Following are instructions and illustrations for the entering of accident data.

The form can be filled out by hand, but is also offered as a fillable .pdf that can be completed digitally.

Page _____ of _____ Pages

At the top left, this will show total pages (including attachments) that the accident report contains. If multiple pages are required, all pages should be securely attached together. If only one page is necessary, the entry will be "Page 1 of 1 Pages". If two pages are included, the entry would be "Page 1 of 2 Pages". The second page of the two-page report would be "Page 2 of 2 Pages".

ACCIDENT IDENTIFICATION

The top line of the form is illustrated, and should be completed as follows:

Accident Date Mo. / Day / Year	Day of Week	Time	No. of Vehicles	No. Injured	No. Killed	Time Investigated	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input type="checkbox"/> No <input type="checkbox"/>	Amended <input type="checkbox"/>
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1. Complete date of occurrence (MM/DD/YY)
2. Day of week (Sun, Mon, Tue, Wed, Thu, Fri, Sat)
3. Time accident occurred with AM or PM
4. Total number of vehicles involved. For the purposes of this box sleds, toboggans or other equipment being towed by another snowmobile shall be counted as that snowmobile.
5. Number injured - should death occur after the filing of this report due to injuries sustained in the accident, please notify this office immediately and make the appropriate changes to the boxes under this section. Resubmit to OPRHP with the Amended Box checked.
6. Number killed.
7. Time investigated. (Should reflect time that the actual accident investigation began, not necessarily the time that the first unit arrived on scene).
8. Did the reporting officer go to the accident scene? If not, this box should be checked.
9. Did any involved operators leave the accident scene?
10. Does investigating agency have scene photos, etc.? (photos do not have to be sent to OPRHP with the report; this box is for our information only)
11. Should any sections of this report be changed after submission to OPRHP, please resubmit as soon as possible with this Amended box selected.

OPERATOR/SNOWMOBILE OWNER BLOCKS

1					2								
Last Name - Operator			First Name		Middle Initial		Last Name - Operator			First Name		Middle Initial	
Number and Street					Number and Street								
City			State		Zip		City			State		Zip	
Date of Birth Mo./Day/Year		Sex	Telephone No.		Ins. Code		Date of Birth Mo./Day/Year		Sex	Telephone No.		Ins. Code	
Last Name - Owner			First Name		Middle Initial		Last Name - Owner			First Name		Middle Initial	
Number and Street					Number and Street								
City			State		Zip		City			State		Zip	
Reg. Number	State	Year & Vehicle Make		Model	C.C. Displac.		Reg. Number	State	Year & Vehicle Make		Model	C.C. Displac.	
Rented Machine Yes <input type="checkbox"/> No <input type="checkbox"/>	Taken Certified Safety Course Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of years experience	Are you a club member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Club Name		Rented Machine Yes <input type="checkbox"/> No <input type="checkbox"/>	Taken Certified Safety Course Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of years experience	Are you a club member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Club Name			
Ticket/Arrest Numbers				Operator <input type="checkbox"/> Other <input type="checkbox"/>		Ticket/Arrest Numbers				Operator <input type="checkbox"/> Other <input type="checkbox"/>			
Violation Section(s) (Indicate Which Law)					Violation Section(s) (Indicate Which Law)								

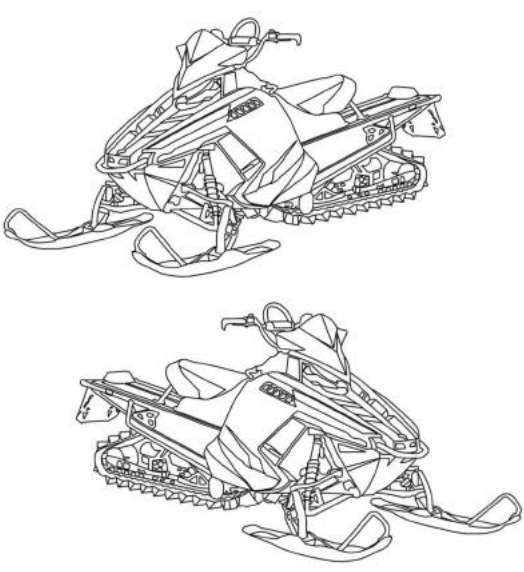
The block for operator/owner and snowmobile vehicle information allows for entry of two (2) vehicles. You may enter other types of vehicles (non-snowmobile), but make note of the vehicle type at the top of the damage diagram box.

1. Print the names in all entries - last, first, middle initial.
2. If operator/owner is at temporary or vacation address, list home address and phone.
3. If operator is also the owner, you may write "same as operator" within the owner name block and leave address blank.
4. Enter all other vehicle information at the bottom of the section.
5. If the registration of the snowmobile is expired or invalid, make note of such within the accident description section.
6. Make sure that model of snowmobile is entered. This should be the model as designated by manufacturer, not "snowmobile."
7. All information, except model and c.c. displacement, can be obtained from the involved snowmobile's registration.
8. Indicate if the machine was rented.
9. Find out if the operator has taken the Certified Safety Course and how many years experience he or she has operating a snowmobile.
10. Identify for each operator, if he or she is a member of a snowmobile club. If so, write the club name on the line provided.
11. List any ticket/arrest numbers and violations that participants are cited for and to whom they are issued. Make sure the chapter of law is indicated (i.e., V&TL or PRL). If several violations are listed, the officer may continue listing in the accident description lines.

SNOWMOBILE DAMAGE DIAGRAM

During any investigation of a snowmobile accident, the investigating officer must inspect the involved snowmobile(s) and the resulting damage. Under no circumstances should an officer not view the damage or allow an operator to describe the damage for a report.

1 Damage



Yes No Unknown

Removed By _____
 Removed To _____

1. Shade in all areas of damage upon diagram.
2. Place an arrow toward snowmobile from direction of impact.
3. Check box to indicate if there was or was not damage to the snowmobile, or if damage is unknown.
4. Place an "X" across diagram and print "TOTAL" over diagram if snowmobile was totally destroyed as a result of this accident.
5. Identify who removed the snowmobile and the location to which it was removed.
6. If vehicle was not a snowmobile, note the type of vehicle at the top of the block.

ACCIDENT DIAGRAM

Circle the number within any box that describes the accident in general. Space is provided to draw a diagram that will further illustrate the details of the accident. Place an arrow within the upper right to indicate north. Accidents that involve serious physical injury or death may require a separate diagram with exact measurements. These diagrams should be attached to the report and noted within the diagram area.

Indicate if the cost of repairs to any one vehicle will be more than \$1,000, or if this is unknown/unable to be determined.

ACCIDENT DIAGRAM

1. Rear End ← ←	3. Left Turn ↙ ↘	5. Intersection ↓	6. Right Turn → ↘	8. Head On → ←
2. Overtaking ← ←	4. Left Turn ↙ ↘	→ ↓	7. Right Turn ↘ ←	9. Sideswipe → ←

ACCIDENT DIAGRAM

Indicate North by Arrow

Cost of repairs to any one vehicle will be more than \$1,000:
 Unknown/Unable to Determine Yes No

LOCATION/ARREST INFORMATION

1. County/City/Town/Village/Landmarks: The county and local jurisdiction is entered within this section. Landmarks should contain reference to a permanent landmark. This may include a utility pole number, house number, specific building or structures, etc.
2. Name/Type Area/Trail #: Refers to trail area name & number, highways, parking lots, woods, fields, etc. Be as specific as possible and include landowner's name if possible.
3. GPS Coordinates: When it is possible, identify the precise GPS coordinates of the accident's location.
4. Distance from Route/Street: When it is possible, reference an accident location to a named or designated public roadway. This may be derived by listing a road which was used to access the site by emergency vehicles or if the accident occurs on or adjacent to such roadway.

County	<input type="checkbox"/> City <input type="checkbox"/> Town of <input type="checkbox"/> Village	Landmarks at Scene
Name/Type Area/Trail #	GPS Coordinates	<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E of Route No. or Street Name <input type="checkbox"/> Feet <input type="checkbox"/> At Intersection With <input type="checkbox"/> S <input type="checkbox"/> W

ACCIDENT DESCRIPTION/OFFICER'S NOTES/WITNESSES

This area has been provided to outline a general explanation of the accident. It should also be used to enter any information that could not be coded in other sections of the report, including any instances in which "Other—Explain" or a choice with an asterisk (*) next to it is selected. It is not necessary to enter information that has been properly coded or entered in other areas of the report form. The officer may list property owners or other persons who may not have been directly involved in the accident. Property damage other than to a vehicle may also be listed here.

Accident Description/Officer's Notes/Witnesses	
	Accident occurred on NYS funded trail system. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Select "YES" if this accident occurred on the statewide trail system, "NO" if it is definitively known not to be of the statewide trail system, or "UNKNOWN" if the officer is unsure.

ALL INVOLVED DATA

This area must be filled out for all persons involved in the accident, regardless of injury. A dash "-" should be entered when a category has no entry or is not applicable; enter an "X" where the information is unknown.

WHICH VEHICLE OCCUPIED 1. Vehicle No. 1 A. ATV 0. Other - Explain 2. Vehicle No. 2 P. Pedestrian	
POSITION IN/ON VEHICLE 1. Driver 2-3. Passengers 4. Riding/Hanging On Outside	
SAFETY EQUIPMENT USED 1. Helmet with Shield 2. Helmet with Goggles 3. Lights On	
CHECK ALL THAT APPLY	
EJECTION FROM VEHICLE 1. Not Ejected 2. Partially Ejected 3. Ejected	
AGE SEX M&F	
LOCATION OF MOST SEVERE PHYSICAL COMPLAINT 1. Head 2. Face 3. Eye 4. Neck 5. Chest 6. Back 7. Shoulder-Upper Arm 8. Elbow-Lower Arm-Hand 9. Abdomen-Pelvis 10. Hip-Upper Leg 11. Knee-Lower Leg-Foot 12. Entire Body 13. N/A	
TYPE OF PHYSICAL COMPLAINT 1. Amputation 2. Concussion 3. Internal 4. Minor Bleeding 5. Severe Bleeding 6. Minor Burn 7. Moderate Burn 8. Severe Burn 9. Fracture-Dislocation 10. Contusion-Bruise 11. Abrasion 12. Complaint of Pain 13. None Visible	
VICTIM'S PHYSICAL AND EMOTIONAL STATUS 1. Apparent Death 2. Unconscious 3. Semiconscious 4. Incoherent 5. Shock 6. Conscious 7. N/A	
INJURED TAKEN 17 BY TO 18	

ALL INVOLVED	A	8	9	10	11	12	13	14	15	16	17	18	Names - If Deceased, Give Date of Death
	B												
	C												
	D												
	E												
	F												

For each involved individual, identify which vehicle and position they occupied, as well as listing any and all safety equipment used.

In the injury columns always list the most serious, apparent, or claimed injury. If none is apparent or claimed, enter a dash "-".

Assess the victim's physical and emotional status at the time of the investigation.

"Taken by" will be the four-digit number assigned to the medical vehicle handling the accident. "Taken to" will be one of the four-digit NYS Hospital Codes noted on the back of the cover sheet.

POLICE IDENTIFICATION INFORMATION

At the base of the primary accident report pages are information sections necessary for proper identification of the officer and the police agency filing the report. The report is not complete or valid until signed by the investigating officer and reviewing officer, and corresponding shield identification numbers have been entered.

SIGN HERE	Officer's Rank and Name	Shield No.	Department	Precinct / Post Troop / Zone	Post or Beat /Sector	Reviewing Officer	Date/Time Reviewed

Department identification should be the middle five positions of the ORI agency identifier as assigned by NCIC. This is the similar code as used for filing DMV 104A forms.

All other codes such as post or sector may be filled in with local agency codes. A reviewing officer should check the report for Legibility, Accuracy and Completeness prior to filing with OPRHP as a final report.

ENTRIES REQUIRED FOR NUMBERED SIDE BOXES

The OPS-208 has seven boxes along the left margin numbered 1 through 7 and twelve boxes at right margin numbered 19 through 30. As with other areas of the form, if an entry for a specific field is unknown, enter "X"; if the entry does not apply to the accident, enter a dash "-". Do not leave boxes blank.

The information within each field is self-explanatory. Use the option that best describes the conditions or factors of the accident being investigated.

A number must be entered within boxes 1 through 7.

LOCATION

Must be either public or private ownership. If the accident occurs on a trail, determine if the land that it crosses is public or private property.

TYPE TERRAIN

- Trail is any area established but is not maintained by signing, grooming or bridges.
- Improved Trails are those that receive maintenance such as grooming, signing, culverts, bridges, etc., and are operated under direction of a local government, tourist organization or snowmobile club.
- Roadway should be selected when a year round or seasonal roadway is involved. Indication within "Name/Type Area/Trail #" section should identify if a roadway is seasonal, meaning not maintained or plowed for motor vehicles during the winter.

NOTE: The key to whether an area is a trail, woods, field/lawn, etc. is that a trail is an established route for the general public. A route between two or more properties utilized by only local snowmobile travel should not be considered as a "Trail or Improved Trail".

TRAFFIC CONTROL

Indicate the most apparent condition. Private signs such as "No Trespass" do not apply. A posted hazard includes: steep grades, drop off, bridge out, or another special hazard involved at location of the accident. If the trail is generally signed, but no special hazard is involved, the number 2 should be entered. Number 7, highway regulatory signs, would apply upon any roads, seasonal roads, or highway related accidents only if a sign is located at or near the accident.

LIGHT CONDITIONS

Indicate conditions of the scene at the time of the accident, not the time of investigation.

ROADWAY CHARACTER

This applies to any area at which an accident occurred, not only a roadway. It is designed to indicate the physical condition of the terrain at the accident scene.

6

SURFACE CONDITION

1. Snow
2. Ice
3. Bare Ground
4. Pavement
5. Recently Groomed Snow
6. Other-Explain

7

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other-Explain

SURFACE CONDITION and WEATHER

These two blocks should relate to conditions at the scene of the accident at the time that the accident occurred, not the time of the investigation.

APPARENT CONTRIBUTING FACTORS There are two (2) boxes for indicators of two (2) vehicles (snowmobile or other) involved.

There should be at least one entry listed.

If a second indicator is not applicable, insert a dash "-" in the box for the vehicle in question. If a second indicator is unknown place an "X" in the box for the vehicle in question.

Do not leave any field blank.

APPARENT CONTRIBUTING FACTORS

<p>HUMAN</p> <ol style="list-style-type: none"> 1. Unsafe Speed 2. Alcoholic Involvement 3. Oper. Inattention* 4. Oper. Inexperience* 5. Illegal Drugs 6. Reckless Operation 7. Following Too Closely 8. Failed to Yield R.O.W. 9. Failed to Keep Right 10. Failed to Obey Signs 11. Failed to Negotiate a Turn 12. Unfamiliar with Terrain 13. Reaction to Other Uninvolved Vehicle 14. Other Human* 	<p>VEHICULAR</p> <ol style="list-style-type: none"> 15. Stuck Throttle 16. Brake Defective 17. Defective Lights 18. Engine Stop Switch Malfunction 19. Tow Hitch Failure/Improper 20. Other Vehicular* <p>ENVIRONMENTAL</p> <ol style="list-style-type: none"> 21. Glare 22. Animal's Actions 23. Improper Markings 24. Obstruction/Debris 25. Traffic Control Failure/Missing 26. Thin Ice 27. View Obstructed 28. Other Environmental* 	<p>Vehicle 1 19</p> <p>Vehicle 1 20</p> <p>Vehicle 2 21</p> <p>Vehicle 2 22</p>
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***EXPLAIN IN ACCIDENT DESCRIPTION**

DIRECTION OF TRAVEL

Enter the number from the inner ring that most accurately corresponds with the direction of travel of each vehicle immediately before the accident occurred. (i.e. N=1, SW=6)

PRE-ACCIDENT VEHICLE ACTION

Enter the number of the statement that most closely describes the actions of each vehicle immediately prior to the accident. DO NOT include actions that may have been taken at the last moment to avoid an accident.

(i.e. If vehicle 1 were going straight ahead on a trail and then swerved to the right to avoid an oncoming snowmobile, the indicator should be "1")

DIRECTION OF TRAVEL

Vehicle 1 23

Vehicle 2 24

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
3. Making Left Turn
4. Making U Turn
5. Starting from Parking
6. Crossing Trail
7. Slowing or Stopping
8. Stopped on Trail
9. Parked
10. Avoiding Object in Trail
11. Overtaking
12. Merging
13. Backing
14. Other - Explain

Vehicle 1 25

Vehicle 2 26

LOCATION OF FIRST EVENT

The location indicator will show whether the first event occurred upon a NYS funded trail or roadway.

If a snowmobile leaves an actual trail and strikes an object, select (2) off NYS funded trail/roadway. If the snowmobile is on the trail and strikes another snowmobile on the same trail, but then runs off the trail, the entry would be (1) as the first event was on a NYS funded trail.

TYPE OF ACCIDENT

Indicate the most appropriate description in box #28 "First Event". There is available the choice of a second event for up to two vehicles. A dash "-" should be placed in the box for each vehicle for which there was no second event.

LOCATION OF FIRST EVENT		27
1. On NYS Funded Trail/Roadway 2. Off NYS Funded Trail/Roadway 3. Unknown		
TYPE OF ACCIDENT COLLISION WITH:		28
1. Other Snowmobile 2. Pedestrian 3. Groomer 4. Animal 5. Railroad Train 6. Car/Truck 7. Parked Vehicle 8. ATV		
COLLISION WITH FIXED OBJECT		29
9. Light Support/Utility Pole 10. Guide Rail 11. Gate 12. Sign Post 13. Tree 14. Building Wall 15. Curbing 16. Fence 17. Bridge Structure 18. Culvert/Head Wall 19. Median/Barrier 20. Snow Embankment 21. Earth Embankment 'Rock Cut' Ditch 22. Fire Hydrant 23. Other Fixed Object*		
NON-COLLISION		30
24. Overturned 25. Fire/Explosion 26. Submersion 27. Ran Off Roadway Only 28. Fell from Moving Vehicle 29. Injured by Part of Machine 30. Other-Explain		

SECOND EVENT

Vehicle 1

Vehicle 2

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Local Codes

New York State Parks, Recreation and Historic Preservation

Snowmobile Law Enforcement NEW YORK STATE PARKS

Within 48 hours, forward copy to:
NYS OPRHP Snowmobile Unit
625 Broadway, 2nd Fl
Albany, NY 12238

1. Put

2. Imp

2. Sig

5. Da

5. Cur

1. Snc

1. Cle

9. Fail

- N/A

9. Fail

- N/A

6. Sol

2. Nor

1. Go

1. Go

1. On

1. Oth

- N/A

- N/A

Accident Date: 12/29/22 Mo. / Day / Year
 Day of Week: SAT
 Time: 5:30 pm
 No. of Vehicles: 1
 No. Injured: 1
 No. Killed: 0
 Time Investigated: 6:20 pm
 Not Investigated at Scene:
 Left Scene:
 Police Photos: Yes No
 Amended:

1 Last Name - Operator: Doe, John B. Middle Initial: B. First Name: John. Middle Initial: B.
 2 Last Name - Operator: Smith, Fred A. First Name: Fred. Middle Initial: A.

Number and Street: 7 Willow Brook Lane. City: Ice Castle, NY 12345.
 Number and Street: 2137 Galway Road. City: Ice Castle, NY 12345.

Date of Birth: 05/09/69. Sex: M. Telephone No.: (456) 123-7890. Ins. Code: 015.
 Date of Birth: 08/03/79. Sex: M. Telephone No.: (123) 456-3890. Ins. Code: 021.

Last Name - Owner: Same as operator. First Name: Same as operator. Middle Initial: Same as operator.
 Last Name - Owner: Same as operator. First Name: Same as operator. Middle Initial: Same as operator.

Reg. Number: 3043 FC. State: NY. Year & Vehicle Make: 91 Yamaha. Model: Exciter. C.C. Displac.: 580.
 Reg. Number: 2177 BU. State: NY. Year & Vehicle Make: 98 Ski-Doo. Model: Skandic. C.C. Displac.: 500.

Rented Machine: Yes No . Taken Certified Safety Course: Yes No .
 Rented Machine: Yes No . Taken Certified Safety Course: Yes No .

Club Name: Bankbusters. Club Name: Trailblazers.

Violation Section(s) (Indicate Which Law):

1 Damage: [Diagram showing damage to vehicle 1]

2 Damage: [Diagram showing damage to vehicle 2]

ACCIDENT DIAGRAM: [Diagram showing intersection and impact point]

Point of impact: X =

Removed By: Driven from scene. Removed To: [Blank].
 Removed By: Sleds R Us. Removed To: Residence.

County: Hamilton. Landmarks at Scene: Lake Pleasant Outlet.

Name/Type Area/Trail #: C7. GPS Coordinates: 553483 E 4816141 N UTM Zone 18. Route No. or Street Name: NYS Route 8/30.

Accident Description/Officer's Notes/Witnesses:
 On time and date shown, both operators were traveling towards each other on a sharp turn and sideswiped each other, causing damage to front of both snowmobiles, causing extensive damage to vehicle 2.

Accident occurred on NYS funded trail system.
 Yes No Unknown

A L L I N V O L V E D	Names - If Deceased, Give Date of Death											
	8	9	10	11	12	13	14	15	16	17	18	
A	1. Vehicle 1	1. Driver	2 + 3	2. Partially Ejected	39	1. Male	13. N/A	13. None Visible	6. Conscious	-	-	Doe, John B.
B	2. Vehicle 2	1. Driver	2 + 3	3. Ejected	29	1. Male	11. Knee - Low	8. Minor Burn	6. Conscious	8078	2101	Smith, Fred A.
C	-	-	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-
E	-	-	-	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-	-	-	-

SIGN HERE: PO Law, Shield No. 135, Department 05490, Precinct / Post Troop / Zone N, Post or Beat / Sector 3, Reviewing Officer 538, Date/Time Reviewed 4:10 pm 12/28/22

