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, 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 box; 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:
   A - Severe lacerations, broken or distorted limbs, skull fractures, 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, headache, complaint of pain (no visible injury).
   D - Drowsy, fatigue, dizziness.
   E - Fatigue, dizziness.
   F - Minor abrasions or scratches, skin intact.
   G - Cut or insect sting.
   H - Helmet Worn (Motorcycles) (See Instructions Above)
   K - Any injury that results in death.

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 GWVR, 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) 271-3161 (Speech/Hearing Impaired HELP TTY / TDD Relay 232-4033).

8. Submit your completed and signed report(s) to:
   Department of Safety
   Accident Section
   23 Hazen Drive
   Concord, NH 03305

SECTION A

DATE OF ACCIDENT DAY OF WEEK TIME CITY/TOWN

NUMBER OF VEHICLES DID POLICE INVESTIGATE? ACCIDENT AT SCENE?

ACCIDENT OCCURRED

ON

USE THE ONE THAT APPLIES

SECTION B

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

COLLISION WITH:
1. Other Motor Vehicle
2. Motor Vehicle Crossing Median
3. Parked Motor Vehicle
4. Railroad Train
5. Bicyclist
6. Pedestrian
7. Animal
8. Thrown or Falling Object
9. Other Object
10. Motor Vehicle in Transport
If you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank.
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/River
10. Median
11. Barrier/Roof
12. Culvert/Headwall
13. Embankment/Ditch/Curb
14. Fire Hydrant/Parking Meter
15. RR Crossing Device
16. Overpass
17. Rock/Sideslope
18. Other*

NON-COLLISION
1. At Intersection
2. Intersection Related
3. Along the Road
4. Along Road at Driveway Access
5. On Roadway on Shoulder/Median
6. Off Roadway Beyond Shoulder
7. Road Plans/Corridors
8. Roadway/Driveway
9. Other*

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
4. Undivided Road (1-Way Traffic)
5. Driveway or Access Way
6. Other*

ROAD SURFACE CONDITIONS
1. Dry
2. Wet
3. Snow/Slush
4. Mud
5. Debris
6. Other*
7. Sand/Dust/Oil
8. Unknown

WEATHER
1. Clear
2. Cloudy
3. Snow
4. Sleet
5. Rain
6. Fog
7. Blowing Material
8. Severe Cross Winds
9. Rain and Fog
10. Sleet and Fog
11. No Adverse Conditions
12. Other*

SECTION C

TYPE OF VEHICLE
K, A, B, C, U, N

LOCATION OF MOST SEVERE INJURY
1. Head
2. Neck
3. Chest
4. Arm(s)
5. Throat/Torso

VEHICLE

WHICH VEHICLE OCCUPIED?

WHO INJURED OR OCCUPIED IN VEHICLE

TIME OF OCCIDENT

ADDRESS PHONE NO.

THROWN FROM VEHICLE? Yes / No

M.V. Use Only

SEE REVERSE SIDE
NOTE: WITHOUT DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, OR OPERATOR'S SIGNATURE, REPORT WILL NOT BE ACCEPTED.

### SECTION D

<table>
<thead>
<tr>
<th>YOUR VEHICLE</th>
<th>OTHER VEHICLE</th>
<th>BICYCLIST PEDESTRIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVER LICENSE NO.</td>
<td>DRIVERS NAME</td>
<td>LAST, FIRST, MIDDLE</td>
</tr>
<tr>
<td>STATE</td>
<td>CLASSIFICATION</td>
<td>DRIVER LICENSE NO.</td>
</tr>
<tr>
<td>D.O.B.</td>
<td>SEX</td>
<td>D.O.B.</td>
</tr>
<tr>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
<td>PHONE NO.</td>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
</tr>
<tr>
<td>CITY/TOWN</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>PLATE NO.</td>
<td>STATE</td>
<td>TRAILER PLATE NO.</td>
</tr>
<tr>
<td>SAME AS DRIVER</td>
<td>OWNER NAME</td>
<td>LAST, FIRST, MIDDLE</td>
</tr>
<tr>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
<td>PHONE NO.</td>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
</tr>
<tr>
<td>CITY/TOWN</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>MAKE</td>
<td>YEAR</td>
<td>COMMERCIAL VEHICLE ACCIDENT</td>
</tr>
<tr>
<td>V.I.N.</td>
<td>V.I.N.</td>
<td></td>
</tr>
<tr>
<td>VEHICLE TOWED</td>
<td>BY</td>
<td>TO</td>
</tr>
<tr>
<td>DESCRIBE DAMAGE TO VEHICLE</td>
<td>DESCRIBE DAMAGE TO VEHICLE</td>
<td></td>
</tr>
</tbody>
</table>

**ESTIMATED COST TO REPAIR**

### 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>

### SECTION F

<table>
<thead>
<tr>
<th>ACCIDENT DIAGRAM</th>
<th>VEHICLE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>VEHICLE:</td>
<td>YOUR VEHICLE</td>
</tr>
<tr>
<td>1. Automobile</td>
<td>9. Moped</td>
</tr>
<tr>
<td>2. Pick-Up/Light Truck</td>
<td>10. Motor Home</td>
</tr>
<tr>
<td>5. Other/Unknown</td>
<td>99. Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE DIRECTION</th>
<th>YOUR VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. North</td>
<td>99. Unknown</td>
</tr>
<tr>
<td>2. South</td>
<td>99. Unknown</td>
</tr>
<tr>
<td>3. East</td>
<td>99. Unknown</td>
</tr>
<tr>
<td>4. West</td>
<td>99. Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRE-ACCIDENT ACTION</th>
<th>YOUR VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Following Roadway</td>
<td>18. Avoid Something in Road</td>
</tr>
<tr>
<td>2. Right Turn on Red</td>
<td>19. Wrong Way on a 1-Way</td>
</tr>
<tr>
<td>3. Making Right Turn</td>
<td>97. OTHER Action in Road</td>
</tr>
<tr>
<td>4. Making Left Turn</td>
<td>41. Crossing with Signal</td>
</tr>
<tr>
<td>5. Making U-Turn</td>
<td>42. Crossing against Signal</td>
</tr>
<tr>
<td>6. Starting From Parked</td>
<td>43. Crossing at Crosswalk No Signal</td>
</tr>
<tr>
<td>7. Starting in Traffic</td>
<td>44. Crossing No Signal/Crosswalk</td>
</tr>
<tr>
<td>8. Slowing or Stopping</td>
<td>45. Walk/Ride with Traffic</td>
</tr>
<tr>
<td>10. Entering Park Position</td>
<td>47. Emerge from Front/Rear of Parked Vehicle</td>
</tr>
<tr>
<td>15. Passing on Right</td>
<td>52. Standing/Walking</td>
</tr>
<tr>
<td>16. Backing</td>
<td>98. OTHER Pedestrian/Bicyclist Action</td>
</tr>
<tr>
<td>17. Parked Improperly</td>
<td></td>
</tr>
</tbody>
</table>