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Send Report To: Off-Highway Vehicle Program – LE/8
 Department of Natural Resources
 PO Box 7921
 Madison, WI 53707-7921
 or email: DNRCrash@wisconsin.gov

Off-highway Vehicle (OHV) Crash Operator Report

Form 4100-174 (R 3/22)

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

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

Operator Information

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

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

Vehicle Information (Vehicle A)

OHV Type: <input type="radio"/> Snowmobile <input type="radio"/> ATV <input type="radio"/> UTV <input type="radio"/> OHM <input type="radio"/> Other _____					
OHV is: <input type="radio"/> Rented <input type="radio"/> Borrowed <input type="radio"/> Owned <input type="radio"/> _____					
Owner Name (First, Middle, Last)			Phone Number (ext.)		
<input type="checkbox"/> Same as Operator					
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?	

OHV Crash – Operator Report

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Passengers

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

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

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

Other Party Involved

Name (First, Middle, Last)			Phone Number (ext.)		Describe Involvement		
Address			Date of Birth	Age			
City			State	ZIP Code			
Description of Injury			Gender: <input type="radio"/> Male <input type="radio"/> Female		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		

OHV Crash – Operator Report

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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

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
				<input type="radio"/> M <input type="radio"/> F
				<input type="radio"/> M <input type="radio"/> F
				<input type="radio"/> M <input type="radio"/> F

Type and Cause of Crash

- Type of Crash: (select all that apply)
- Fell/ejected from OHV
 - Collision with fixed object
 - Collision with another OHV
 - Collision with moving motor vehicle
 - Collision with parked motor vehicle
 - Broke through ice
 - Driven into open water
 - OHV rolled over/Tip over
 - Struck fence or cable
 - Injured by contact with part of OHV
 - Pedestrian struck by OHV
 - Being pulled by OHV

- Activity at Time of Crash:
- Recreational
 - Agricultural
 - Sanctioned Race (ATV/UTV only)
 - Construction
 - Hunting
 - Other _____
- What in Your Opinion Contributed to the Crash?
- Drinking or Drugs
 - Vehicle speed
 - Equipment failure
 - Failure to yield
 - Inexperience
 - Trail conditions

Environment

- Weather:
- Foggy - Mist
 - Raining
 - Snowing
 - Clear
- Temperature _____ °F
- Trail Condition:
- Icy
 - Smooth
 - Rough
 - Muddy
 - Dry
 - Other _____
- Visibility:
- | | | |
|-----------------------|-----------------------|-----------------------|
| Day | Good | Night |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | Fair | <input type="radio"/> |
| <input type="radio"/> | Poor | <input type="radio"/> |
- Road Condition:
- Dry
 - Wet
 - Snow Covered
 - Icy
 - Gravel
 - Paved
 - Other _____

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

Please double check your report for accuracy. Pursuant to s. 350.15(4), Wis. Stats., and NR 64.10, 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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Crash reported to (name of Warden or Law Enforcement Agency): _____