

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 male

3. You must enter Injury information on all occupants, utilizing the following designations; K - Any injury that results in death.

KA

Severe lacerations, broke or distorted limbs, skull frac-ture, 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, hys-teria, complaint of pain (no visible injury). C
- -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 Pe-destring or Biovellic information in the OTHER VEHICLE. destrian 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 acci-dent in which there were more than two vehicles, additional report(s) must be filled out.

SECTION A

 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 225-4033).

8. Submit your completed and signed reports to:

Department of Safety Accident Section

23 Hazen Drive Concord, NH 03305

DATE OF	ACC	IDENT	DA	Y OF WEEK	TIME	AM PM	CITY/TOWN	
NUMBER				POLICE INV		VES	POLICE DEPARTMEN	т
ACCIDENT					on	e the e that plies	1. AT THE INT 2	ERSECTION WITH
SECTION B Enter the number of the item in the corresponding box provided which best describes the circumstances of the accident.								ACCIDENT LOCATION 1. At Intersection 7. Ramp/Rotary 2. Intersection Related 8. Toll Plaza/Booth 3. Along the Road 9. In a Driveway 4. Along Road at Driveway Access 10. In a Parking Lot 5. Off Roadway on Shoulder/Median 98. Other *
1	12345	COLLISION WITH: 18. Pedal Cycle/Moped 1. Other Motor Vehicle 19. Snowmobile/OHRV 2. Motor Vehicle Crossing Median 10. Fixed Object 3. Parked Motor Vehicle NON-COLLISION 4. Railroad Train 11. Overturn 5. Bicyclist 12. Spill (2 Wheel Vehicle) 6. Pedestrian 13. Fire						TRAFFIC CONTROLS 1. None 2. Traffic Signals 3. Stop Sign 4. Yield Sign 5. Lane Control 98. Other *
	7. Animal 8. Thrown or Falling Object 9. Other Object 15. Jackknife 9. Other Object 16. Explosion 17. Motor Vehicle in Transport 17. you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank.					ubmersion ackknife xplosion)ther *	ECT STRUCK in box 2.	1. Interstate A. Undivided Road (1-Way Traffic) 2. Other Divided Highway 5. Driveway or Access Way 3. Not Physically Divided (2-Way Traffic) 98. Other *
2	1 2 3 4	Traffic S Sign Pos Guard R Crash C Light Po	ignal st ail ushion		11. B 12. C 13. E			ROAD SURFACE CONDITIONS 1. Dry 4. Ice 7. Sand/Dust/Oil 2. Wet 5. Muddy 98. Other* 3. Snow/Slush 6. Debris 99. Unknown
	6. Telephone/Electric Pole 1 7. Tree 1 8. Building/Wall 1					R Crossing verpass ock/Sideslo	Device	WEATHER 1. Clear 4. Snow 7. Blowing Material 10. Sleet and Fog 2. Cloudy 5. Sleet 8. Severe Cross Winds 11. No Adverse Conditions 3. Rain 6. Fog 9. Rain and Fog 99. Unknown
							SECT	ION C
TYPE OF K, A, B, (See Ins Abo	, C, U	J, N	1. He 2. Ne 3. Ch 4. An	eck i est i		VE	HICLE 0CCUP	ANT'S/INJURED'S POSITION IN OR ON: MOTORCYCLE/BIKE/ SNOWMOBILE 9. Driver (2/3 Wheeled Vehicle) 10. Passengers 9 (2/3 Wheeled Vehicle) 9 (2/3 Wheeled Vehicle) 10. Passengers 9 (2/3 Wheeled Vehicle) 10. Passengers 10.
				WHI O	WHICH VEHICLE 7 8. Ride/Ha			Ing 11 11. Sidecar/Sled/ Hang on Vehicle 99. Unknown
	EX 9	10	11	12 NAM			8 YOUR VEHICLE / WITNE	213 214 215

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

SECTION D

YOUR	VEHICLE			OTHER VEHICLE						
DRIVER LICENSE NO.	STATE	CLASSIFICATIO	DRIVER	DRIVER LICENSE NO. STATE						
DRIVER'S NAME LAST, F	IRST, MIDDLE		DRIVER'	DRIVER'S NAME LAST, FIRST, MIDDLE						
D.O.B.		SEX	D.O.B.	D.O.B.				SEX		
CURRENT ADDRESS, NUMBER AND ST	REET	PHONE NO	. CURREN	IT ADDRESS	, NUMBER AND STRE	EET	P	HONE NO.		
CITY/TOWN S	TATE	ZIP COD	E CITY/TO	CITY/TOWN STATE ZIP CODI						
PLATE NO. STATE	TRAILER PLATE NO	D. STATE	PLATE N	0.	STATE	TRAILER PLATE N	10.	STATE		
SAME OWNER NAME	LAST, FIRST, M	IIDDLE	SAME	OWN	ER NAME	LAST, FIRST, P	MIDDLE			
CURRENT ADDRESS, NUMBER AND ST	REET	PHONE NO	DRIVER	IT ADDRESS.	, NUMBER AND STRE	EET	P	HONE NO		
ITY/TOWN S	TATE	ZIP COD	CITY/TO	WN	STA	ATE		ZIP CODE		
IAKE	YEAF	COMMERCIAL	MAKE		1967 (M)	YEA	B COM	IERCIAL		
/.l.N.		VEHICLE ACCIDENT	V.I.N.							
					e mais la		(and the second	00000		
OWED BY	то		TOWED	BY	A MARTIN L	то				
DESCRIBE DAMAGE TO VEHICLE			DESCRIE	BE DAMAGE	TO VEHICLE					
					6 10013	3.2				
	*ESTIMA	TED COST TO REP	AIR			*ESTIM	ATED COS	T TO REP		
		9	CTION E							
OUR INSURANCE CO.		5		ED PROPERT	TY DAMAGE (OTHER	THAN VEHICLE)				
AGENT			IDENTIFY	IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S)						
DDRESS										
POLICY NUMBER	EFFECTIVE	DATE								
		0								
ACCIDEN heck one of the diagrams if it adequately de	IT DIAGRAM		am		VEHICLE TYP	PE	YO			
Rear Passing Lt. Turn Intersection	ehicles, with your vehicle	e being No. 1.	1. Autom	Jp/Light Truck /Van	9. Moped 10. Motor Home 11. Passenger Light V 12. Utility Vehicle (4X4	13. Other/Unkno Light Truc an 97. Motor Carrie	k	ner		
			8		12. Othity vehicle (474	b) 50. Other				
DESCRIBE THE ACCIDENT			1. North 2. East		VEHICLE DIREC 3. South 4. West	TION 99. Unknown	YOI Veh	icle		
			2. 2001		4. 11051		Oth Veh			
			VEHICLE		PRE-ACCIDENT A 18. Avoid	CTION Something in Road				
			2. Right 3. Makir 4. Makir 5. Makir 6. Startir 7. Startir	ving Roadway Turn on Red ng Right Turn ng Left Turn ng U-Turn ng From Parke ng in Traffic	97. OTHE (Box 21 or 41. Crossi 42. Crossi 43. Crossi 44. Crossi 45. Walk/	ing with Signal ing against Signal ing at Crosswalk No Si ing No Signal/Crosswa Ride with Traffic	YOI Vehi gnal Ilk			
DPERATOR'S SIGNATURE		DATE OF REPC	9. Stopp 10. Enter 11. Parke 12. Parke 13. Chan 14. Overt 15. Passi PT 16. Backi	ng or Stopping ed in Traffic Ing Park Positic d Properly d and Rolled ging Lanes/Me aking/Passing ng on Right ng d Improperly	47. Emerg Park 48. Get O 49. Get O erging 50. Pushir 51. Plavin	Ride against Traffic pe from Front/Rear of ed Vehicle n/Off School Bus n/Off Vehicle g/Working on Vehicle g/Jogging ng/Walking R Pedestrian/Bicyclist on	1 Guri	cle 2		

DAY MON YEAR