



**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**

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.

3. 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.

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 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.

5. 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.

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) 227-4040 (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

**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**

ON \_\_\_\_\_ ROUTE # OR STREET NAME

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

N  
 S

**SECTION B**

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

<p align="center"><b>TYPE OF ACCIDENT</b></p> <p><b>COLLISION WITH:</b></p> <table style="width: 100%;"> <tr> <td>1. Other Motor Vehicle</td> <td>18. Pedal Cycle/Moped</td> </tr> <tr> <td>2. Motor Vehicle Crossing Median</td> <td>19. Snowmobile/OHRV</td> </tr> <tr> <td>3. Parked Motor Vehicle</td> <td>20. Fixed Object</td> </tr> <tr> <td>4. Railroad Train</td> <td><b>NON-COLLISION</b></td> </tr> <tr> <td>5. Bicyclist</td> <td>11. Overturn</td> </tr> <tr> <td>6. Pedestrian</td> <td>12. Spill (2 Wheel Vehicle)</td> </tr> <tr> <td>7. Animal</td> <td>13. Fire</td> </tr> <tr> <td>8. Thrown or Falling Object</td> <td>14. Submersion</td> </tr> <tr> <td>9. Other Object</td> <td>15. Jackknife</td> </tr> <tr> <td>17. Motor Vehicle in Transport</td> <td>16. Explosion</td> </tr> <tr> <td></td> <td>98. Other*</td> </tr> </table> <p><b>If you enter 10 in box 1, enter number below for OBJECT STRUCT in box 2. Otherwise leave box 2 blank.</b></p> <table style="width: 100%;"> <tr> <td>1. Traffic Signal</td> <td>10. Median</td> </tr> <tr> <td>2. Sign Post</td> <td>11. Barrier/Fence</td> </tr> <tr> <td>3. Guard Rail</td> <td>12. Culvert/Headwall</td> </tr> <tr> <td>4. Crash Cushion</td> <td>13. Embankment/Ditch/Curb</td> </tr> <tr> <td>5. Light Pole</td> <td>14. Fire Hydrant/Parking Meter</td> </tr> <tr> <td>6. Telephone/Electric Pole</td> <td>15. RR Crossing Device</td> </tr> <tr> <td>7. Tree</td> <td>16. Overpass</td> </tr> <tr> <td>8. Building Wall</td> <td>17. Rock/Sideslope</td> </tr> <tr> <td>9. Bridge/Pier</td> <td>98. Other*</td> </tr> </table>	1. Other Motor Vehicle	18. Pedal Cycle/Moped	2. Motor Vehicle Crossing Median	19. Snowmobile/OHRV	3. Parked Motor Vehicle	20. Fixed Object	4. Railroad Train	<b>NON-COLLISION</b>	5. Bicyclist	11. Overturn	6. Pedestrian	12. Spill (2 Wheel Vehicle)	7. Animal	13. Fire	8. Thrown or Falling Object	14. Submersion	9. Other Object	15. Jackknife	17. Motor Vehicle in Transport	16. Explosion		98. Other*	1. Traffic Signal	10. Median	2. Sign Post	11. Barrier/Fence	3. Guard Rail	12. Culvert/Headwall	4. Crash Cushion	13. Embankment/Ditch/Curb	5. Light Pole	14. Fire Hydrant/Parking Meter	6. Telephone/Electric Pole	15. RR Crossing Device	7. Tree	16. Overpass	8. Building Wall	17. Rock/Sideslope	9. Bridge/Pier	98. Other*	<p align="center"><b>ACCIDENT LOCATION</b></p> <table style="width: 100%;"> <tr> <td>1. At Intersection</td> <td>7. Ramp/Rotary</td> </tr> <tr> <td>2. Intersection Related</td> <td>8. Toll Plaza/Booth</td> </tr> <tr> <td>3. Along the Road</td> <td>9. In a Driveway</td> </tr> <tr> <td>4. Along Road at Driveway Access</td> <td>10. In a Parking Lot</td> </tr> <tr> <td>5. Off Roadway on Shoulder/Median</td> <td>98. Other*</td> </tr> <tr> <td>6. Off Roadway Beyond Shoulder</td> <td></td> </tr> </table> <p align="center"><b>TRAFFIC CONTROLS</b></p> <table style="width: 100%;"> <tr> <td>1. None</td> <td>6. Visible Road Markings</td> </tr> <tr> <td>2. Traffic Signals</td> <td>7. Officer/Flagman</td> </tr> <tr> <td>3. Stop Sign</td> <td>8. RR Crossing-Flasher-Gate</td> </tr> <tr> <td>4. Yield Sign</td> <td>9. No Passing Zone</td> </tr> <tr> <td>5. Lane Control</td> <td>98. Other*</td> </tr> </table> <p align="center"><b>ROAD DESIGN</b></p> <table style="width: 100%;"> <tr> <td>1. Interstate</td> <td>4. Undivided Road (1-Way Traffic)</td> </tr> <tr> <td>2. Other Divided Highway</td> <td>5. Driveway or Access Way</td> </tr> <tr> <td>3. Not Physically Divided (2-way Traffic)</td> <td>98. Other*</td> </tr> </table> <p align="center"><b>ROAD SURFACE CONDITIONS</b></p> <table style="width: 100%;"> <tr> <td>1. Dry</td> <td>4. Ice</td> <td>7. Sand/Dust/Oil</td> </tr> <tr> <td>2. Wet</td> <td>5. Muddy</td> <td>98. Other*</td> </tr> <tr> <td>3. Snow/Slush</td> <td>6. Debris</td> <td>99. Unknown</td> </tr> </table> <p align="center"><b>WEATHER</b></p> <table style="width: 100%;"> <tr> <td>1. Clear</td> <td>4. Snow</td> <td>7. Blowing Material</td> <td>10. Sleet and Fog</td> </tr> <tr> <td>2. Cloudy</td> <td>5. Sleet</td> <td>8. Severe Cross Winds</td> <td>11. No Adverse Conditions</td> </tr> <tr> <td>3. Rain</td> <td>6. Fog</td> <td>9. Rain and Fog</td> <td>99. Unknown</td> </tr> </table>	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*	6. Off Roadway Beyond Shoulder		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*	1. Interstate	4. Undivided Road (1-Way Traffic)	2. Other Divided Highway	5. Driveway or Access Way	3. Not Physically Divided (2-way Traffic)	98. Other*	1. Dry	4. Ice	7. Sand/Dust/Oil	2. Wet	5. Muddy	98. Other*	3. Snow/Slush	6. Debris	99. Unknown	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
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**SECTION C**

<p><b>TYPE OF INJURY</b> K, A, B, C, U, N (See Instructions Above)</p>	<p><b>LOCATION OF MOST SEVERE INJURY</b></p> <table style="width: 100%;"> <tr> <td>1. Head</td> <td>6. Leg(s)</td> </tr> <tr> <td>2. Neck</td> <td>7. Multiple</td> </tr> <tr> <td>3. Chest</td> <td>8. None</td> </tr> <tr> <td>4. Arm(s)</td> <td>99. Unknown</td> </tr> <tr> <td>5. Trunk/Torso</td> <td></td> </tr> </table>	1. Head	6. Leg(s)	2. Neck	7. Multiple	3. Chest	8. None	4. Arm(s)	99. Unknown	5. Trunk/Torso		<p align="center"><b>OCCUPANT'S/INJURED'S POSITION</b> IN OR ON:</p> <p align="center">VEHICLE</p> <p align="center">MOTORCYCLE/BIKE/SNOWMOBILE</p> <p>9. Driver (2/3/ Wheeled Vehicle)</p> <p>10. Passengers (2/3/ Wheeled Vehicle)</p> <p>11. Sidecar/Sled/Hang on Vehicle</p> <p>99. Unknown</p>	<p><b>THROWN FROM VEHICLE? Yes / No</b></p> <table style="width: 100%;"> <tr> <td><b>SAFETY EQUIPMENT UTILIZED</b></td> <td><b>Code</b></td> </tr> <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 &amp; 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>	<b>SAFETY EQUIPMENT UTILIZED</b>	<b>Code</b>	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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AGE	SEX	10	11	12	NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES	ADDRESS / PHONE NO.	13	14	15

\*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			
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				

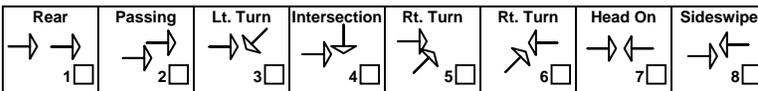
**SECTION E**

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**

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><b>VEHICLE TYPE</b></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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