



STATE OF NEW HAMPSHIRE
Department of Safety
Division of Motor Vehicles
MOTOR VEHICLE ACCIDENT REPORT

M.V. Use Only

N.H.RSA 264:25 - REPORTING REQUIREMENTS

In the State of New Hampshire, any Motor Vehicle Accident causing death, personal injury, or combined vehicle/property damage in excess of \$1,000 must be reported in writing to the Division of Motor Vehicles within 15 days. Failure to report in the case of death or personal injury is a felony. Failure to report following a property damage only accident is a misdemeanor.

INSTRUCTIONS — PLEASE PRINT OR TYPE ALL INFORMATION — USE BLACK OR DARK BLUE INK

- The date and location of the accident is very important and you must describe it as accurately and completely as possible in the space provided. When describing the location of your accident, indicate the direction and distance from the crash site to the nearest intersecting road or, for interstate highways, to the nearest mileage marker or exit number.
- In Section C, for each occupant of your vehicle, or for a pedestrian or bicyclist, enter the requested information on a single line. Utilize a further report form if more than six persons involved. For a witness, enter a "W" in the "WHICH VEHICLE OCCUPIED" column; for a Pedestrian, enter a "P" in the box; for a Bicyclist, enter a "B". For a new born child (less than one year) enter "NB" for age. Enter "M" for Male and "F" for female.
- You must enter injury information on all occupants, utilizing the following designations:
 K - Any injury that results in death.
 A - Severe lacerations, broke or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave the accident scene without assistance.
 B - Lump on head, abrasions, minor lacerations.
 C - Momentary unconsciousness, Lumping, nausea, hysteria, complaint of pain (no visible injury).
 U - Unknown.
 N - Not injured.
- Give your own and your vehicles owner's CURRENT name and address when completing the YOUR VEHICLE part of the form. Report all other driver's and vehicle's information exactly as it appears on their licenses and registrations. If you were involved in an accident with a Pedestrian or Bicyclist, check the appropriate box under OTHER VEHICLE and enter the Pedestrian or Bicyclist information in the OTHER VEHICLE - DRIVER section. If the other vehicle was unoccupied, be very sure to enter the correct vehicle plate number and vehicle make in the appropriate boxes. If you were involved in an accident in which there were more than two vehicles, additional report(s) must be filled out.
- If you are driving a Commercial Motor Vehicle (Truck over 26,000 GVWR, Bus with more than fifteen seats, or vehicle placarded for Hazardous Materials), please indicate it in the appropriate box.
- It is mandatory to provide complete insurance information in the section provided, or to indicate that your vehicle and/or license does not have insurance coverage. Your report must be signed and dated, else the report cannot be accepted.
- If you have difficulty completing this form, your insurance agent may be able to assist you, otherwise contact the Accident Section of the Division of Motor Vehicles at (603) 271-3106 (Speech/Hearing Impaired HELP TTY/TDD Relay 225-4033).
- Submit your completed and signed reports to:
 Department of Safety
 Accident Section
 23 Hazen Drive
 Concord, NH 03305

SECTION A

DATE OF ACCIDENT	DAY OF WEEK	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	CITY/TOWN
NUMBER OF VEHICLES	<input type="checkbox"/>	DID POLICE INVESTIGATE ACCIDENT AT SCENE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE DEPARTMENT

ACCIDENT OCCURRED

ON
 ROUTE # OR STREET NAME

Use the one that applies

1. AT THE INTERSECTION WITH _____
 ROUTE # and/or EXIT # OR STREET NAME

N
 FEET W E OF
 S

2. _____
 ROUTE # and/or EXIT # OR STREET NAME

SECTION B

Enter the number of the item in the corresponding box provided which best describes the circumstances of the accident.

TYPE OF ACCIDENT

COLLISION WITH:

- Other Motor Vehicle
- Motor Vehicle Crossing Median
- Parked Motor Vehicle
- Railroad Train
- Bicyclist
- Pedestrian
- Animal
- Thrown or Falling Object
- Other Object
- Motor Vehicle in Transport

If you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank.

- | | |
|----------------------------|--------------------------------|
| 1. Traffic Signal | 10. Median |
| 2. Sign Post | 11. Barrier/Fence |
| 3. Guard Rail | 12. Culvert/Headwall |
| 4. Crash Cushion | 13. Embankment/Ditch/Curb |
| 5. Light Pole | 14. Fire Hydrant/Parking Meter |
| 6. Telephone/Electric Pole | 15. RR Crossing Device |
| 7. Tree | 16. Overpass |
| 8. Building/Wall | 17. Rock/Sideslope |
| 9. Bridge/Pier | 18. Pedal Cycle/Moped |
| | 19. Snowmobile/OHRV |
| | 20. Fixed Object |
| | 21. Overturn |
| | 22. Spill (2 Wheel Vehicle) |
| | 23. Fire |
| | 24. Submersion |
| | 25. Jackknife |
| | 26. Explosion |
| | 27. Other* |

ACCIDENT LOCATION

- | | |
|-----------------------------------|----------------------|
| 1. At Intersection | 7. Ramp/Rotary |
| 2. Intersection Related | 8. Toll Plaza/Booth |
| 3. Along the Road | 9. In a Driveway |
| 4. Along Road at Driveway Access | 10. In a Parking Lot |
| 5. Off Roadway on Shoulder/Median | 98. Other* |
| 6. Off Roadway Beyond Shoulder | |

TRAFFIC CONTROLS

- | | |
|--------------------|-----------------------------|
| 1. None | 6. Visible Road Markings |
| 2. Traffic Signals | 7. Officer/Flagman |
| 3. Stop Sign | 8. RR Crossing-Flasher-Gate |
| 4. Yield Sign | 9. No Passing Zone |
| 5. Lane Control | 98. Other* |

ROAD DESIGN

- | | |
|---|-----------------------------------|
| 1. Interstate | 4. Undivided Road (1-Way Traffic) |
| 2. Other Divided Highway | 5. Driveway or Access Way |
| 3. Not Physically Divided (2-Way Traffic) | 98. Other* |

ROAD SURFACE CONDITIONS

- | | | |
|---------------|-----------|------------------|
| 1. Dry | 4. Ice | 7. Sand/Dust/Oil |
| 2. Wet | 5. Muddy | 98. Other* |
| 3. Snow/Slush | 6. Debris | 99. Unknown |

WEATHER

- | | | | |
|-----------|----------|-----------------------|---------------------------|
| 1. Clear | 4. Snow | 7. Blowing Material | 10. Sleet and Fog |
| 2. Cloudy | 5. Sleet | 8. Severe Cross Winds | 11. No Adverse Conditions |
| 3. Rain | 6. Fog | 9. Rain and Fog | 99. Unknown |

SECTION C

TYPE OF INJURY K, A, B, C, U, N (See Instructions Above)		LOCATION OF MOST SEVERE INJURY 1. Head 6. Leg(s) 2. Neck 7. Multiple 3. Chest 8. None 4. Arm(s) 99. Unknown 5. Trunk/Torso		VEHICLE 		OCCUPANT'S/INJURED'S POSITION IN OR ON: 1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle		MOTORCYCLE/BIKE/SNOWMOBILE 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sled/Hang on Vehicle 99. Unknown		THROWN FROM VEHICLE? Yes / No SAFETY EQUIPMENT UTILIZED Code Seat Belts used S Child Restraints used C Air Bag Deployed A Air Bag & Seat Belt B Helmet Worn (Motorcycles) H No equipment used -		
AGE	SEX	10	11	12	WHICH VEHICLE OCCUPIED?	8	9	10	11	13	14	15
8	9	10	11	12	NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES					ADDRESS / PHONE NO.		

*Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted.

SECTION D

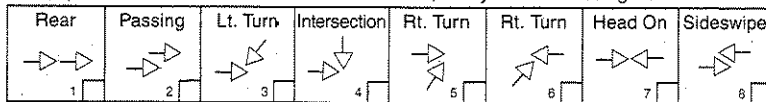
YOUR VEHICLE				OTHER VEHICLE				BICYCLIST	PEDESTRIAN
DRIVER LICENSE NO.		STATE	CLASSIFICATION	DRIVER LICENSE NO.		STATE	CLASSIFICATION		
DRIVER'S NAME LAST, FIRST, MIDDLE				DRIVER'S NAME LAST, FIRST, MIDDLE					
D.O.B.			SEX	D.O.B.			SEX		
CURRENT ADDRESS, NUMBER AND STREET			PHONE NO.	CURRENT ADDRESS, NUMBER AND STREET			PHONE NO.		
CITY/TOWN		STATE	ZIP CODE	CITY/TOWN		STATE	ZIP CODE		
PLATE NO.	STATE	TRAILER PLATE NO.	STATE	PLATE NO.	STATE	TRAILER PLATE NO.	STATE		
SAME AS DRIVER <input type="checkbox"/>	OWNER NAME LAST, FIRST, MIDDLE			SAME AS DRIVER <input type="checkbox"/>	OWNER NAME LAST, FIRST, MIDDLE				
CURRENT ADDRESS, NUMBER AND STREET			PHONE NO.	CURRENT ADDRESS, NUMBER AND STREET			PHONE NO.		
CITY/TOWN		STATE	ZIP CODE	CITY/TOWN		STATE	ZIP CODE		
MAKE	YEAR	COMMERCIAL VEHICLE ACCIDENT <input type="checkbox"/>		MAKE	YEAR	COMMERCIAL VEHICLE ACCIDENT <input type="checkbox"/>			
V.I.N.				V.I.N.					
VEHICLE TOWED <input type="checkbox"/>	BY	TO		VEHICLE TOWED <input type="checkbox"/>	BY	TO			
DESCRIBE DAMAGE TO VEHICLE				DESCRIBE DAMAGE TO VEHICLE					
*ESTIMATED COST TO REPAIR				*ESTIMATED COST TO REPAIR					

SECTION E

YOUR INSURANCE CO.		ESTIMATED PROPERTY DAMAGE (OTHER THAN VEHICLE)	
AGENT		IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S)	
ADDRESS			
POLICY NUMBER	EFFECTIVE DATE		

ACCIDENT DIAGRAM

Check one of the diagrams if it adequately describes the accident, OR draw your own diagram on a separate sheet and attach. Number the vehicles, with your vehicle being No. 1.



* DESCRIBE THE ACCIDENT

* OPERATOR'S SIGNATURE

DATE OF REPORT

DAY MON YEAR

SECTION F

VEHICLE TYPE		YOUR Vehicle	16
1. Automobile	9. Moped	Other Vehicle	17
2. Pick-Up/Light Truck	10. Motor Home		
3. Panel/Van	11. Passenger Light Van	YOUR Vehicle	18
8. Motorcycle	12. Utility Vehicle (4X4)	Other Vehicle	19
	13. Other/Unknown Light Truck		
	97. Motor Carrier		
	98. Other**		
VEHICLE DIRECTION		YOUR Vehicle	18
1. North	3. South	Other Vehicle	19
2. East	4. West		
PRE-ACCIDENT ACTION		YOUR Vehicle	20
VEHICLE: (Box 20 and/or 21) 1. Following Roadway 2. Right Turn on Red 3. Making Right Turn 4. Making Left Turn 5. Making U-Turn 6. Starting From Parked 7. Starting in Traffic 8. Slowing or Stopping 9. Stopped in Traffic 10. Entering Park Position 11. Parked Properly 12. Parked and Rolled 13. Changing Lanes/Merging 14. Overtaking/Passing 15. Passing on Right 16. Backing 17. Parked Improperly		Other Vehicle or Ped/Bike	21
18. Avoid Something in Road 19. Wrong Way on a 1-Way 97. OTHER Action in Road (Box 21 only) 41. Crossing with Signal 42. Crossing against Signal 43. Crossing at Crosswalk No Signal 44. Crossing No Signal/Crosswalk 45. Walk/Ride with traffic 46. Walk/Ride against Traffic 47. Emerge from Front/Rear of Parked Vehicle 48. Get On/Off School Bus 49. Get On/Off Vehicle 50. Pushing/Working on Vehicle 51. Playing/Jogging 52. Standing/Walking 98. OTHER Pedestrian/Bicyclist Action			