



New Mexico Department of Game & Fish Off-Highway Vehicle Program Accident Report

Please send to:
 Officer Desi Ortiz - (505) 222-4718
 3841 Midway Pl. NE Albuquerque, NM 87109
 Email: desi.ortiz@state.nm.us
 Fax: (505) 222-4734

REPORT INFORMATION					
Reporting Agency:			Case Report #:		
Reporting Officer/Badge #:			Supplemental #:		
Quadrant of State:					
ACCIDENT INFORMATION					
Date of Accident:			Time of Day:		
Location of Accident:					
Land Management Agency/Owner:	Public agency (name)			Private owner (Name)	
Terrain/Surface:					
Number of involved vehicles?					
Accident type:	Loss of control/roll-over	Collision w/ fixed object	Collision w/other moving OHV	Collision w/stationary OHV	
	Collision w/moving non-OHV	Collision w/ stationary non-OHV	Collision with pedestrian/animal	Other	
Contributing Factors:	Alcohol/Drugs	Excessive Speed	Operator Error	Inexperience	Fault of Other Person
Other contributing factors detail:					
Light Conditions:					
Weather:	Wet	Dry	Warm	Cold	Storm Calm
Weather detail:					
Accident associated w/special event?	Event Name				
Medical Treatment Required?	Operator		Passenger	Bystander	Spectator
Death due to accident?	Operator		Passenger	Bystander	Spectator
Circumstance of death:					
Citation Issued:			If yes, what type(s):		



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OHV #1									
Operator Name:								Age:	
Physical Address:									
Telephone:		Home		Work		Cell			
Vehicle Owner (Name):								Relation to Operator:	
Physical Address:									
Telephone:		Home		Work		Cell			
Operator's Experience:									
NM OHV Safety Permit:									
If yes, which course:									
Other safety permit:		Type		Issuing State					
OHV registered:		Not registered		NM resident		NM non-resident		Other State:	
Vehicle Type:									
Size/fit Standard Met:		Physical Fit		Engine size/fit		Size (cc):			
Operator Safety Equip:		DOT Helmet		Eye protection		Other			
Passenger Safety Equip:		DOT Helmet		Eye protection		Other			
If under 18 years of age, was parent or guardian present?									



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OHV #2									
Operator Name:								Age:	
Physical Address:									
Telephone:		Home		Work		Cell			
Vehicle Owner (Name):								Relation to Operator:	
Physical Address:									
Telephone:		Home		Work		Cell			
Operator's Experience:									
NM OHV Safety Permit:									
If yes, which course:									
Other safety permit:		Type		Issuing State					
OHV registered:		Not registered		NM resident		NM non-resident		Other State:	
Vehicle Type:									
Size/fit Standard Met:		Physical Fit		Engine size/fit		Size (cc):			
Operator Safety Equip:		DOT Helmet		Eye protection		Other			
Passenger Safety Equip:		DOT Helmet		Eye protection		Other			
If under 18 years of age, was parent or guardian present?									
Accident Report (Please attach or provide below):									