STATE OF NEW HAMPSHIRE
Department of Safety
Division of Motor Vehicles
MOTOR VEHICLE ACCIDENT REPORT
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, you must enter the requested information on a separate 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
   U = Unconscious
   L = Lump on head, abrasions, minor lacerations
   M = Momentary unconsciousness; Limping, nausea, hysteria, complaint of pain (no visible injury)
   N = Not injured

4. Give your own and your vehicles owner's CURRENT name and address and 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 on OTHER VEHICLE and enter the Pedestrian or Bicyclist information on 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 GVW, 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
   23 Hazen Drive
   Concord, NH 03305

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

SECTION A

1. AT THE INTERSECTION WITH

ROUTE # AND/OR EXIT # OR STREET NAME

2. FEET W E OF

ROUTE # AND/OR EXIT # OR STREET NAME

1. Pedestrian

2. Bicyclist

3. Motor Vehicle in Transport

4. Thrown or Falling Object

5. Other Object

6. Motor Vehicle Crossing Median

7. Railroad Train

8. Public or Private Property

9. Animal

10. Aircraft

11. Overturn

12. Spill (2 Wheel Vehicle)

13. Fire

14. Submersion

15. Jackknife

16. Explosion

17. Vehicle in Motion

18. Pedal Cycle/Moped

19. Snowmobile/OHV/RV

20. Fixed Object

21. Non-Collision

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

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

10. Other*

ROAD DESIGN

1. Interstate

2. Other Divided Highway

3. Not Physically Divided

ROAD SURFACE CONDITIONS

1. Dry

2. Wet

3. Snow/Slush

4. Ice

5. Mud

6. Debris

7. Sand/Dust/Oil

8. Other*

9. Unknown

WEATHER

1. Clear

2. Cloudy

3. Rain

4. Snow

5. Fog

6. Hail

7. Blowing Material

8. Severe Cross Winds

9. Sleet and Fog

10. No Adverse Conditions

11. Other

12. Unknown

SECTION B

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

SECTION C

See Reverse Side
**SECTION D**

<table>
<thead>
<tr>
<th>YOUR VEHICLE</th>
<th>OTHER VEHICLE</th>
<th>BICYCLIST</th>
<th>PEDESTRIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVER LICENSE NO.</td>
<td>STATE</td>
<td>CLASSIFICATION</td>
<td>DRIVER LICENSE NO.</td>
</tr>
<tr>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
<td>PHONE NO.</td>
<td>CITY/TOWN</td>
<td>STATE</td>
</tr>
<tr>
<td>PLATE NO.</td>
<td>STATE</td>
<td>TRAILER PLATE NO.</td>
<td>STATE</td>
</tr>
<tr>
<td>SAME AS DRIVER</td>
<td>OWNER NAME</td>
<td>LAST, FIRST, MIDDLE</td>
<td>SAME AS DRIVER</td>
</tr>
<tr>
<td>TOWED</td>
<td>BY</td>
<td>TO</td>
<td>TOWED</td>
</tr>
<tr>
<td>DESCRIBE DAMAGE TO VEHICLE</td>
<td>DESCRIBE DAMAGE TO VEHICLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*ESTIMATED COST TO REPAIR</td>
<td>*ESTIMATED COST TO REPAIR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION E**

<table>
<thead>
<tr>
<th>YOUR INSURANCE CO.</th>
<th>ESTIMATED PROPERTY DAMAGE (OTHER THAN VEHICLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENT</td>
<td>IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S)</td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>POLICY NUMBER</td>
<td>EFFECTIVE DATE</td>
</tr>
</tbody>
</table>

**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.

**SECTION F**

<table>
<thead>
<tr>
<th>ACCIDENT DIRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE TYPE</td>
</tr>
<tr>
<td>VEHICLE:</td>
</tr>
<tr>
<td>PRE-ACCIDENT ACTION</td>
</tr>
</tbody>
</table>

**OPERATOR’S SIGNATURE**

DATE OF REPORT

DAY MON YEAR