



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

N
S

SECTION B

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

<p align="center">TYPE OF ACCIDENT</p> <p>COLLISION WITH:</p> <table style="width:100%;"> <tr> <td>1. Other Motor Vehicle</td> <td>18. Pedal Cycle/Moped</td> </tr> <tr> <td>2. Motor Vehicle Crossing Median</td> <td>19. Snowmobile/OHRV</td> </tr> <tr> <td>3. Parked Motor Vehicle</td> <td>20. Fixed Object</td> </tr> <tr> <td>4. Railroad Train</td> <td colspan="2">NON-COLLISION</td> </tr> <tr> <td>5. Bicyclist</td> <td>11. Overturn</td> <td rowspan="13" style="vertical-align: middle; text-align: center;"> <input style="width:30px; height:30px;" type="text"/> </td> </tr> <tr> <td>6. Pedestrian</td> <td>12. Spill (2 Wheel Vehicle)</td> </tr> <tr> <td>7. Animal</td> <td>13. Fire</td> </tr> <tr> <td>8. Thrown or Falling Object</td> <td>14. Submersion</td> </tr> <tr> <td>9. Other Object</td> <td>15. Jackknife</td> </tr> <tr> <td>17. Motor Vehicle in Transport</td> <td>16. Explosion</td> </tr> <tr> <td></td> <td>98. Other*</td> </tr> </table> <p>If you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank.</p> <table style="width:100%;"> <tr> <td>1. Traffic Signal</td> <td>10. Median</td> </tr> <tr> <td>2. Sign Post</td> <td>11. Barrier/Fence</td> </tr> <tr> <td>3. Guard Rail</td> <td>12. Culvert/Headwall</td> </tr> <tr> <td>4. Crash Cushion</td> <td>13. Embankment/Ditch/Curb</td> </tr> <tr> <td>5. Light Pole</td> <td>14. Fire Hydrant/Parking Meter</td> </tr> <tr> <td>6. Telephone/Electric Pole</td> <td>15. RR Crossing Device</td> </tr> <tr> <td>7. Tree</td> <td>16. Overpass</td> </tr> <tr> <td>8. Building Wall</td> <td>17. Rock/Sideslope</td> </tr> <tr> <td>9. Bridge/Pier</td> <td>98. Other*</td> </tr> </table>	1. Other Motor Vehicle	18. Pedal Cycle/Moped	2. Motor Vehicle Crossing Median	19. Snowmobile/OHRV	3. Parked Motor Vehicle	20. Fixed Object	4. Railroad Train	NON-COLLISION		5. Bicyclist	11. 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SECTION C

<p>TYPE OF INJURY K, A, B, C, U, N (See Instructions Above)</p>	<p>LOCATION OF MOST SEVERE INJURY</p> <table style="width:100%;"> <tr> <td>1. Head</td> <td>6. Leg(s)</td> </tr> <tr> <td>2. Neck</td> <td>7. Multiple</td> </tr> <tr> <td>3. Chest</td> <td>8. None</td> </tr> <tr> <td>4. Arm(s)</td> <td>99. Unknown</td> </tr> <tr> <td>5. Trunk/Torso</td> <td></td> </tr> </table>	1. Head	6. Leg(s)	2. Neck	7. Multiple	3. Chest	8. None	4. Arm(s)	99. Unknown	5. Trunk/Torso		<p align="center">VEHICLE</p> <p align="center">OCCUPANT'S/INJURED'S POSITION</p> <p align="center">IN OR ON:</p>	<p>THROWN FROM VEHICLE? Yes / No</p> <table style="width:100%;"> <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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AGE	SEX	10	11	12	NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES	ADDRESS / PHONE NO.	13	14	15
8	9								

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

SECTION D

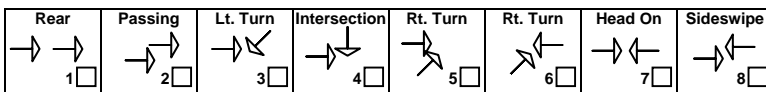
YOUR VEHICLE				BICYCLIST <input type="checkbox"/>		OTHER VEHICLE				BICYCLIST <input type="checkbox"/>	
				PEDESTRIAN <input type="checkbox"/>						PEDESTRIAN <input type="checkbox"/>	
DRIVER LICENSE NO.		STATE	CLASSIFICATION			DRIVER LICENSE NO.		STATE	CLASSIFICATION		
DRIVER'S NAME LAST, FIRST, MIDDLE						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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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)

VEHICLE TYPE		YOUR Vehicle	
1. Automobile	9. Moped	13. Other/Unknown Light Truck	1
2. Pick-Up/Light Truck	10. Motor Home	97. Motor Carrier	2
3. Panel/Van	11. Passenger Light Van	98. Other* *	17
8. Motorcycle	12. Utility Vehicle (4x4)		
VEHICLE DIRECTION		YOUR Vehicle	
1. North	3. South	99. Unknown	1
2. East	4. West		2
PRE-ACCIDENT ACTION		YOUR Vehicle	
VEHICLE: (Box 20 and/or 21)		18. Avoid Something in Road	
1. Following Roadway	19. Wrong Way on a 1-Way	19	
2. Right Turn on Red	97. OTHER Action in Road	20	
3. Making Right Turn			
4. Making Left Turn	(Box 21 only)	Other Vehicle or Ped/Bike	
5. Making U-Turn	41. Crossing with Signal	21	
6. Starting From Parked	42. Crossing against Signal		
7. Starting in Traffic	43. Crossing at Crosswalk No Signal		
8. Slowing or Stopping	44. Crossing No Signal/Crosswalk		
9. Stopping in Traffic	45. Walk/Ride with Traffic		
10. Entering Park Position	46. Walk/Ride against Traffic		
11. Parked Properly	47. Emerge from Front/Rear of Parked Vehicle		
12. Parked and Rolled	48. Get On/Off School Bus		
13. Changing Lanes/Merging	49. Get On/Off Vehicle		
14. Overtaking/Passing	50. Pushing/Working on Vehicle		
15. Passing on Right	51. Playing/Jogging		
16. Backing	52. Standing/Walking		
17. Parked Improperly	98. OTHER Pedestrian/Bicyclist Action		

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