



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, broken 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 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.
- 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) 227-4010. (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.

TYPE OF ACCIDENT

COLLISION WITH:

- 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

NON-COLLISION

- Pedal Cycle/Moped
- Snowmobile/OHRV
- Fixed Object
- Overtw
- Spill (2 Wheel Vehicle)
- Fire
- Submersion
- Jackknife
- Explosion
- Other*

If you enter 10 in box 1, enter number below for OBJECT STRUCK in box 2. Otherwise leave box 2 blank.

- 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*

ACCIDENT LOCATION

- 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*

TRAFFIC CONTROLS

- None
- Traffic Signals
- Stop Sign
- Yield Sign
- Lane Control
- Visible Road Markings
- Officer/Flagman
- RR Crossing-Flasher-Gate
- No Passing Zone
- Other*

ROAD DESIGN

- Interstate
- Other Divided Highway
- Not Physically Divided (2-way Traffic)
- Undivided Road (1-Way Traffic)
- Driveway or Access Way
- Other*

ROAD SURFACE CONDITIONS

- Dry
- Wet
- Snow/Slush
- Ice
- Muddy
- Debris
- Sand/Dust/Oil
- Other*
- Unknown

WEATHER

- Clear
- Cloudy
- Rain
- Snow
- Sleet
- Fog
- Blowing Material
- Severe Cross Winds
- Rain and Fog
- Sleet and Fog
- No Adverse Conditions
- Unknown

SECTION C

TYPE OF INJURY K, A, B, C, U, N (See Instructions Above)	LOCATION OF MOST SEVERE INJURY	VEHICLE	OCCUPANT'S/INJURED'S POSITION IN OR ON:	MOTORCYCLE/BIKE/SNOWMOBILE	THROWN FROM VEHICLE? Yes / No	SAFETY EQUIPMENT UTILIZED Code				
						Seat Belts used S	Child Restraint used C	Air Bag Deployed A	Air Bag & Seat Belt B	Helmet Worn (Motorcycles) H
AGE	SEX	WHICH VEHICLE OCCUPIED?	8	9	10	11	12	13	14	15
8	9	10	11	12	NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES			ADDRESS / PHONE NO.		

*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.				DRIVER LICENSE NO.				PEDESTRIAN <input type="checkbox"/>		
STATE		CLASSIFICATION		STATE		CLASSIFICATION				
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					
CURRENT ADDRESS, NUMBER AND STREET				PHONE NO.		CURRENT ADDRESS, NUMBER AND STREET				PHONE NO.
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	EFFECTIVE DATE		

SECTION F

ACCIDENT DIAGRAM								VEHICLE TYPE																
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.								1. Automobile	9. Moped	13. Other/Unknown Light Truck	YOUR Vehicle	16												
<div style="display: flex; justify-content: space-around; font-size: x-small;"> <div>Rear → → 1 <input type="checkbox"/></div> <div>Passing ↗ ↘ 2 <input type="checkbox"/></div> <div>Lt. Turn ↗ ↘ 3 <input type="checkbox"/></div> <div>Intersection ↗ ↘ 4 <input type="checkbox"/></div> <div>Rt. Turn ↗ ↘ 5 <input type="checkbox"/></div> <div>Rt. Turn ↗ ↘ 6 <input type="checkbox"/></div> <div>Head On → ← 7 <input type="checkbox"/></div> <div>Sideswipe → ← 8 <input type="checkbox"/></div> </div>								2. Pick-Up/Light Truck	10. Motor Home	11. Passenger Light Van	Other Vehicle	17												
								3. Panel/Van	12. Utility Vehicle (4x4)	97. Motor Carrier	98. Other*	18												
* DESCRIBE THE ACCIDENT								VEHICLE DIRECTION			YOUR Vehicle	19												
								1. North	3. South	99. Unknown	Other Vehicle													
* OPERATOR'S SIGNATURE								PRE-ACCIDENT ACTION			YOUR Vehicle	20												
								VEHICLE: (Box 20 and/or 21)	18. Avoid Something in Road	19. Wrong Way on a 1-Way	97. OTHER Action in Road	Other Vehicle or Ped/Bike	21											
DATE OF REPORT								1. Following Roadway	2. Right Turn on Red	3. Making Right Turn	4. Making Left Turn	5. Starting From Parked	6. Starting in Traffic	7. Stopping or Stopping	8. Stopping in Traffic	9. Entering Park Position	10. Parked Properly	11. Parked and Rolled	12. Changing Lanes/Merging	13. Overtaking/Passing	14. Passing on Right	15. Backing	16. Parked Improperly	17. Other
								18. Avoid Something in Road	19. Wrong Way on a 1-Way	97. OTHER Action in Road	(Box 21 only)	41. Crossing with Signal	42. Crossing against Signal	43. Crossing at Crosswalk No Signal	44. Crossing No Signal/Crosswalk	45. Walk/Ride with Traffic	46. Walk/Ride against Traffic	47. Emerge from Front/Rear of Parked Vehicle	48. Get On/Off School Bus	49. Get On/Off Vehicle	50. Pushing/Working on Vehicle	51. Playing/Jogging	52. Standing/Walking	98. OTHER Pedestrian/Bicyclist Action

(DAY / MONTH / YEAR)