

## 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

- 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. 2. In Section C, for each occupant of your vehicle, or for a
- 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

DATE OF ACCIDENT DAY OF WEEK TIME

- 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

☐ AM CITY/TOWN

- 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 acci-dent 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-(Speech/Hearing Impaired HELP TTY/TDD Relay 225-4033).
- Submit your completed and signed reports to: Department of Safety Accident Section 10 Hazen Drive Concord, NH 03305

#### **SECTION A**

PM						
NUMBER OF DID POLICE INVESTIGATE SENSOR POLICE DEPARTMENT VEHICLES ACCIDENT AT SCENE?	NT					
ACCIDENT OCCURRED  Use the one that	TERSECTION WITHROUTE # and/or EXIT # OR STREET NAME					
}	N					
ON applies 2	FEET W					
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 arDriveway Access 10. In a Parking Lot 5. Off Roadway on Shoulder/Median 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 2. Other Divided Highway 3. Not Physically Divided (2-Way Traffic)  ROAD DESIGN 4. Undivided Road (1-Way Traffic) 5. Driveway or Access Way 98. Other *					
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	ROAD SURFACE CONDITIONS   6					
6. Telephone/Electric Pole 15. RR Crossing Device 7. Tree 16. Overpass 8. Building/Wall 17. Rock/Sideslope 9. Bridge/Pier 98. Other *	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					
SEC	TION 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 WHICH VEHICLE  OCCUPIED?  WHICH VEHICLE 7  NOTICE 1 2 3 8 4 5 6 7  NOTIVE 7  NOTIVE 7  NOTIVE 8	engers 9 11 Sidecar/Sled/ No equipment used - No equipment used					
8 9 10 11 12 NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITN	IESSES 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			UI MER VEHICIE					BICYCLIST PEDESTRIAN		
DRIVER LICENSE NO. STATE		CLASSIFICATI	ON	DRIVER LICENSE NO. STATE				CLASSIF		
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 CO	DE	CITY/TOWN		STAT	ГЕ	ZI	P CODE	
PLATE NO. STATE TRA	AILER PLATE NO.	STATE		PLATE NO.		STATE	TRAILER PLATE NO.	S	TATE	
SAME OWNER NAME LAST, FIRST, MIDDLE AS DRIVER				SAME OWNER NAME LAST, FIRST, MIDDLE						
CURRENT ADDRESS, NUMBER AND STREET PHONE NO.			10.	DRIVER						
CITY/TOWN STATE ZIP CODE				CITY/TOWN STATE ZIP CODE						
MAKE	YEAR	COMMERCIAL VEHICLE ACCIDENT		MAKE			YEAR	COMMER	RCIAL	
V.I.N.		ACCIDENT		V.I.N.			**************************************	ACCIDEN	NI	
VEHICLE BY	ТО			VEHICLE TOWED	BY		ТО			
DESCRIBE DAMAGE TO VEHICLE				DESCRIBE DAMAGE TO VEHICLE						
	- 19									
*ESTIMATED COST TO REPAIR			EPAIR				*ESTIMATE	ED COST	O REPAIR	
		S	SECTI	ION E					J	
YOUR INSURANCE CO.			ESTIMATED PRO	PERTY DAM	AGE (OTHER T	HAN VEHICLE)				
AGENT			IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S)							
ADDRESS	S. S									
POLICY NUMBER	EFFECTIVE D	ATE								
ACCIDENT DIA	GRAM	S	SECTI	ON F						
Check one of the diagrams if it adequately describes to a separate sheet and attach. Number the vehicles,	he accident, <b>OR</b> dr	aw your own diag	gram	Automobile	9. Mc	VEHICLE TYPE	: 13. Other/Unknown	YOUR Vehicle	16	
Rear Passing Lt. Turn Intersection Rt.	<del></del>	Head On Side	eswipe	Pick-Up/Light T     Panel/Van     Motorcycle	ruck 10. Mo 11. Pa:	ntor Home ssenger Light Var lity Vehicle (4X4)	Light Truck	Other Vehicle	17	
* DESCRIBE THE ACCIDENT	5 7 6 7	7	8	1. North	VE 3. So	HICLE DIRECTI	ON 99. Unknown	YOUR. Vehicle	18	
				2. East	4. We		99. Unknown	Other Vehicle	3 19	
*OPERATOR'S SIGNATURE		DATE, OF REP	ORT	VEHICLE: (Box 20 and/or 21)  1. Following Road 2. Right Turn on F 3. Making Left Tu 5. Making Left Tu 5. Making L-Turn 6. Starting in Traff 8. Slowing or Stop 9. Stopped in Traf 10. Entering Park F 11. Parked Properl 12. Parked and Ro 13. Changing Lane 14. Overtaking/Pas 15. Passing on Rig 16. Backing 17. Parked Imprope	dway Red furn rn Parked fic pping ffic Osition y fled ss/Merging ssing ht	19. Wrong V 97. OTHER (Box 21 only 41. Crossing 42. Crossing 43. Crossing 44. Crossing 45. Walk/Rii 46. Walk/Rii 47. Emerge Parkee 48. Get On/ 49. Get On/ 50. Pushing 51. Playing/	omething in Road Vay on a 1-Way Action in Road ) g with Signal g against Signal g against Signal g to Signal/Crosswalk de with Traffic de against Traffic from Front/Rear of d Vehicle Off School Bus Off Vehicle Jogging J/Walking Pedestrian/Bicyclist	YOUR Vehicle I Other Vehicle or Ped/Bike	20	

DAY MON YEAR