



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

N.H.RSA 264:25 – REPORTING REQUIREMENTS

M.V. Use Only

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, broken 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 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.

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 Bureau of Financial Responsibility of the Division of Motor Vehicles at (603) 227-4040. (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	AM	PM	CITY/TOWN
NUMBER OF VEHICLES	DID POLICE INVESTIGATE ACCIDENT AT SCENE?		YES	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

S

SECTION B

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

1	<p align="center">TYPE OF ACCIDENT</p> <p>COLLISION WITH:</p> <ol style="list-style-type: none"> 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 <p>NON-COLLISION</p> <ol style="list-style-type: none"> 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire 14. Submersion 15. Jackknife 16. Explosion 98. Other* <p>If you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank.</p>	<p align="center">ACCIDENT LOCATION</p> <ol style="list-style-type: none"> 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* 	3
	<p align="center">TRAFFIC CONTROLS</p> <ol style="list-style-type: none"> 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* 		4
	<p align="center">ROAD DESIGN</p> <ol style="list-style-type: none"> 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* 		5
	<p align="center">ROAD SURFACE CONDITIONS</p> <ol style="list-style-type: none"> 1. Dry 2. Wet 3. Snow/Slush 4. Ice 5. Muddy 6. Debris 7. Sand/Dust/Oil 98. Other* 99. Unknown 		6
	<p align="center">WEATHER</p> <ol style="list-style-type: none"> 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 		7
	<p align="center">2</p> <ol style="list-style-type: none"> 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 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* 		

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. Head 2. Neck 3. Chest 4. Arm(s) 5. Trunk/Torso 6. Leg(s) 7. Multiple 8. None 99. Unknown 			<ol style="list-style-type: none"> 9. Driver (2/3/ Wheeled Vehicle) 10. Passengers (2/3/ Wheeled Vehicle) 11. Sidecar/Sled/ Hang on Vehicle 99. Unknown 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SAFETY EQUIPMENT UTILIZED</td> <td>Code</td> </tr> <tr> <td>Seat Belts used</td> <td>S</td> </tr> <tr> <td>Child Restraint 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 Restraint used	C	Air Bag Deployed	A	Air Bag & Seat Belt	B	Helmet Worn (Motorcycles)	H	No equipment used	--
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No equipment used	--																		
AGE	SEX	WHICH VEHICLE OCCUPIED?																	

8	9	10	11	12	NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES	ADDRESS / PHONE NO.	13	14	15

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

SECTION D

YOUR VEHICLE				BICYCLIST <input type="checkbox"/>		OTHER VEHICLE				BICYCLIST <input type="checkbox"/>	
				PEDESTRIAN <input type="checkbox"/>						PEDESTRIAN <input type="checkbox"/>	
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				
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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					

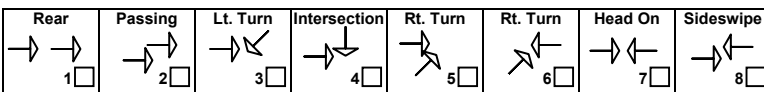
SECTION E

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

SECTION F

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 AND/OR OWNER'S SIGNATURE _____ DATE OF REPORT _____

(DAY / MONTH / YEAR)

<p>VEHICLE TYPE</p> <table style="width:100%;"> <tr> <td>1. Automobile</td> <td>9. Moped</td> <td>13. Other/Unknown Vehicle</td> </tr> <tr> <td>2. Pick-Up/Light Truck</td> <td>10. Motor Home</td> <td>Light Truck</td> </tr> <tr> <td>3. Panel/Van</td> <td>11. Passenger Light Van</td> <td>97. Motor Carrier</td> </tr> <tr> <td>8. Motorcycle</td> <td>12. Utility Vehicle (4x4)</td> <td>98. Other* *</td> </tr> </table>	1. Automobile	9. Moped	13. Other/Unknown Vehicle	2. Pick-Up/Light Truck	10. Motor Home	Light Truck	3. Panel/Van	11. Passenger Light Van	97. Motor Carrier	8. Motorcycle	12. Utility Vehicle (4x4)	98. Other* *	1 2		16 17
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8. Motorcycle	12. Utility Vehicle (4x4)	98. Other* *													
<p>VEHICLE DIRECTION</p> <table style="width:100%;"> <tr> <td>1. North</td> <td>3. South</td> <td>99. Unknown</td> </tr> <tr> <td>2. East</td> <td>4. West</td> <td></td> </tr> </table>	1. North	3. South	99. Unknown	2. East	4. West		1 2		18 19						
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2. East	4. West														
<p>PRE-ACCIDENT ACTION</p> <table style="width:100%;"> <tr> <td style="width: 50%;"> 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. Stopping 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 </td> <td style="width: 50%;"> 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 </td> </tr> </table>	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. Stopping 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	1 2		20 21										
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