

## 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.
- 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.

  - 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.
- Lump on head, abrasions, minor lacerations.

  Momentary unconsciousness. Limping, nausea, hys-
- teria, complaint of pain (no visible injury).
- 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.
- 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) 271-3106 (Speech/Hearing Impaired HELP TTY/TDD Relay
- 8. Submit your completed and signed reports to: Department of Safety Accident Section 10 Hazen Drive Concord, NH 03305

SECI	TION A				
DATE OF ACCIDENT DAY OF WEEK TIME AM CITY/TOWN PM					
NUMBER OF DID POLICE INVESTIGATE YES POLICE DEPARTMEN ACCIDENT AT SCENE? NO	Т				
OSE ITE	TERSECTION WITH				
ON applies 2.	N FEET W E OF S 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	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 6. Off Roadway Beyond Shoulder  98. Other *				
COLLISION WITH:  1. Other Motor Vehicle 2. Motor Vehicle Crossing Median 3. Parked Motor Vehicle 4. Railroad Train 5. Bicyclist 6. Pedestrian  18. Pedal Cycle/Moped 19. Snowmobile/OHRV 10. Fixed Object NON-COLLISION 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire	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 *				
7. Animal 14. Submersion 8. Thrown or Falling Object 15. Jackknife 9. Other Object 16. Explosion 17. Motor Vehicle in Transport 98. Other*  If you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank.	ROAD DESIGN  1. Interstate				
1. Traffic Signal 10. Median 2. Sign Post 11. Barrier/Fence 3. Guard Rail 12. Culvert/Headwall 4. Crash Cushion 13. Embankment/Ditch/Curb	ROAD SURFACE CONDITIONS   1. Dry				
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 98. Other*	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				
SECT	FION C				

K, A	A, B, C, U Albert Instruction Above)	J, N tions	1. He 2. Ne 3. Ch 4. Ar	SEVEI ead eck	DN OF MOST RE INJURY 6. Leg(s) 7. Multiple 8. None 99. Unknown 0	VEHICLE  1 2 3 8 4 5 6 8 7	OCCUPANT'S/IN IN C  1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle	JURED'S PO OR ON:	SITION MOTORCYCLE/BIKE/ SNOWMOBILE  9. Driver (2/3 Wheeled Vehicle)  10. Passengers (2/3 Wheeled Vehicle)  11. Sidecar/Sled/ Hang on Vehicle 99. Unknown	THROWN FI SAFETY EQUIPY Seat Belts use Child Restraini Air Bag Deploy Air Bag & Seat Helmet Worn ( No equipment	MENT UTILIZ d ts used ved : Belt Motorcycle	ZED Coo	
AGE 8	SEX 9	10	11	12	NAME(S) OF OCCI	8	HICLE / WITNESSES		ADDRESS / PHONE N	10	13	14	15
									7,001,200 7,710,121				

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

		BICYCLIST PEDESTRIAN				
CLASSIFICATION	DRIVER LICENS	CLASSIFICATION				
	DRIVER'S NAMI	E . LAST, F	IRST, MIDDLE			
SEX	D.O.B.	SEX				
PHONE NO.	CURRENT ADD	RESS, NUMBER AND ST	REET	PHONE NO.		
ZIP CODE	CITY/TOWN STATE			ZIP CODE		
). STATE	PLATE NO.	STATE	TRAILER PLATE NO.	STATE		
IDDLE	SAME OWNER NAME LAST, FIRST, MIDDLE					
PHONE NO.	CURRENT ADD	RESS, NUMBER AND ST	REET	PHONE NO.		
ZIP CODE	CITY/TOWN STATE ZIP CODE					
COMMERCIAL VEHICLE ACCIDENT	MAKE  YEAR  COMMERCIAL VEHICLE ACCIDENT					
	V.I.N.		1			
	VEHICLE TOWED	BY	ТО			
	DESCRIBE DAM	1AGE TO VEHICLE				
ATED COST TO REPAIR			*ESTIMAT	ED COST TO REPAIR		
SECT	ION E					
		OPERTY DAMAGE (OTHE	R THAN VEHICLE)			
	IDENTIFY DAMA	AGED PROPERTY OTHER	R THAN VEHICLE(S)			
DATE	,					
SECT	ION F					
draw your own diagram				YOUR Vehicle		
Head On Sideswipe	2. Pick-Up/Light	Truck 10. Motor Home 11. Passenger Ligh	Light Truck t Van 97. Motor Carrier	Other Vehicle 2		
7 8	1. North 2. East	VEHICLE DIR 3. South 4. West	ECTION 99. Unknown	YOUR Vehicle Other Vehicle		
	Following Ro     Right Turn or     Making Righ     Making Left     Starting Fron     Starting Fron     Starting in Tr     Stopped in Tr     Starting Pari     Parked Propi	18. Avc 19. Wr. 19. Wr	old Something in Road ong Way on a 1-Way HER Action in Road I only) assing with Signal assing at Crosswalk No Signal assing at Crosswalk No Signal/Crosswalk Ik/Ride with Traffic Ik/Ride against Traffic erge from Front/Rear of arked Vehicle to On/Off School Bus to On/Off Vehicle shing/Working on Vehicle ving/Joagina	YOUR Vehicle al Other Vehicle or Ped/Bike		
	PHONE NO.  ZIP CODE  D. STATE  IDDLE  PHONE NO.  ZIP CODE  R COMMERCIAL VEHICLE ACCIDENT  SECT  draw your own diagram e being No. 1.  Head On Sideswipe	DRIVER'S NAMI  SEX  D.O.B.  PHONE NO.  CURRENT ADD  ZIP CODE  CITY/TOWN  D. STATE  PLATE NO.  IDDLE  SAME AS DRIVER  DRIVER  DRIVER  DRIVER  CURRENT ADD  ZIP CODE  CITY/TOWN  AKE ACCIDENT  VI.N.  VEHICLE TOWED  DESCRIBE DAM  DESCRIBE DAM  TOWED  DESCRIBE DAM  DESCRIBE DAM  TOWED  DATE  SECTION F  draw your own diagram e being No. 1.  Head On Sideswipe  Towed  IDENTIFY DAMA  I. Automobile 2. Pick-Up/Light 3. Paneli/Van 8. Motorcycle  1. North 2. East  VEHICLE: (Box 20 and/or 2 1. Following Ro 2. Right Turn or 3. Making Right 4. Making Left 5. Making Ueft 5. Starting in Tr 8. Slowing or S 9. Stopped in Tr 10. Starting fror 7. Starting in Tr 11. Parked Prop 12. Parked Prop 12. Parked Prop 13. Changing Laft 13. Changing Laft 14. Changing Laft 15. Changing Laft 16. Starting in Tr 17. Parked Prop 11. Parked Prop 12. Parked Prop 12. Parked Prop 13. Changing Laft 14. Changing Laft 15. Changing Laft 16. Changing Laft 17. Parked Prop 17. Parked Prop 18. Changing Laft 19. Changing	DRIVER LICENSE NO.  DRIVER'S NAME  LAST, F  DRIVER ADDRESS, NUMBER AND ST  ZIP CODE  CITY/TOWN  SAME DRIVER DRIVE	DRIVER'S NAME LAST, FIRST, MIDDLE  SEX D.O.B.  PHONE NO. CURRENT ADDRESS, NUMBER AND STREET  D. STATE PLATE NO. STATE TRAILER PLATE NO.  TO COMMERCIAL PLANE AND STATE TRAILER PLATE NO.  STATE TRAILER PLATE NO.  TO COMMERC		