

TOWN OF SCOTT
ATV/UTV Incident Report

The undersigned report the following incident relating to ATV/UTVs:

Description of Incident: _____

___ ATV ___ UTV

Name of Road _____

Location on the Road _____

Date of incident _____

License Plate # if known _____, 20__

Description of vehicle if no license plate _____

Name of driver _____

If driver unknown, a description of driver

Name of passengers _____

Printed name of reporting party _____

Signature of reporting party _____

To be completed by the Town:

Referred to _____, date _____

Action taken:

Town Clerk _____ Date _____ 20__