



**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, 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.

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 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 Bureau of Financial Responsibility 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	AM	PM	CITY/TOWN	
NUMBER OF VEHICLES	DID POLICE INVESTIGATE ACCIDENT AT SCENE?	YES	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.

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

**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														
	<ol style="list-style-type: none"> <li>1. Head</li> <li>2. Neck</li> <li>3. Chest</li> <li>4. Arm(s)</li> <li>5. Trunk/Torso</li> <li>6. Leg(s)</li> <li>7. Multiple</li> <li>8. None</li> <li>99. Unknown</li> </ol>			<ol style="list-style-type: none"> <li>9. Driver (2/3/ Wheeled Vehicle)</li> <li>10. Passengers (2/3/ Wheeled Vehicle)</li> <li>11. Sidecar/Sled/ Hang on Vehicle</li> <li>99. Unknown</li> </ol>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SAFETY EQUIPMENT UTILIZED</td> <td>Code</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>	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	No equipment used	--
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AGE	SEX	WHICH VEHICLE OCCUPIED?																	

8	9	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**

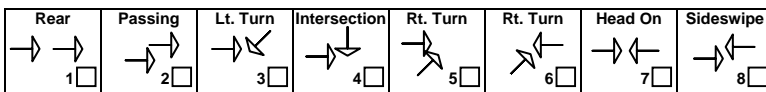
<b>YOUR VEHICLE</b>				BICYCLIST <input type="checkbox"/>		<b>OTHER VEHICLE</b>				BICYCLIST <input type="checkbox"/>	
				PEDESTRIAN <input type="checkbox"/>						PEDESTRIAN <input type="checkbox"/>	
DRIVER LICENSE NO.		STATE	CLASSIFICATION			DRIVER LICENSE NO.		STATE	CLASSIFICATION		
DRIVER'S NAME 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**  
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

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\* OPERATOR'S AND/OR OWNER'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 Light Truck</td> <td>YOUR Vehicle <input type="checkbox"/></td> <td rowspan="2" style="text-align: center;">16</td> </tr> <tr> <td>2. Pick-Up/Light Truck</td> <td>10. Motor Home</td> <td>97. Motor Carrier</td> <td>Other Vehicle <input type="checkbox"/></td> </tr> <tr> <td>3. Panel/Van</td> <td>11. Passenger Light Van</td> <td>98. Other* *</td> <td></td> <td style="text-align: center;">17</td> </tr> <tr> <td>8. Motorcycle</td> <td>12. Utility Vehicle (4x4)</td> <td></td> <td></td> <td></td> </tr> </table>	1. Automobile	9. Moped	13. Other/Unknown Light Truck	YOUR Vehicle <input type="checkbox"/>	16	2. Pick-Up/Light Truck	10. Motor Home	97. Motor Carrier	Other Vehicle <input type="checkbox"/>	3. Panel/Van	11. Passenger Light Van	98. Other* *		17	8. Motorcycle	12. Utility Vehicle (4x4)				<p><b>VEHICLE DIRECTION</b></p> <table style="width:100%;"> <tr> <td>1. North</td> <td>3. South</td> <td>99. Unknown</td> <td>YOUR Vehicle <input type="checkbox"/></td> <td rowspan="2" style="text-align: center;">18</td> </tr> <tr> <td>2. East</td> <td>4. West</td> <td></td> <td>Other Vehicle <input type="checkbox"/></td> </tr> </table>	1. North	3. South	99. Unknown	YOUR Vehicle <input type="checkbox"/>	18	2. East	4. West		Other Vehicle <input type="checkbox"/>																																						
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<b>PRE-ACCIDENT ACTION</b>																																																																			
<p><b>VEHICLE:</b> (Box 20 and/or 21)</p> <table style="width:100%;"> <tr> <td>1. Following Roadway</td> <td>18. Avoid Something in Road</td> <td rowspan="2" style="text-align: center;">YOUR Vehicle <input type="checkbox"/></td> <td rowspan="2" style="text-align: center;">20</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> <td></td> <td></td> </tr> <tr> <td>4. Making Left Turn</td> <td>(Box 21 only)</td> <td></td> <td></td> </tr> <tr> <td>5. Making U-Turn</td> <td>41. Crossing with Signal</td> <td></td> <td></td> </tr> <tr> <td>6. Starting From Parked</td> <td>42. Crossing against Signal</td> <td></td> <td></td> </tr> <tr> <td>7. Starting in Traffic</td> <td>43. Crossing at Crosswalk No Signal</td> <td></td> <td></td> </tr> <tr> <td>8. Slowing or Stopping</td> <td>44. Crossing No Signal/Crosswalk</td> <td></td> <td></td> </tr> <tr> <td>9. Stopping in Traffic</td> <td>45. Walk/Ride with Traffic</td> <td></td> <td></td> </tr> <tr> <td>10. Entering Park Position</td> <td>46. Walk/Ride against Traffic</td> <td></td> <td></td> </tr> <tr> <td>11. Parked Properly</td> <td>47. Emerge from Front/Rear of Parked Vehicle</td> <td></td> <td></td> </tr> <tr> <td>12. Parked and Rolled</td> <td>48. Get On/Off School Bus</td> <td></td> <td></td> </tr> <tr> <td>13. Changing Lanes/Merging</td> <td>49. Get On/Off Vehicle</td> <td></td> <td></td> </tr> <tr> <td>14. Overtaking/Passing</td> <td>50. Pushing/Working on Vehicle</td> <td></td> <td></td> </tr> <tr> <td>15. Passing on Right</td> <td>51. Playing/Jogging</td> <td></td> <td></td> </tr> <tr> <td>16. Backing</td> <td>52. Standing/Walking</td> <td></td> <td></td> </tr> <tr> <td>17. Parked Improperly</td> <td>98. OTHER Pedestrian/Bicyclist Action</td> <td></td> <td></td> </tr> </table>	1. Following Roadway	18. Avoid Something in Road	YOUR Vehicle <input type="checkbox"/>	20	2. Right Turn on Red	19. Wrong Way on a 1-Way	3. Making Right Turn	97. OTHER Action in Road			4. Making Left Turn	(Box 21 only)			5. Making U-Turn	41. Crossing with Signal			6. Starting From Parked	42. Crossing against Signal			7. Starting in Traffic	43. Crossing at Crosswalk No Signal			8. Slowing or Stopping	44. Crossing No Signal/Crosswalk			9. Stopping in Traffic	45. Walk/Ride with Traffic			10. Entering Park Position	46. Walk/Ride against Traffic			11. Parked Properly	47. Emerge from Front/Rear of Parked Vehicle			12. Parked and Rolled	48. Get On/Off School Bus			13. Changing Lanes/Merging	49. Get On/Off Vehicle			14. Overtaking/Passing	50. Pushing/Working on Vehicle			15. Passing on Right	51. Playing/Jogging			16. Backing	52. Standing/Walking			17. Parked Improperly	98. OTHER Pedestrian/Bicyclist Action			<p>Other Vehicle or Ped/Bike <input type="checkbox"/></p> <p style="text-align: center;">21</p>
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