

## 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 no 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.
- 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 fractions, crushed, chest, internal, injuries, unconscious.

DATE OF ACCIDENT

NUMBER OF

**VEHICLES** 

ture, crushed chest, internal injuries, unconscious

DAY OF WEEK

DID POLICE INVESTIGATE

ACCIDENT AT SCENE?

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, hysteria, complaint of pain (no visible injury).

   Unknown.

CITY/TOWN

POLICE DEPARTMENT

Not injured.

□ AM
□ PM

□ NO

YES

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 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.

**SECTION A** 

1. AT THE INTERSECTION WITH \_

- 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.
- 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 225-4033).
- Submit your completed and signed reports to:
   Department of Safety Accident Section 10 Hazen Drive

Concord, NH 03305

| ACCIDENT OCCURRED   | Ose the   | ROUTE # and/or EXIT # OR STREET NAME   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
| ON ROUTE # OR STREET NAME   | applies 2.  | FEET W E OF S ROUTE # and/or EXIT # OR STREET NAME   |  |  |  |  |  |  |  |  |
| Enter the number of the item which best describes the circum  | in the corresponding box provided instances of the 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 af Driveway 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 7. Animal 8. Thrown or Falling Object 9. Other Object | 18. Pedal Cycle/Moped 19. Snowmobile/OHRV 10. Fixed Object NON-COLLISION 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire 14. Submersion 15. Jackknife 16. Explosion | 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*  ROAD DESIGN 1. Interstate 4. Undivided Road (1-Way Traffic) |  |  |  |  |  |  |  |  |
| 17. Motor Vehicle in Transport  If you enter 10 in box 1, enter nu Otherwise leave box 2 blank.  1. Traffic Signal 2. Sign Post 3. Guard Rail   | 98. Other *  Imber below for OBJECT STRUCK in box 2  10. Median 11. Barrier/Fence 12. Culvert/Headwall  | 2. Other Divided Highway 3. Not Physically Divided 98. Other   98. Other   |  |  |  |  |  |  |  |  |
| 4. Crash Cushion 5. Light Pole 6. Telephone/Electric Pole 7. Tree 8. Building/Wall 9. Bridge/Pier   | 13. Embankment/Ditch/Curb 14. Fire Hydrant/Parking Meter 15. RR Crossing Device 16. Overpass 17. Rock/Sideslope 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  |  |  |  |  |  |  |  |  |
| 3. Chest 8. Ni<br>4. Arm(s) 99. Ui<br>5. Trunk/Torso  | OST<br>Y<br>Y<br>VEHICLE<br>sig(s)<br>ultiple   | engers 9 (2/3 Wheeled Vehicle) Helmet Worn (Motorcycles) H Hang 11 Sidecar/Sied/ No equipment used -   |  |  |  |  |  |  |  |  |
| 8 9 10 11 12 NAME(S   | ) OF OCCUPANTS IN YOUR VEHICLE / WITN   | IESSES ADDRESS / PHONE NO. 13 14 15  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| DOMY 400 (D. 4000)  | OFF DEVE  |  |  |  |  |  |  |  |  |  |

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

| YOUR VEHICLE   |  |          |                |            |           | OTHER VEHICLE                                   |  |  |  |  |  | BICYCLIST<br>PEDESTRIAN                                  |  |          |       |  |
|--|--|----------|----------------|------------|-----------|---|--|--|--|--|--|--|--|----------|-------|--|
| DRIVER LICEN   | RIVER 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 COL  |  |          |                |            |           | ZIP CODE  | CITY/TOWN STATE  |  |  |  |  |  |  | ZIP CODE |       |  |
| PLATE NO.  |  | STATE    | TRAILER        | PLATE NO.  |           | STATE   | PLATE NO. STATE TRAILER PLATE N  |  |  |  |  | LATE NO.   | STATE  |          |       |  |
| SAME OWNER NAME LAST, FIRST, MIDDLE AS DRIVER  |  |          |                |            |           |   | SAME<br>AS<br>DRIVER   |  | OWNER N  | AME  | LAST, F  | FIRST, MID   | DLE  |          |       |  |
| CURRENT ADDRESS, NUMBER AND STREET PHONE NO.   |  |          |                |            |           | CURRENT ADDRESS, NUMBER AND STREET PHONE NO.    |  |  |  |  |  |  |  |          |       |  |
| CITY/TOWN STATE ZIP CODE   |  |          |                |            |           | CITY/TOWN STATE ZIP CODE                        |  |  |  |  |  |  |  |          |       |  |
| MAKE   | KE YEAR COMMERCIAL VEHICLE ACCIDENT    |          |                |            |           |   | MAKE YEAR COMMERCIAL VEHICLE ACCIDENT  |  |  |  |  |  |  |          |       |  |
| V.I.N.   |  |          |                |            |           |   |  |  |  |  |  |  |  |          |       |  |
| VEHICLE TOWED  | BY                                     |          |                | то         |           |   | VEHICLE<br>TOWED   |  | BY   |  |  | ТО   |  |          |       |  |
| DESCRIBE DAMAGE TO VEHICLE   |  |          |                |            |           | DESCRIBE I                                      | DAMA   | GE TO VE   | HICLE  |  |  |  |  |          |       |  |
|  |  |          |                |            |           |   |  |  |  |  |  |  |  |          |       |  |
|  |  |          |                | *ESTIMATE  | ED COS    | T TO REPAIR                                     |  |  |  |  | •  | ESTIMATE   | D COST   | TO R     | EPAIR |  |
|  |  |          |                |            |           | SECT  | ION E  |  |  |  |  |  |  |          |       |  |
| YOUR INSURANCE CO.   |  |          |                |            | ESTIMATED | PROF  | PERTY DA   | MAGE (OTHER  | THAN VEHIC   | LE)  |  |  |  |          |       |  |
| AGENT  |  |          |                |            |           | IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S) |  |  |  |  |  |  |  |          |       |  |
| ADDRESS  |  |          |                |            |           |   |  | ·· , <u>-</u> -  |  | ***  |  |  |  |          |       |  |
| POLICY NUMBE   | R                                      |          | EF             | FECTIVE DA | ATE       |   |  |  |  | ,  |  |  |  |          |       |  |
|  | , ,,,,,,                               | ACCIDENT | DIAGRAI        | M          |           | SECT  | ION F  |  |  |  |  |  |  | 1 1      |       |  |
| Check one of the diagrams if it adequately describes the accident, <b>OR</b> draw your own diagram on a separate sheet and attach. Number the vehicles, with your vehicle being No. 1. |  |          |                |            |           | Automobil                                       |  | 9.1  | VEHICLE TYP  | _  | r/Unknown  | YOUR<br>Vehicle  |  | 16       |       |  |
| Rear Pass  | ing Lt. Tur                            |          | Rt. Turn       | Rt. Turn   | Head C    | On Sideswipe                                    | 2. Pick-Up/L<br>3. Panel/Van<br>8. Motorcycle  | ight Tr  | ruck 10, N<br>11, F  | Motor Home<br>Passenger Light Va<br>Utility Vehicle (4X4   | Lig<br>an 97. Motor  | jht Truck<br>r Carrier                                   | Other<br>Vehicle   | 2        | 17    |  |
| * DESCRIBE TH  | 2 3                                    | 4        | > <sub>5</sub> | 5 6        | 7         |   | 1. North   |  | 3. 8   | VEHICLE DIRECT   | FION<br>99. Unkn   | nown   | YOUR<br>Vehicle  |          | 18    |  |
|  |  |          |                |            |           |   | 2. East  |  | 4. \   | West   |  |  | Other<br>Vehicle   | 2        |       |  |
| *OPERATOR'S S  | SIGNATURE                              |          |                |            | DATE,C    | OF REPORT                                       | VEHICLE: (Box 20 and/o 1. Following 2. Right Turr 3. Making L 5. Making L 5. Making L 6. Starting ir 8. Slowing o 9. Stopped i 10. Entering I 11. Parked Par 12. Parked an 13. Changing 14. Overtakin 15. Passing o 16. Backing 17. Parked In 17. Parked In 17. Parked In 18. Okanging 19. Okanging 19. Okanging 19. Parked In 19. P | Road<br>n on R<br>ight Ture<br>Turn<br>Traffi<br>r Stopn<br>Traff<br>Park P<br>operly<br>d Roil<br>Lane<br>g/Pas<br>n Righ | way led urn n  arked ic ping fic oosition / led ss/Merging sing nt | 97. OTHEI (Box 21 or 41. Crossi 42. Crossi 43. Crossi 44. Crossi 45. Walk/F 46. Walk/F 47. Emerg Park 48. Get Or 49. Get Or 50. Pushin 51. Playin 52. Standi 98. OTHEF | Something in R Way on a 1-Wa R Action in Roa III) Ing with Signal Ing No Signal/C Iside with Traffic Iside against Tra Is fron Front/R Is Very Signal/C Iside With Traffic Iside Against Tra Iside Against Tra Iside Against Tra Iside Against Tra Iside Against Traffic | ay ad nal k No Signal rosswalk c affic ear of us Vehicle | YOUR<br>Vehicle<br>I<br>Other<br>Vehicle<br>or<br>Ped/Bike | >[<br>>[ | 20    |  |
|  |  |          |                |            |           | 1   | 17. Parked Im  | prope  | eriy   | Actio  | on<br>   |  |  |          |       |  |