

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.
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.

Lump on head, abrasions, minor lacerations,

ВС 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. 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.

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) 271-3101 (Speech/Hearing Impaired HELP TTY / TDD Relay

8. Submit your completed and signed report(s) to: Department of Safety **Accident Section** 23 Hazen Drive

SECTION A Concord, NH 03305 DATE OF ACCIDENT DAY OF WEEK TIME CITY/TOWN □РМ NUMBER OF DID POLICE INVESTIGATE ☐ YES POLICE DEPARTMENT □ NO **VEHICLES** ACCIDENT AT SCENE? ACCIDENT OCCURRED AT THE INTERSECTION WITH Use the ROUTE # and/or EXIT # OR STREET NAME one that N ON applies FEET W E OF **ROUTE # OR STREET NAME** S ROUTE # and/or EXIT # OR STREET NAME ACCIDENT LOCATION SECTION B 7. Ramp/Rotary 8. Toll Plaza/Booth 9. In a Driveway 10. In a Parking Lot At Intersection Intersection Related Enter the number of the item in the corresponding box provided 2. Intersection Helateu 3. Along the Road 4. Along Road at Driveway Access 5. Off Roadway on Shoulder/Median 6. Off Roadway Beyond Shoulder which best describes the circumstances of the accident. 98. Other* TYPE OF ACCIDENT COLLISION WITH: 18. Pedal Cycle/Moped Other Motor Vehicle Motor Vehicle Crossing Median Parked Motor Vehicle TRAFFIC CONTROLS 19. Snowmobile/OHRV None Traffic Signals Stop Sign Yield Sign Lane Control Visible Road Markings Officer/Flagman RR Crossing-Flasher-Gate No Passing Zone Other* 10. Fixed Object NON-COLLISION 11. Overturn 12. Spill (2 Wheel Vehicle) Railroad Train 5. Bicyclist 6. Pedestrian 13. Fire 14. Submersion 8. Thrown or Falling Object ROAD DESIGN 15. Jackknife 16. Explosion Other Object Motor Vehicle in Transport Interstate Other Divided Highway Not Physically Divided (2-Way Traffic) 4. Undivided Road (1-Way Traffic) 5. Driveway or Access Way 98. Other* 98. Other* If you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank. Traffic Signal ROAD SURFACE CONDITIONS 10. Median Sign Post Guard Rail Crash Cushion 11. Barrier/Fence 12. Culvert/Headwall 1. Dry 2. Wet 3. Snow/Slush 4. Ice 5. Muddy 7. Sand/Dust/Oil 98. Other* 99. Unknown 13. Embankment/Ditch/Curb 14. Fire Hydrant/Parking Meter 15. RR Crossing Device 16. Overpass 17. Rock/Sideslope 6. Debris 56 Light Pole Telephone/Electric Pole WEATHER . Clear . Cloudy . 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 8. Building/Wall 9. Bridge/Pier

SECTION 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?			VEHICLE 1 2 3 8 4 5 6 8 7	OCCUPANT'S/IN. IN O 1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle	URED'S POR ON:	MOTORCYCLE/BIKE/ SNOWMOBILE 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sled/ Hang on Vehicle	THROWN FR SAFETY EQUIPM Seat Belts used Child Restraints Air Bag Deploye Air Bag & Seat Helmet Worn (N No equipment to	ENT UTILIZ s used ed Belt fotorcycle	ED Co	
AGE	SEX	401	111	1121		8			99. Unknown		713	14	15
8	9	10	11	12	NAME(S) OF OCCU	PANTS IN YOUR VEHICLE / WITNESSES			ADDRESS / PHONE NO.		13	14	15
				-			7 9		t. u	c			

NOTE: WITHOUT DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, OR OPERATOR'S SIGNATURE, REPORT WILL NOT BE ACCEPTED. SECTION D.

			SEC.	IOND					
	YOUR V	'EHICLE	N		OTHER	VEHICLE	BICYCLIST	INI I	
DRIVER LICENSE NO.	·S	TATE	CLASSIFICATION	DRIVER LICENS	ENO. S	TATE .	CLASSIFIC		
DRIVER'S NAME	LAST, FIR	ST, MIDDLE	N 8 E	DRIVER'S NAME LAST, FIRST, MIDDLE					
D.O.B.			SEX	D.O.B.			SEX		
CURRENT ADDRESS, NUI	MBER AND STRE	ET	PHONE NO.	CURRENT ADDRESS, NUMBER AND STREET PHONE NO.					
CITY/TOWN	STA	TE .	ZIP CODE	CITY/TOWN	ST	ATE	ZIP	CODE	
PLATE NO.	STATE	TRAILER PLATE NO.	STATE	PLATE NO.	STATE	TRAILER PLATE NO.	ST	ATE	
SAME OWNER N	AME	LAST, FIRST, MII	DDLE	SAME OF CAS DRIVER	OWNER NAME	LAST, FIRST, MII	DDLE		
CURRENT ADDRESS, NUM	BER AND STRE	ĘT	PHONE NO.		ESS, NUMBER AND STR	ET .	PHON	NE NO.	
CITY/TOWN	ŞTA	TE	ZIP CODE	CITY/TOWN	STA	NTE .	ZIP	CODE	
MAKE		YEAR	COMMERCIAL VEHICLE ACCIDENT	MAKE .	= 6	YEAR	COMMERC VEHICLE ACCIDENT	CIAL	
V.I.N.	v.			V.I.N.		***	ACCIDENT		
VEHICLE BY TOWED		ТО		VEHICLE TOWED	BY	то			
DESCRIBE DAMAGE TO VE	HICLE			DESCRIBE DAMA	AGE TO VEHICLE				
		*ESTIMAT	ED COST TO REPAIR			*ESTIMAT	ED COST TO	REPAIR	
			SECT	ION E		9			
YOUR INSURANCE CO.		V.			PERTY DAMAGE (OTHER	THAN VEHICLE)			
AGENT				IDENTIFY DAMAG	ED PROPERTY OTHER T	HAN VEHICLE(S)			
ADDRESS									
POLICY NUMBER		EFFECTIVE D	ATE						
			SECT	ION F					
Check one of the diagrams if it	ACCIDENT adequately descri	bes the accident. OR dr	aw your own diagram		VEHICLE TYP		YOUR Vehicle	16	
on a separate sheet and attach Rear Passing Lt. Ti	Intersection		Head On Sideswipe	Automobile Pick-Up/Light Tr Automobile Repel/Van Motorcycle	9. Moped ruck 10. Motor Home 11. Passenger Light V 12. Utility Vehicle (4X4	13. Other/Unknown Light Truck an 97. Motor Carrier 98. Other **	Other Vehicle	2 17	
	3 7 4 7	A P P	7 8					18	
DESCRIBE THE ACCID	ENT		•	1. North 2. East	VEHICLE DIRECT 3. South 4. West	TION 99. Unknown	YOUR Vehicle	19	
							Other Vehicle	2	
4.00				VEHICLE:	PRE-ACCIDENT A		i)		
				(Box 20 and/or 21) 1. Following Road 2. Right Turn on B	(Day 04	Something in Road Way on a 1-Way R Action in Road	YOUR	20	
				2. Right Turn on F 3. Making Right Ti 4. Making Left Tur 5. Making U-Turn 6. Starting From 7. Starting in Tof	Red (Box 21 or orn 41. Crossi on 42. Crossi	ng with Signal ng against Signal	. Vehicle	▶	
	· · · · · ·					ng No Signal/Crosswalk Ride with Traffic	ı .		
				8. Slowing or Stop 9. Stopped in Traf 10. Entering Park P 11. Parked Properly	fic 47. Emerg	illy) ing with Signal ing against Signal ing against Signal ing at Crosswalk No Signa ing No Signal/Crosswalk ilde with Traffic ilde against Traffic ie from Front/Pear of ied Vehicle it Off Sobool Bus illor	Other	21	
				 Parked Properly Parked and Rol Changing Lane Overtaking/Pas Passing on Right 	led 49 Get O	/Off Vehicle	Other Vehicle or Ped/Bike	2	
* OPERATOR'S SIGNATU	RE		DATE OF REPORT	15. Passing on Rigit 16. Backing 17. Parked Imprope	ht 52. Standi 98. OTHEI	g/Working on Vehicle g/Jogging ng/Walking R Pedestrian/Bicyclist			
			<u> </u>						