

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

- 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;

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).

- N Not injured.
- 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 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 lifteen 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.
- 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/TOD Relay 225-4033).
- Submit your completed and signed reports to: Department of Safety

Accident Section

23 Hazen Drive

SECT							ION A Concord, NH 03305				
DATE OF ACCIDENT	DAY OF WEEK	TIME	☐ AM ☐ PM	CITY/TOWN							
NUMBER OF VEHICLES	DID POLICE INVI ACCIDENT AT SC		☐ YES ☐ NO	POLICE DEPAR	TMENT						
ACCIDENT OCCURRED	1)	e the e that	1. AT T	HE INT	ERSECTION W	/ITHROUT	E # and/or EXIT # OR STREET N	AME	protes sended (Major	
ON		{ар	plies	2		FEET W	E OF				
ROUTE # OR STREET NAME)				S	ROUTE	# and/or EXIT # OR STREET N/	AME		
SECTION B Enter the number of the item in the corresponding box provided which best describes the circumstances of the accident. TYPE OF ACCIDENT					At Interse Intersection Along the Along Roads Off Roads Off Roads						
COLLISION WITH: 1. Other Motor Vehicle 2. Motor Vehicle Crossing Median 3. Parked Motor Vehicle 4. Railroad Train 5. Bicyclist 6. Pedestrian 18. Pedal Cycle/Moped 19. Snowmobile/OHRV 10. Fixed Object NON-COLLISION 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire						TRAFFIC CONTROLS 1. None 6. Visible Road Markings 2. Traffic Signals 7. Officer/Flagman 3. Stop Sign 8. RR Crossing-Flasher-Gate 4. Yield Sign 9. No Passing Zone 5. Lane Control 98. Other*					
7. Animal 8. Thrown or Falling Object 9. Other Object 17. Motor Vehicle in Transport			14. Submersion 15. Jackhnife 16. Explosion 98. Other * ber below for OBJECT STRUCK in box 2.			Interstate Cher Div Not Physi (2-Way	ided Highwa cally Divided Traffic)	ROAD DESIGN 4. Undivide 5. Drivewa 98. Other *	5		
Otherwise leave box 2 blank.						ROAD SURFACE CONDITIONS 6					
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		11. £ 12. 0 13. £	10. Median 11. Barrier/Fence 12. Culvert/Headwall 13. Embankment/Diltch/Curb 14. Fire Hydrant/Parking Meter 15. RR Crossing Device 16. Overpass 17. Rock/Sideslope 98. Other *			1. Dry 2. Wet 3. Snow/Stu	Ory 4. Ice Vet 5. Muddy 9		7. Sand/Dust/Oil 98. Other* 99. Unknown		
		14. F 15. F 16. C 17. F				1. Clear 2. Cloudy 3. Rain	4, Snow 5, Sleet 6, Fog	WEATHER 7. Blowing Material 8. Severe Cross Winds 9. Rain and Fog	10. Sleet and Fog 11. No Adverse Conditions 99. Unknown		
L					SECT	ION C					
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TYPE OF INJURY LOCATION OF MOST				THROWN PHON VEHICLE? 1657 NO											
	K, A (See	, B, C, U Instructi Above)	I, N ons	1. He 2. Ne 3. Ch 4. Ari 5. Tru	SEVER	RE INJURY 6. Leg(s) 7. Multiple 8. None 99. Unknown	VEHICLE 1 2 3 8 4 5 6 7 8	1. Driver 2.7. Passengers 8. Ride/Hang on Vehicle	9 10	MOTORCYCLE/BIKE/ SNOWMOBILE 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sled/ Hang on Vehicle 99. Unknown	SAFETY EQUIPM Seat Belts used Child Restraints Air Bag Deploys Air Bag & Seat I Helmet Worn (M No equipment u	used d Belt lotorcycles	; (de SC A B H	-
L	AGE	SEX	<u> 10}</u>	711	4157						<u> </u>	, 		T	-
l	8	9	10	11	12	NAME(S) OF OCCU	JPANTS IN YOUR VEH	HICLE / WITNESSES		ADDRESS / PHONE N	NO.	13	14	15	_
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