



New Hampshire Snowmobile Association Groomer Accident Report

Within 10 days mail / fax / or email report to:

New Hampshire Snowmobile Association, 600 Laconia Road, Unit 2, Tilton, NH 03276
603-273-0220 / nhsa.com / email: nhsaoffice@nhsa.com

| Accident Date | Day of Week | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Total Vehicles | Total Injured | Total Fatalities | Time Investigated | Investigated at Scene <input type="checkbox"/> Yes <input type="checkbox"/> No | Operator(s) Left Scene <input type="checkbox"/> Yes <input type="checkbox"/> No | Photos <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|-------------|--|----------------|---------------|------------------|-------------------|--|---|---|
|---------------|-------------|--|----------------|---------------|------------------|-------------------|--|---|---|

| Your Vehicle (#1) | | | | | Other Vehicle (#2) | | | | | | | | | | | |
|------------------------------|--|-----|------------|---------------|--------------------|--|------------------------------|------------|-----|----------------|---------------|----------------|--|--|--|--|
| Operator Last Name | | | First Name | | Middle Initial | | Last Name – Operator | | | First Name | | Middle Initial | | | | |
| Number and Street | | | | | Number and Street | | | | | | | | | | | |
| City | | | State | | Zip Code | | City | | | State | | Zip Code | | | | |
| Date of Birth Mo. Day Yr. | | Sex | | Telephone No. | | | Date of Birth Mo. Day Yr. | | Sex | | Telephone No. | | | | | |
| Snowmobile Club / Owner | | | | | Last Name – Owner | | | First Name | | Middle Initial | | | | | | |
| Number and Street | | | | | Number and Street | | | | | | | | | | | |
| City | | | State | | Zip Code | | City | | | State | | Zip Code | | | | |
| Date of Birth Mo. Day Yr. | | Sex | | Telephone No. | | | Date of Birth Mo. Day Yr. | | Sex | | Telephone No. | | | | | |
| Decal # | | | | | Exp. Date | | Yr. & Veh. Make | | | Model | | Decal # | | | | |
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| <p>TYPE OF TERRAIN</p> <ol style="list-style-type: none"> 1. Trail w/snow 2. Road Right-of-Way 3. Parking Lot 4. Sand Pit 5. Event Area 6. Railroad 7. Other |
| <p>LIGHT CONDITIONS</p> <ol style="list-style-type: none"> 1. Daylight 2. Dusk/Dawn 3. Dark – area lighted 4. Dark – area unlighted |
| <p>TRAIL CHARACTER</p> <ol style="list-style-type: none"> 1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest 7. Crossing Bridge |

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| <p>SURFACE CONDITION</p> <ol style="list-style-type: none"> 1. Snow 2. Ice 3. Bare Ground 4. Pavement 5. Other |
| <p>WEATHER</p> <ol style="list-style-type: none"> 1. Clear 2. Cloudy/Overcast 3. Rain 4. Snow 5. Sleet/Freezing Rain |
| <p>GROOMER SAFETY TRAINING #1</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown |
| <p>GROOMER SAFETY TRAINING #2</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown |

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| <p>TYPE OF ACCIDENT</p> <ol style="list-style-type: none"> 1. Collision 2. Fell Off Equipment 3. Rollover 4. Fire/Explosion |
| <p>COLLISION TYPE</p> <ol style="list-style-type: none"> 1. Snowmobile 2. OHRV 3. Car/Truck 4. Railroad Train 5. Maintenance Equipment 6. Pedestrian 7. Animal 8. Tree 9. Rock 10. Post/Pole 11. Guard Rail 12. Embankment/Ditch 13. Building/Structure 14. Fence/Gate 15. Other |

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| <p>LOCATION OF MOST SEVERE PHYSICAL COMPLAINT</p> <ol style="list-style-type: none"> 1. No Injury 2. Head 3. Neck 4. Arm 5. Hands 6. Trunk/Torso 7. Leg 8. Foot 9. Entire body |
| <p>TYPE OF PHYSICAL COMPLAINT</p> <ol style="list-style-type: none"> 1. No Injury 2. Amputation 3. Concussion 4. Internal 5. Bleeding 6. Fracture/Dislocation 7. Bruise 8. Burn 9. Other |



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This form MUST be filled out and returned to the New Hampshire Snowmobile Association office within 10 days to be able to submit an insurance claim.

COMPLETION OF THE ACCIDENT FORM:

Follow the instructions for entering accident data.

ACCIDENT IDENTIFICATION – Page 1

The top line of the form should be completed as follows: complete date, day of week, time accident occurred with am or pm, total number of vehicles involved, total injured, total fatalities, time the officer investigated, did a police or Fish & Game officer go to the accident scene?, did any involved operators leave the scene?, do you have photos of the scene?

YOUR VECHICLE (#1) BLOCKS – Page 1

1. Fill in all entries -last, first, middle initial of operators name; operators address; date of birth; sex; telephone number.
2. Snowmobile Club – club that owns the equipment, address of club.
3. Enter vehicle information at bottom of this section.
4. If the registration is expired or invalid, make note within the accident description section.
5. Make sure that year, vehicle make and model of the groomer is entered.

OTHER VECHICLE (#2) BLOCKS – Page 1

1. Fill in all entries -last, first, middle initial of operators name; operators address; date of birth; sex; telephone number.
2. Last Name – Owner – fill out only if the owner is different from the operator of Vehicle #2.
3. Enter vehicle information at bottom of this section.
4. If the registration is expired or invalid, make note within the accident description section.
5. Make sure that year, vehicle make and model of the groomer is entered.

TYPE TERRAIN – page 1

The key to whether area is a trail or woods, field, lawn, etc. Is the trail an established route for the general public? A route between two or more properties utilized only by adjoining landowners should not be considered a trail.

TRAIL CHARACTER – Page 1

Applies to any area where incident occurred.

SURFACE CONDITION/WEATHER Page 1

Should relate to conditions at the scene of the actual incident at the time which it occurred.

TYPE OF ACCIDENT AND COLLISION TYPE: - Page 1

Indicate the most appropriate description in the box.

ACCIDENT DIAGRAM – Page 2

Space is provided to draw an illustration and add a photo of the accident. Place an arrow within the circle to indicate the direction of North. If no damage, indicate on diagram that no damage has occurred.

Town & County in which accident happened; Trail number or name, highway number or street name and when it is possible; reference an accident location to a named or designated public roadway or GPS location, if known.