

## 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 pedestrian or picyclist, 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;

Any injury that results in death. 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
- Momentary unconsciousness. Limping, nausea, hysteria, complaint of pain (no visible injury).
- Unknown
- 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
- 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
- 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 CITY/TOWN PM NUMBER OF DID POLICE INVESTIGATE YES POLICE DEPARTMENT **VEHICLES** ACCIDENT AT SCENE? NO 1. AT THE INTERSECTION WITH **ACCIDENT OCCURRED** Use the ROUTE # and/or EXIT # OR STREET NAME one that Ν ON applies FEET W E OF ROUTE # OR STREET NAME S BOUTE # and/or EXIT # OB STREET NAME ACCIDENT LOCATION **SECTION B** At Intersection Intersection Related Along the Road Along Road at Driveway Access Off Roadway on Shoulder/Median Off Roadway Beyond Shoulder 7. Ramp/Rotary 8. Toll Plaza/Booth Enter the number of the item in the corresponding box provided 9. In a Driveway 10. In a Parking Lot 98. Other\* which best describes the circumstances of the accident. TYPE OF ACCIDENT COLLISION WITH: 18. Pedal Cycle/Moped TRAFFIC CONTROLS Other Motor Vehicle Motor Vehicle Crossing Median 19. Snowmobile/OHRV None Traffic Signals Stop Sign Yield Sign Lane Control 6. Visible Road Markings Visible Huad Hua Officer/Flagman RR Crossing-Flasher-Gate No Passing Zone Parked Motor Vehicle Railroad Train NON-COLLISION Overturn Bicyclist Pedestrian . Spill (2 Wheel Vehicle) . Fire Animal 14 Submersion **BOAD DESIGN** Thrown or Falling Object 15. Jackknife Interstate Other Divided Highway Not Physically Divided (2-Way Traffic) 4. Undivided Road (1-Way Traffic) 5. Driveway or Access Way Other Object 16 Explosion 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 SURFACE CONDITIONS 1. Traffic Signal 10. Median 4. Ice 5. Muddy 6. Debris 7. Sand/Dust/Oil 98. Other \* 99. Unknown Sign Post 11. Barrier/Fence 1. Dry 2. Wet 2. Wet 3. Snow/Slush Guard Rail 12. Culvert/Headwall Crash Cushion Embankment/Ditch/Curb Fire Hydrant/Parking Meter WEATHER Telephone/Electric Pole Tree . RR Crossing Device . Overpass 1. Clear 2. Cloudy 3. Rain Blowing Material Severe Cross Winds Rain and Fog 10. Sleet and Fog11. No Adverse Conditions99. Unknown 4. Snow 5. Sleet 6. Fog 16. Building/Wall Bridge/Pier 17. Rock/Sideslope 98. Other \* SECTION C

TYPE OF INJURY K, A, B, C, U, N (See Instructions Above)			1. He 2. Ne 3. Ch 4. Ar	SEVER ead eck	DN OF MOST RE INJURY 6. Leg(s) 7. Multiple 8. None 99. Unknown 0 WHICH VEHICLE OCCUPIED?	VEHICLE  1 2 3 8 4 5 6 7	OCCUPANT'S/IN. IN O  1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle	JURED'S PO: R ON:	OSITION MOTORCYCLE/BIKE/ SNOWMOBILE  9. Driver (2/3 Wheeled Vehicle)  10. Passengers (2/3 Wheeled Vehicle)  11. Sidecar/Sled/ Hang on Vehicle 99. Unknown		THROWN FROM SAFETY EQUIPMI Seat Belts used Child Restraints Air Bag Deploye Air Bag & Seat E Helmet Worn (M No equipment u	ED Coo		
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## \*Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted. SECTION D

YOUR VEHICLE											BICYCLIST PEDESTRIAN		
DRIVER LICEN	SE NO.	S	TATE		CLASS	IFICATION	DRIVER LICEN	SE NO.	S	TATE		FICATION	
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						SECT	ION E						
YOUR INSURAN	ICE CO.			- Al-Articology and annual control			ESTIMATED PRO	OPERTY DAI	MAGE (OTHER	THAN VEHICLE)			
AGENT							IDENTIFY DAMA	GED PROP	ERTY OTHER T	HAN VEHICLE(S)			
ADDRESS				ı				***************************************			:	adin sebagai sa kacamata sebah sa memirin	
POLICY NUMBE	R		EFFI	ECTIVE D	ATE								
		ACCIDENT	DIAGRAM			SECT	ON F						
Check one of the con a separate she	et and attach.	dequately descr Number the veh	ibes the accid			o. 1.	Automobile     Pick-Up/Light     Automobile     Pick-Up/Light	Truck 10. N	VEHICLE TYP Moped Motor Home Passenger Light Va	13. Other/Unknow Light Truck	YOUF Vehicl Vn Othe	• 1	
1	→				<b>-</b> ⊳<	-	8. Motorcycle		Jtility Vehicle (4X4		Vehicl		
* DESCRIBE TH		3 4 1	/ 5	6	7	8	1. North 2. East	3. 9	VEHICLE DIRECT South Vest	FION 99. Unknown	YOUF Vehicl Other		
											Vehicl		
							VEHICLE: (Box 20 and/or 2'  1. Following Ro: 2. Right Turn on 3. Making Left T 5. Making U-Tur 6. Starting From 7. Starting in Tr 8. Slowing or St 9. Stopped in Tr 10. Entering Park 11. Parked Prope 12. Parked and R 13. Changing Lar 14. Overtaking/P 15. Passing on R 16. Backing	adway Red Turn urn n Parked affic opping affic Position rrly olled assing	19. Wrong 97. OTHEI (Box 21 on 41. Crossi 42. Crossi 43. Crossi 45. Walk/F 46. Walk/F 47. Emerg Park 48. Get Or 50. Pushin 51. Playing 52. Standi	Something in Road Way on a 1-Way A Action in Road Iy) ng with Signal ng against Signal ng at Crosswalk No Sign ng No Signal/Crosswalk ilde with Traffic ilde against Traffic e from Front/Rear of ed Vehicle I/Off School Bus I/Off Vehicle	YOUF Vehicl nal Other Vehicl or Ped/Bil		
*OPERATOR'S	OIGNAI UHE					OF REPORT  MON YEAR	17. Parked Impro	perly	Actio				