

STATE OF NEW HAMPSHIRE **Department of Safety Division of Motor Vehicles** MOTOR VEHICLE ACCIDENT REPORT

| M.V. Us | e Only |
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N.H.RSA 264:25 - REPORTING REQUIRMENTS 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.
- 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 "\"\" in the "\"\HICH VEHICLE OCCUPIED" column; for a Pedestrian, enter a "\" in the box; for a Bicyclist, enter a "\"\". For a new born child (less than one year) enter "\"\"\" for age. Enter "\"\" for Male and "\"\" 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

when taken from the accident scene, unable to leave the accident scene without assistance.
Lump on head, abrasions, minor lacerations.
Momentary unconsciousness. Limping, nausea, hysteria,

- complaint of pain (no visible injury).
- Unknown.
- 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 sure to enter the correct vehicle plate number and vehicle make in the appropriate boxes. If you were involved in an accident in
- If you are driving a Commercial Motor Vehicle (Truck over 26,000 GVWR, Bus with more than fifteen seals, 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.
- 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).
- Submit your completed and signed reports to: Department of Safety

| fracture, c | rushed chest, internal inju | ries, unconsci | OUS | must be f | illed ou | it. | | | dditional re | eport(s) | | 23 Haze | nt Section en Drive | | | | | | | |
|---|--|--|-----------------------|---|---|--|----------------------|-----------------------------------|---|-------------------------|--|---|--|---------------|--|--|--|--|--|--|
| DATE OF ACC | CIDENT DAY OF | WEEK T | 10.45 | _ | - | | CTION | Α | | | | Concor | d, NH 03305 | | | | | | | |
| DATE OF ACC | CIDENT DAY OF | WEEK | IME | AM PI | M C | ITY/TOWI | 1 | | | | | | | | | | | | | |
| NUMBER OF VEHICLES | | CE INVESTIG | | ES NO | o P | OLICE DE | PARTME | ENT | | | | | | | | | | | | |
| | | NI AI SCENE | / | | | | | | | | | | | | | | | | | |
| ACCIDENT OCCU | URRED | | Ì | Use the | 4 | 1 | . AT THE | E INTER | SECTION | WITH | | RO | UTE # and/or EXIT # OR STE | REET NAME | | | | | | |
| ON | | | 7 | one tha | 1 = | 4 | | | N | | | | | | | | | | | |
| | # OR STREET NAME | | — J | applies | | 2 | | FEET | WDE | ☐ <u>OF</u> | | | | | | | | | | |
| | TO STORY TO THE STORY OF THE ST | SECTION | ONLD | | | | I | | s | - | | | UTE # and/or EXIT # OR STF | REET NAME | | | | | | |
| whic | er the number of the ite ch best describes the ci | SECTION m in the correstricumstances of the correstriction of the | sponding of the ac | ccident. | | | 2. 3. 4. 5. | Along the Along Ro Off Road | ection ion Related e Road oad at Drive lway on She way Beyon | d eway Ad oulder/ | ccess Median | 7. Ran 8. Toll 9. In a | np/Rotary Plaza/Booth Driveway Parking Lot | veway | | | | | | |
| 1 1 2 3 3 4 4 5 6 6 7 8 | Other Motor Vehicle 19. Motor Vehicle Crossing Median 10. Parked Motor Vehicle NO Railroad Train 11. Bicyclist 12. Pedestrian 13. Animal 14. Thrown or Falling Object 15. | | | Pedal Cyc Snowmoth Fixed Obj COLLISIO Overturn Splll (2 W Fire Submersi Jackknife | | 2. Traffic Signals 7, 3. Stop Sign 8, 4. Yield Sign 9, | | | | | 6. Visil 7. Offic 8. RR 9. No F | TROLS . Visible Road Markings . Officer/Flagman . RR Crossing-Flasher-Gate .No Passing Zone | | | | | | | | |
| 1 | 16. 98. | Explosion Other* | 1 | CK in box 2. | ROAD DESIGN 1. Interstate 2. Other Divided Highway 3. Not Physically Divided (2 way Traffic) 98.Other* | | | | | eway or Access Way | K | | | | | | | | | |
| 2 1. Treffic Signal 10. 2. Sign Post 11. 3. Guard Rail 12. 4. Crash Cushion 13. 5. Light Pole 14. | | | | Median Barrier/Fence Culvert/Headwall Embankment/Ditch/Curb Fire Hydrant/Parking Meter | | | 1. 2. 3. | Dry Wet Snow/Slu | F | 4. 5. | SURFACE CO lce Muddy Debris | DNDIT | TONS 7. Sand/Dust/Oil 98. Other* 99. Unknown | | | | | | | |
| 6. 7. 8. | . Tělephone/Electric Pol . Tree . Building Wall . Bridge/Pier | e | 15. 16. 17. | RR Cross Overpass Rock/Side Other* | ing De | vice | 2. | Clear Cloudy Rain | 4. Snov 5. Slee 6. Fog | w 7. et 8. 9. | WEATHE Blowing Mate Severe Cross Rain and Fog | erial s Winds | 10. Sleet and Fog s 11. No Adverse Condi 99. Unknown | Itions | | | | | | |
| | | | | | | SECTI | ON C | | | | | | | | | | | | | |
| TYPE OF INJURY | LOCATION OF SEVERE IN | | | | | | UPANT'S | S/INJURE | D'S POSI | ITION | | | THROWN FROM VEHI | CLE? Yes / No | | | | | | |
| (See Instructions | | VEHIC | CLE | | | | la c | MOTO SN | RCYCLE/BIK OWMOBILE | :E/ | SAFETY EQUIPMENT UTILIZ | ED Code | | | | | | | | |

| K, AGE | | | A, B, C, U, N le Instructions Above) 1. Head | | | | RE INJURY 6. Leg(s) 7. Multiple 8. None 99.Unknown orso WHICH VEHICLE OCCUPIED? | VEHICLE MOTORCYCLE/BIKE/ SNOWMOBILE 9. Driver (2/3/ Wheeled Vehicle) 10. Passengers 8. Ride/Hang on Vehicle 8. Ride/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 | Child Restraint used C Air Bag Deployed A Air Bag & Seat Belt B Helmet Worn (Motorcycles) H | | | | | |
|--------|---------|---------|---|----|--------------|--|---|---|---|--|--|--|--|--|
| 8 | 9 | 10 | 11 | 12 | NAME(S) OF O | CCUPANTS IN YOUR VEHICLE / WITNESSES ADDRESS / PHONE NO. | 13 | 14 | 15 | | | | | |
| DSM\ | / 400 (| (Rev. (| 04/14) | | | SEE REVERSE SIDE | | | | | | | | |

*Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted. SECTION D

| | YOUR | VEHICLE | = | | BICYC | CLIST | | O | THER | VEHIC | LE | | | CLIST | | | |
|--|------------------------------|-------------------------|----------------------------|------------|-------------|---------------------------|--|--|---|------------|---|---------------------------------|------------------------------|---------------------------|------------|--|--|
| | | | | | | SIFICATION | 1 | DRIVER LICENSE NO. STATE | | | | | PEDESTRIAN CLASSIFICATION | | | | |
| DRIVER'S NAM | DRIVER'S NAME | | LAST, | FIRST, MII | DDLE | | | | | | | | | | | | |
| D.O.B. SEX | | | | | | | | D.O.B. | | | | | | SEX | | | |
| CURRENT ADI | ORESS, NU | MBER AND | STREET | | P | HONE NO. | | CURRENT ADDR | ESS, NU | MBER AND | STREET | | | PHONE | NO. | | |
| CITY/TOWN | | | STATE | Z | IP CODE | | CITY/TOWN | CITY/TOWN STA | | | | | | | | | |
| PLATE NO. STATE TRAILER PLATE NO | | | | | | STATE | | PLATE NO. | | STATE | TRA | NLER PL | ATE NO | ST | ATE | | |
| SAME AS DRIVER | OWNER | NAME | L | AST, FIRS | T, MID | DLE | | SAME AS DRIVER | OWNE | RNAME | | LAST, F | IRST, N | MIDDLE | | | |
| CURRENT ADI | DRESS, NU | MBER AND | STREET | | Р | HONE NO. | | CURRENT ADDR | ESS, NU | MBER AND | STREET | | | PHONE | NO. | | |
| CITY/TOWN | | | | STATE | Z | IP CODE | | CITY/TOWN | | | | STA | ATE | E ZIP CODE | | | |
| MAKE | | | Y | EAR | VEH | MERCIAL IICLE IDENT | | MAKE | | | | YEAR | V | COMMERCIAL VEHICLE | | | |
| V.I.N. | | | | | AGG | NDEINI | | V,I.N. | | | | | | CCIDENT | | | |
| VEHICLE TOWED | BY | | | то | | | | VEHICLE BY TO | | | | | | | | | |
| DESCRIBE DAMAGE TO VEHICLE | | | | | | | | DESCRIBE DAMAGE TO VEHICLE | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| *ESTIMATED COST TO REPAIR | | | | | | | | *ESTIMATED COST TO REPAIR | | | | | | | | | |
| VOLID INCLIDA | NOT OO | | | | | | SECT | | | | | | | | | | |
| YOUR INSURA | INCE CO. | | | | | | | ESTIMATED PRO | PERTY | DAMAGE (C | OTHER THA | N VEHIC | LE) | | | | |
| AGENT | | | | | | | | IDENTIFY DAMAG | GED PRO | PERTY OT | HER THAN | VEHICL | E(S) | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | |
| POLICY NUMBER EFFECTIVE DA | | | | | | | | | | | | | | | | | |
| | | ACCID | ENT DIAG | CDAM | | | SECTI | ON F | | VEHICLE 1 | TVDE | | | VALIB | K [| | |
| Check one of the con a separate she | t adequately n. Number th | describes the vehicles, | he accident with your v | ehicle b | eing No. 1. | | Automobile Pick-Up/Light Tra Panel/Van | 11. | Moped Motor Hom Passenger Utility Vehi | ie. | 13. Othe Ligh 97. Moto 98. Othe | r/Unkno t Truck r Carrier | YOUR wn Vehicle | | | | |
| Rear Pass | sing Lt. | Turn Interse | ction Rt. T | \ _ > | Head On | Sideswipe | 8. Motorcycle | 12. Utility Věhi | | cle (4x4) | 98. Othe | r" " | Other Vehicle | 2 17 | | | |
| * DESCRIBE THE ACCIDENT | | | | | | | | 1. North 2. East | | EHICLE DIR | ECTION | CTION 99. Unk | | YOUR Vehicle | 15 | | |
| | | | | | | | | | | | | | | Other Vehicle | 2 19 | | |
| | | | | | | | | PRE-ACCIDENT ACTION VEHICLE: 18. Avoid Something in Road (Box 20 and/or 21) 19. Wrong Way on a 1-Way 1. Following Roadway 2. Right Turn on Red 3. Making Right Turn 41. Crossing with Signal 41. Crossing a Galinst Signal 6. Starting From Parked 7. Starting in Traffic 8. Slowing or Stopping 9. Stopping in Traffic 9. Stopping in Traffic 40. Walk/Ride with Traffic 41. Crossing at Crosswalk 42. Crossing at Crosswalk No Signal 43. Crossing at Crosswalk No Signal 44. Crossing No Signal/Crosswalk 45. Walk/Ride with Traffic 46. Walk/Ride with Traffic 47. Emerge from Front/Rear of Other 11. Parked Properly Parked Vehicle Vehicle | | | | | | | | | |
| * OPERATOR'S AND/OR OWNER'S SIGNATURE DATE OF REPORT | | | | | | | · · · · · · · · · · · · · · · · · · · | 12. Parked and R 13. Changing Lar 14. Overtaking/Pa 15. Passing on R | Rolled nes/Mergir assing ight | 51. | Parked Get On/Of Get On/Of Pushing/W Playing/Jo Standing/V OTHER Pe | f School Bu | ıs | Vehicle or Ped/Bike | 2 | | |
| OPERATOR'S | S AND/OR | OWNER'S S | IGNATURE | | | AY / MONT | | 16. Backing 17. Parked Impro | perly | 52. 98. | OTHER Pe | vaiking edestrian/B | Bicyclist | | | | |
| | | | | | (1) | AT / IVIONT | □□7 TCAK} | | | | | | | | | | |