



**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 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) 271-3106 (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	<input type="checkbox"/>	DID POLICE INVESTIGATE ACCIDENT AT SCENE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE DEPARTMENT

**ACCIDENT OCCURRED**

**ON**  
 ROUTE # OR STREET NAME



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

N  
 -----  
 FEET W E OF  
 S  
 ROUTE # and/or EXIT # OR STREET NAME

2. \_\_\_\_\_

**SECTION B**

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

1. <input type="checkbox"/> 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 17. 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/Pier	TYPE OF ACCIDENT 18. Pedal Cycle/Moped 19. Snowmobile/OHRV 10. Fixed Object <b>NON-COLLISION</b> 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire 14. Submersion 15. Jackknife 16. Explosion 98. Other*	ACCIDENT LOCATION 1. At Intersection 2. Intersection Related 3. Along the Road 4. Along Road at Driveway Access 5. Off Roadway on Shoulder/Median 6. Off Roadway Beyond Shoulder 7. Ramp/Rotary 8. Toll Plaza/Booth 9. In a Driveway 10. In a Parking Lot 98. Other*	<input type="checkbox"/> 3
	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 98. Other*	<input type="checkbox"/> 4
	ROAD DESIGN 1. Interstate 2. Other Divided Highway 3. Not Physically Divided (2-Way Traffic)	4. Undivided Road (1-Way Traffic) 5. Driveway or Access Way 98. Other*	<input type="checkbox"/> 5
	ROAD SURFACE CONDITIONS 1. Dry 2. Wet 3. Snow/Slush	4. Ice 5. Muddy 6. Debris 7. Sand/Dust/Oil 98. Other* 99. Unknown	<input type="checkbox"/> 6
WEATHER 1. Clear 2. Cloudy 3. Rain	4. Snow 5. Sleet 6. Fog 7. Blowing Material 8. Severe Cross Winds 9. Rain and Fog 10. Sleet and Fog 11. No Adverse Conditions 99. Unknown	<input type="checkbox"/> 7	

**SECTION C**

TYPE OF INJURY K, A, B, C, U, N (See Instructions Above)	LOCATION OF MOST SEVERE INJURY 1. Head 2. Neck 3. Chest 4. Arm(s) 5. Trunk/Torso 6. Leg(s) 7. Multiple 8. None 99. Unknown	VEHICLE 	OCCUPANT'S/INJURED'S POSITION IN OR ON: 1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sled/Hang on Vehicle 99. Unknown	MOTORCYCLE/BIKE/SNOWMOBILE 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sled/Hang on Vehicle 99. Unknown	THROWN FROM VEHICLE? Yes / No SAFETY EQUIPMENT UTILIZED Code Seat Belts used S Child Restraints used C Air Bag Deployed A Air Bag & Seat Belt B Helmet Worn (Motorcycles) H No equipment used -
AGE 8 9 10	SEX 11 12	WHICH VEHICLE OCCUPIED? 1 2 3 4 5 6 7 8	NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES	ADDRESS / PHONE NO.	13 14 15

