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.

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.
   - 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 Accident Section of the Division of Motor Vehicles at (603) 271-3106 (Speech/Hearing Impaired HELP TTY/TDD Relay 225-4033).

8. Submit your completed and signed reports to:
   Department of Safety
   Accident Section
   10 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 N E S OF _____
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

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
17. Motor Vehicle in Transport
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
98. Other *

[1]

If you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank.

1. Traffic Signal
2. Sign Post
3. Guard Rail
4. Crash Cushion
5. Light Pole
6. Telephone/Electric Pole
7. Tree
8. Building/Wall
9. Bridge/Pier
10. Median
11. Barrier/Fence
12. Culvert/Headwall
13. Embankment/Ditch/Curb
14. Fire Hydrant/Parking Meter
15. RR Crossing Device
16. Overpass
17. Rock/Sideslope
98. Other *

[2]

ACCIDENT LOCATION
1. At Intersection
2. Intersection Related
3. Along the Road
4. Along Road at Driveway Access
5. Off Roadway on Shoulder/Median
6. Off Roadway Beyond Shoulder
7. Ramp/Rotary
8. Toll Plaza/Booth
9. In a Driveway
10. In a Parking Lot
98. Other *

[3]

TRAFFIC CONTROLS
1. None
2. Traffic Signals
3. Stop Sign
4. Yield Sign
5. Lane Control
6. Visible Road Markings
7. Officer/Flagman
8. RR Crossing-Flasher-Gate
9. No Passing Zone
98. Other *

[4]

ROAD DESIGN
1. Interstate
2. Other Divided Highway
3. Not Physically Divided (2-Way Traffic)
4. Undivided Road (1-Way Traffic)
5. Driveway or Access Way
98. Other *

[5]

ROAD SURFACE CONDITIONS
1. Dry
2. Wet
3. Snow/Slush
4. Ice
5. Muddy
6. Debris
7. Sand/Dust/Oil
98. Other *
99. Unknown

[6]

WEATHER
1. Clear
2. Cloudy
3. 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

[7]

SECTION C

TYPE OF INJURY
K, A, B, C, U, N
(See Instructions Above)

LOCATION OF MOST SEVERE INJURY
1. Head
2. Neck
3. Chest
4. Arm(s)
5. Trunk/Torso
6. Leg(s)
7. Multiple
8. None
99. Unknown

WHICH VEHICLE OCCUPIED?

VEHICLE
1 2 3
8 4 5 6 8
7
8

OCCUPANT'S/INJURED'S POSITION IN OR ON:
1. Driver
2-7. Passengers
8. Ride/Hang on Vehicle

MOTORCYCLE/BIKE/SNOWMOBILE
9. Driver (2/3 Wheeled Vehicle)
10. Passengers (2/3 Wheeled Vehicle)
11. Sidecar/Sled/Hang on Vehicle
99. Unknown

9 10 11

THROWN FROM VEHICLE? Yes / No

SAFETY EQUIPMENT UTILIZED	Code
Seat Belts used	S
Child Restraints used	C
Air Bag Deployed	A
Air Bag & Seat Belt	B
Helmet Worn (Motorcycles)	H
No equipment used	–

AGE 8	SEX 9	10	11	12	NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES	ADDRESS / PHONE NO.	13	14	15

SEE REVERSE SIDE

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

SECTION D

YOUR VEHICLE				OTHER VEHICLE				BICYCLIST / PEDESTRIAN
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 ☐	OWNER NAME	LAST, FIRST, MIDDLE		SAME AS DRIVER ☐	OWNER NAME	LAST, FIRST, MIDDLE		
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	YEAR	COMMERCIAL VEHICLE ACCIDENT ☐		MAKE	YEAR	COMMERCIAL VEHICLE ACCIDENT ☐		
V.I.N.				V.I.N.				
VEHICLE TOWED ☐	BY	TO		VEHICLE TOWED ☐	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.

Rear	Passing	Lt. Turn	Intersection	Rt. Turn	Rt. Turn	Head On	Sideswipe
1	2	3	4	5	6	7	8

* DESCRIBE THE ACCIDENT

*OPERATOR'S SIGNATURE

DATE OF REPORT / / (DAY MON YEAR)

VEHICLE TYPE

1. Automobile
2. Pick-Up/Light Truck
3. Panel/Van
8. Motorcycle
9. Moped
10. Motor Home
11. Passenger Light Van
12. Utility Vehicle (4X4)
13. Other/Unknown Light Truck
97. Motor Carrier
98. Other **

YOUR Vehicle 1 → 16
Other Vehicle 2 → 17

VEHICLE DIRECTION

1. North
2. East
3. South
4. West
99. Unknown

YOUR Vehicle 1 → 18
Other Vehicle 2 → 19

PRE-ACCIDENT ACTION

VEHICLE:
(Box 20 and/or 21)

1. Following Roadway
2. Right Turn on Red
3. Making Right Turn
4. Making Left Turn
5. Making U-Turn
6. Starting From Parked
7. Starting in Traffic
8. Slowing or Stopping
9. Stopped in Traffic
10. Entering Park Position
11. Parked Properly
12. Parked and Rolled
13. Changing Lanes/Merging
14. Overtaking/Passing
15. Passing on Right
16. Backing
17. Parked Improperly
18. Avoid Something in Road
19. Wrong Way on a 1-Way
97. OTHER Action in Road

(Box 21 only)

41. Crossing with Signal
42. Crossing against Signal
43. Crossing at Crosswalk No Signal
44. Crossing No Signal/Crosswalk
45. Walk/Ride with Traffic
46. Walk/Ride against Traffic
47. Emerge from Front/Rear of Parked Vehicle
48. Get On/Off School Bus
49. Get On/Off Vehicle
50. Pushing/Working on Vehicle
51. Playing/Jogging
52. Standing/Walking
98. OTHER Pedestrian/Bicyclist Action

YOUR Vehicle 1 → 20
Other Vehicle or Ped/Bike 2 → 21