



STATE OF NEW HAMPSHIRE
Department of Safety
Division of Motor Vehicles
MOTOR VEHICLE ACCIDENT REPORT

N.H.RSA 264:25 – REPORTING REQUIREMENTS

M.V. Use Only

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.
- 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.
- 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.
- Give your own and your vehicles owner's CURRENT name and address when completing the YOUR VEHICLE part of the form. Report all other drivers 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.
- 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.
- 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) 227-4040 (Speech/Hearing Impaired HELP TTY/TDD Relay 225-4033).
- 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	<input type="checkbox"/> AM <input type="checkbox"/> PM	CITY/TOWN
NUMBER OF VEHICLES	DID POLICE INVESTIGATE ACCIDENT AT SCENE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE DEPARTMENT	

ACCIDENT OCCURRED

Use the one that applies

1. AT THE INTERSECTION WITH _____ ROUTE # and/or EXIT # OR STREET NAME

2. _____ FEET W E OF _____ ROUTE # and/or EXIT # OR STREET NAME

ON _____ ROUTE # OR STREET NAME

SECTION B

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

<p align="center">TYPE OF ACCIDENT</p> <p>COLLISION WITH:</p> <ol style="list-style-type: none"> Other Motor Vehicle Motor Vehicle Crossing Median Parked Motor Vehicle Railroad Train Bicyclist Pedestrian Animal Thrown or Falling Object Other Object Motor Vehicle in Transport <p>NON-COLLISION</p> <ol style="list-style-type: none"> Pedal Cycle/Moped Snowmobile/OHRV Fixed Object Overturn Spill (2 Wheel Vehicle) Fire Submersion Jackknife Explosion Other* <p>If you enter 10 in box 1, enter number below for OBJECT STRUCT in box 2. Otherwise leave box 2 blank.</p> <ol style="list-style-type: none"> Traffic Signal Sign Post Guard Rail Crash Cushion Light Pole Telephone/Electric Pole Tree Building Wall Bridge/Pier Median Barrier/Fence Culvert/Headwall Embankment/Ditch/Curb Fire Hydrant/Parking Meter RR Crossing Device Overpass Rock/Sideslope Other* 	<p align="center">ACCIDENT LOCATION</p> <ol style="list-style-type: none"> At Intersection Intersection Related Along the Road Along Road at Driveway Access Off Roadway on Shoulder/Median Off Roadway Beyond Shoulder Ramp/Rotary Toll Plaza/Booth In a Driveway In a Parking Lot Other* 	3
	<p align="center">TRAFFIC CONTROLS</p> <ol style="list-style-type: none"> None Traffic Signals Stop Sign Yield Sign Lane Control Visible Road Markings Officer/Flagman RR Crossing-Flasher-Gate No Passing Zone Other* 	4
	<p align="center">ROAD DESIGN</p> <ol style="list-style-type: none"> Interstate Other Divided Highway Not Physically Divided (2-way Traffic) Undivided Road (1-Way Traffic) Driveway or Access Way Other* 	5
	<p align="center">ROAD SURFACE CONDITIONS</p> <ol style="list-style-type: none"> Dry Wet Snow/Slush Ice Muddy Debris Sand/Dust/Oil Other* Unknown 	6
	<p align="center">WEATHER</p> <ol style="list-style-type: none"> Clear Cloudy Rain Snow Sleet Fog Blowing Material Severe Cross Winds Rain and Fog Sleet and Fog No Adverse Conditions Unknown 	7

SECTION C

<p>TYPE OF INJURY K, A, B, C, U, N (See Instructions Above)</p>	<p>LOCATION OF MOST SEVERE INJURY</p> <ol style="list-style-type: none"> Head Neck Chest Arm(s) Trunk/Torso Leg(s) Multiple None Unknown 	<p>OCCUPANT'S/INJURED'S POSITION IN OR ON:</p> <p align="center"> </p> <ol style="list-style-type: none"> Driver Passengers Ride/Hang on Vehicle Driver (2/3/ Wheeled Vehicle) Passengers (2/3/ Wheeled Vehicle) Sidecar/Sled/Hang on Vehicle Unknown 	<p>THROWN FROM VEHICLE? Yes / No</p> <p>SAFETY EQUIPMENT UTILIZED</p> <table border="1"> <tr> <td>Seat Belts used</td> <td>S</td> </tr> <tr> <td>Child Restraint used</td> <td>C</td> </tr> <tr> <td>Air Bag Deployed</td> <td>A</td> </tr> <tr> <td>Air Bag & Seat Belt</td> <td>B</td> </tr> <tr> <td>Helmet Worn (Motorcycles)</td> <td>H</td> </tr> <tr> <td>No equipment used</td> <td>--</td> </tr> </table>	Seat Belts used	S	Child Restraint used	C	Air Bag Deployed	A	Air Bag & Seat Belt	B	Helmet Worn (Motorcycles)	H	No equipment used	--
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No equipment used	--														

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

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

SECTION D

YOUR VEHICLE				OTHER VEHICLE				BICYCLIST <input type="checkbox"/>
DRIVER LICENSE NO. STATE CLASSIFICATION				DRIVER LICENSE NO. STATE CLASSIFICATION				PEDESTRIAN <input type="checkbox"/>
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 <input type="checkbox"/>	OWNER NAME LAST, FIRST, MIDDLE			SAME AS DRIVER <input type="checkbox"/>	OWNER NAME LAST, FIRST, MIDDLE			
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CITY/TOWN		STATE	ZIP CODE	CITY/TOWN		STATE	ZIP CODE	
MAKE	YEAR	COMMERCIAL VEHICLE ACCIDENT <input type="checkbox"/>		MAKE	YEAR	COMMERCIAL VEHICLE ACCIDENT <input type="checkbox"/>		
V.I.N.				V.I.N.				
VEHICLE TOWED <input type="checkbox"/>	BY	TO		VEHICLE TOWED <input type="checkbox"/>	BY	TO		
DESCRIBE DAMAGE TO VEHICLE				DESCRIBE DAMAGE TO VEHICLE				
*ESTIMATED COST TO REPAIR				*ESTIMATED COST TO REPAIR				

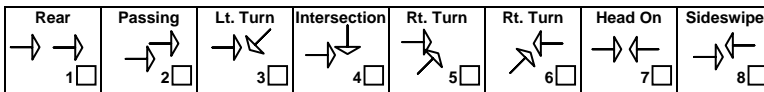
SECTION E

YOUR INSURANCE CO.	ESTIMATED PROPERTY DAMAGE (OTHER THAN VEHICLE)
AGENT	IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S)
ADDRESS	
POLICY NUMBER	

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.



* DESCRIBE THE ACCIDENT

OPERATOR'S SIGNATURE

DATE OF REPORT

(DAY / MONTH / YEAR)

<p>VEHICLE TYPE</p> <table style="width:100%;"> <tr> <td>1. Automobile</td> <td>9. Moped</td> <td>13. Other/Unknown</td> </tr> <tr> <td>2. Pick-Up/Light Truck</td> <td>10. Motor Home</td> <td>Light Truck</td> </tr> <tr> <td>3. Panel/Van</td> <td>11. Passenger Light Van</td> <td>97. Motor Carrier</td> </tr> <tr> <td>8. Motorcycle</td> <td>12. Utility Vehicle (4x4)</td> <td>98. Other* *</td> </tr> </table>	1. Automobile	9. Moped	13. Other/Unknown	2. Pick-Up/Light Truck	10. Motor Home	Light Truck	3. Panel/Van	11. Passenger Light Van	97. Motor Carrier	8. Motorcycle	12. Utility Vehicle (4x4)	98. Other* *	<p>YOUR Vehicle <input type="checkbox"/></p> <p>Other Vehicle <input type="checkbox"/></p>																								
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