



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

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

1. 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.

2. 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.

3. 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. Limping, nausea, hysteria, complaint of pain (no visible injury).

U - Unknown.

N - Not injured.

4. Give your own and your vehicle's 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.

5. 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.

6. 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.

7. 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) 271-3101 (Speech/Hearing Impaired HELP TTY / TDD Relay 225-4033).

8. Submit your completed and signed report(s) 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

2. FEET W E OF

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.

COLLISION WITH:

1. Other Motor Vehicle
2. Motor Vehicle Crossing Median
3. Parked Motor Vehicle
4. Railroad Train
5. Bicyclist
6. Pedestrian
7. Animal
8. Thrown or Falling Object
9. Other Object
17. 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
2. Sign Post
3. Guard Rail
4. Crash Cushion
5. Light Pole
6. Telephone/Electric Pole
7. Tree
8. Building/Wall
9. Bridge/Pier

TYPE OF ACCIDENT

18. Pedal Cycle/Moped
19. Snowmobile/OHRV
10. Fixed Object
11. Overtown
12. Spill (2 Wheel Vehicle)
13. Fire
14. Submersion
15. Jackknife
16. Explosion
98. Other*

10. Median
11. Barrier/Fence
12. Culvert/Headwall
13. Embankment/Ditch/Curb
14. Fire Hydrant/Parking Meter
15. RR Crossing Device
16. Overpass
17. Rock/Sideslope
98. Other*

ACCIDENT LOCATION

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

TRAFFIC CONTROLS

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

ROAD DESIGN

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

ROAD SURFACE CONDITIONS

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

WEATHER

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

SECTION C

| TYPE OF INJURY K, A, B, C, U, N (See Instructions Above) | | | LOCATION OF MOST SEVERE INJURY | | VEHICLE | | OCCUPANT'S/INJURED'S POSITION IN OR ON: | | MOTORCYCLE/BIKE/ SNOWMOBILE | | THROWN FROM VEHICLE? Yes / No | | | | | | | | | | | | | | | | |
|--|------|----|---|----|--|---|---|---|---|---|---|----|----|---------------------------|------|-----------------|---|-----------------------|---|------------------|---|---------------------|---|---------------------------|---|-------------------|---|
| | | | <ol style="list-style-type: none">1. Head2. Neck3. Chest4. Arm(s)5. Trunk/Torso6. Leg(s)7. Multiple8. None99. Unknown | | | | <ol style="list-style-type: none">1. Driver2-7. Passengers8. Ride/Hang on Vehicle | | <ol style="list-style-type: none">9. Driver10. Passengers (2/3 Wheeled Vehicle)11. Sidecar/Sled/Hang on Vehicle99. Unknown | | <table border="1"><tr><th>SAFETY EQUIPMENT UTILIZED</th><th>Code</th></tr><tr><td>Seat Belts used</td><td>S</td></tr><tr><td>Child Restraints used</td><td>C</td></tr><tr><td>Air Bag Deployed</td><td>A</td></tr><tr><td>Air Bag & Seat Belt</td><td>B</td></tr><tr><td>Helmet Worn (Motorcycles)</td><td>H</td></tr><tr><td>No equipment used</td><td>-</td></tr></table> | | | 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 | - |
| 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 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | | | | | | | | | | | | | | |
| 8 | 9 | 10 | 11 | 12 | NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES | | | | ADDRESS / PHONE NO. | | 13 | 14 | 15 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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NOTE: 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 | | | | 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 | | | | 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.

| | | | | | | | |
|--|--|---|---|---|---|--|--|
| Rear  | Passing  | Lt. Turn  | Intersection  | Rt. Turn  | Rt. Turn  | Head On  | Sideswipe  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |

DESCRIBE THE ACCIDENT

| | |
|------------------------|----------------|
| | |
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| | |
| | |
| | |
| * OPERATOR'S SIGNATURE | DATE OF REPORT |

SECTION F

| | | | | |
|---|--|--|---|----------|
| VEHICLE TYPE 1. Automobile 2. Pick-Up/Light Truck 3. Panel/Van 8. Motorcycle 9. Moped 10. Motor Home 11. Passenger Light Van 12. Utility Vehicle (4X4) 13. Other/Unknown Light Truck 97. Motor Carrier 98. Other** | | | YOUR Vehicle 1 Other Vehicle 2 | 16 17 |
| VEHICLE DIRECTION 1. North 2. East 3. South 4. West 99. Unknown | | | YOUR Vehicle 1 Other Vehicle 2 | 18 19 |
| PRE-ACCIDENT ACTION 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 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 | | | YOUR Vehicle 1 Other Vehicle or Ped/Bike 2 | 20 21 |

MON DAY YEAR