



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. Limping, 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).

8. 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



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.

<input type="checkbox"/>	TYPE OF 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 NON-COLLISION 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire 14. Submersion 15. Jackknife 16. Explosion 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*	<input type="checkbox"/>
<input type="checkbox"/>	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*	<input type="checkbox"/>	
<input type="checkbox"/>	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*	<input type="checkbox"/>	
<input type="checkbox"/>	ROAD SURFACE CONDITIONS 1. Dry 2. Wet 3. Snow/Slush 4. Ice 5. Muddy 6. Debris 7. Sand/Dust/Oil 98. Other* 99. Unknown	<input type="checkbox"/>	
<input type="checkbox"/>	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	<input type="checkbox"/>	

SECTION C

TYPE OF INJURY K, A, B, C, U, N (See Instructions Above)	LOCATION OF MOST SEVERE INJURY 1. Head 2. Neck 3. Chest 4. Arm(s) 5. Trunk/Torso 6. Leg(s) 7. Multiple 8. None 99. Unknown	VEHICLE 	OCCUPANT'S/INJURED'S POSITION IN OR ON: 1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sled/Hang on Vehicle 99. Unknown	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	NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES	ADDRESS / PHONE NO.	13	14	15
8	9								

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

SECTION D

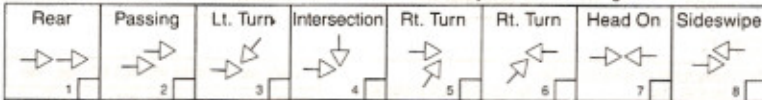
YOUR VEHICLE				OTHER VEHICLE				BICYCLIST	PEDESTRIAN														
DRIVER LICENSE NO.		STATE		CLASSIFICATION		DRIVER LICENSE NO.		STATE		CLASSIFICATION													
DRIVER'S NAME						DRIVER'S NAME																	
LAST, FIRST, MIDDLE						LAST, FIRST, MIDDLE																	
D.O.B.				SEX				D.O.B.				SEX											
CURRENT ADDRESS, NUMBER AND STREET						CURRENT ADDRESS, NUMBER AND STREET						PHONE NO.		PHONE NO.									
CITY/TOWN				STATE				CITY/TOWN				STATE											
ZIP CODE				ZIP CODE				ZIP CODE				ZIP CODE											
PLATE NO.		STATE		TRAILER PLATE NO.		STATE		PLATE NO.		STATE		TRAILER PLATE NO.		STATE									
SAME AS DRIVER <input type="checkbox"/>	OWNER NAME						OWNER NAME						LAST, FIRST, MIDDLE		LAST, FIRST, MIDDLE								
CURRENT ADDRESS, NUMBER AND STREET						CURRENT ADDRESS, NUMBER AND STREET						PHONE NO.		PHONE NO.									
CITY/TOWN				STATE				CITY/TOWN				STATE											
ZIP CODE				ZIP CODE				ZIP CODE				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 _____

SECTION F

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

DAY MON YEAR