



**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 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.
- 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).
- 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<br><input type="checkbox"/> PM | CITY/TOWN |
| NUMBER OF VEHICLES | DID POLICE INVESTIGATE ACCIDENT AT SCENE? | <input type="checkbox"/> YES<br><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.

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

**SECTION C**

|   |  |  |  |
|---|--|--|--|
| <p><b>TYPE OF INJURY</b></p> <p>K, A, B, C, U, N<br/>(See Instructions Above)</p> | <p><b>LOCATION OF MOST SEVERE INJURY</b></p> <ol style="list-style-type: none"> <li>Head</li> <li>Neck</li> <li>Chest</li> <li>Arm(s)</li> <li>Trunk/Torso</li> <li>Leg(s)</li> <li>Multiple</li> <li>None</li> <li>Unknown</li> </ol> | <p><b>OCCUPANT'S/INJURED'S POSITION</b></p> <p>IN OR ON:</p> <ol style="list-style-type: none"> <li>Driver</li> <li>Passengers</li> <li>Ride/Hang on Vehicle</li> <li>Motorcycle/Bike/Snowmobile</li> <li>Driver (2/3/ Wheeled Vehicle)</li> <li>Passengers (2/3/ Wheeled Vehicle)</li> <li>Sidecar/Sled/Hang on Vehicle</li> <li>Unknown</li> </ol> | <p><b>THROWN FROM VEHICLE? Yes / No</b></p> <p>SAFETY EQUIPMENT UTILIZED Code</p> <p>Seat Belts used S</p> <p>Child Restraint used C</p> <p>Air Bag Deployed A</p> <p>Air Bag &amp; Seat Belt B</p> <p>Helmet Worn (Motorcycles) H</p> <p>No equipment used --</p> |
| <p>AGE</p> <p>8 9 10 11 12</p>  | <p>SEX</p> <p>8 9 10 11 12</p>   | <p>WHICH VEHICLE OCCUPIED?</p> <p>8 9 10 11 12</p>   | <p>VEHICLE</p>   |

| 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**

| 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      |   |

**SECTION F**

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