STATE OF NEW HAMPSHIRE  
Department of Safety  
Division of Motor Vehicles

MOTOR VEHICLE ACCIDENT REPORT
N.H.RSA 264:25 – REPORTING REQUIREMENTS

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:

   A – Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious
   B – Lump on head, abrasions, minor lacerations
   C – Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury)
   D – Not injured

4. Give your own and your vehicle’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.

SECTION A

DATE OF ACCIDENT: [ ] DAY OF WEEK: [ ] TIME: [ ] AM [ ] PM
CITY/TOWN
NUMBER OF VEHICLES [ ] DID POLICE INVESTIGATE [ ] ACCIDENT AT SCENE [ ]

ACCIDENT OCCURRED ON [ ] ROUTE & OR STREET NAME:

Use the one that applies

1. AT THE INTERSECTION WITH

   ROUTE & OR CITY/TOWN STREET NAME:

2. FEET W OF N E OF

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
11. 98. Other

TRAFFIC CONTROLS

1. None
2. Traffic Signals
3. Stop Sign
4. Yield Sign
5. Lane Control

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

ROAD SURFACE CONDITIONS

1. Dry
2. Wet
3. Snow/Slush
4. Ice
5. Mud
6. Debris
7. Sand/Dust/Oil
8. Mud
9. Other

WEATHER

1. Clear
2. Snow
3. Rain
4. Fog
5. Cloudy
6. Clear
7. Blowing Material
8. Sleet
9. Fog
10. Sleet and Fog
11. Other

SECTION B

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

COLLISION WITH:
1. Other Motor Vehicle
2. Motor Vehicle Crossing Median
3. Pedestrian
4. Animal
5. Thrown or Falling Object
6. Other Object
7. 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
10. Median
11. Barrier/Fence
12. Culvert/Headwall
13. Embankment/Ditch/Curb
14. Fire Hydrant/Parking Meter
15. RR Crossing Device
16. Overpass
17. Rock/Sideslope
18. Other

19. Pedal Cycle/Moped
20. Snowmobile/ATV
21. Fixed Object
22. NON-COLLISION
23. Overturn
24. Split (2 Wheel Vehicle)
25. Fire
26. Submersion
27. Jackknifing
28. Explosion
29. Other

OTHER ACCIDENT DETAILS

1. Clear
2. Wet
3. Snow/Slush
4. Ice
5. Mud
6. Debris
7. Sand/Dust/Oil
8. Mud
9. Other

SECTION C

THROWN FROM VEHICLE? Yes / No

NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES

ADDRESS / PHONE NO.

DSMV 400 (Rev. 10/04)  
SEE REVERSE SIDE
Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted.

### SECTION D

<table>
<thead>
<tr>
<th><strong>YOUR VEHICLE</strong></th>
<th><strong>OTHER VEHICLE</strong></th>
<th><strong>BIKCYCLIST</strong></th>
<th><strong>PEDESTRIAN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVER LICENSE NO.</td>
<td>STATE</td>
<td>CLASSIFICATION</td>
<td>DRIVER LICENSE NO.</td>
</tr>
<tr>
<td>DRIVER'S NAME</td>
<td>LAST, FIRST, MIDDLE</td>
<td></td>
<td>DRIVER'S NAME</td>
</tr>
<tr>
<td>D.O.B.</td>
<td></td>
<td>SEX</td>
<td>D.O.B.</td>
</tr>
<tr>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
<td>PHONE NO.</td>
<td></td>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
</tr>
<tr>
<td>CITY/TOWN</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td>CITY/TOWN</td>
</tr>
<tr>
<td>PLATE NO.</td>
<td>STATE</td>
<td>TRAILER PLATE NO.</td>
<td>STATE</td>
</tr>
<tr>
<td>SAME AS DRIVER</td>
<td>OWNER NAME</td>
<td>LAST, FIRST, MIDDLE</td>
<td>SAME AS DRIVER</td>
</tr>
<tr>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
<td>PHONE NO.</td>
<td></td>
<td>CURRENT ADDRESS, NUMBER AND STREET</td>
</tr>
<tr>
<td>CITY/TOWN</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td>CITY/TOWN</td>
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<tr>
<td>MAKE</td>
<td>YEAR</td>
<td>COMMERCIAL VEHICLE ACCIDENT</td>
<td>MAKE</td>
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<tr>
<td>V.I.N.</td>
<td></td>
<td></td>
<td>V.I.N.</td>
</tr>
<tr>
<td>VEHICLE</td>
<td>BY</td>
<td>TO</td>
<td>VEHICLE</td>
</tr>
<tr>
<td>TOWED</td>
<td></td>
<td></td>
<td>TOWED</td>
</tr>
<tr>
<td>DESCRIBE DAMAGE TO VEHICLE</td>
<td>DESCRIBE DAMAGE TO VEHICLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*ESTIMATED COST TO REPAIR</td>
<td>*ESTIMATED COST TO REPAIR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION E

<table>
<thead>
<tr>
<th>YOUR INSURANCE CO.</th>
<th>ESTIMATED PROPERTY DAMAGE (OTHER THAN VEHICLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENT</td>
<td>IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S)</td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>POLICY NUMBER</td>
<td>EFFECTIVE DATE</td>
</tr>
</tbody>
</table>

### 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.

**VEHICLE TYPE**

1. Automobile
2. Pick-Up/Light Truck
3. Panel/Panel Van
4. Light Truck
5. Motorcycle
6. Utility Vehicle (4x4)
7. Moped
8. Motor Home
9. Passenger Light Van
10. Motor Home
11. Passenger Light Van
12. Utility Vehicle (4x4)
13. Other/Unknown

**VEHICLE DIRECTION**

1. North
2. South
3. East
4. West
5. Other

**PRE-ACCIDENT ACTION**

1. Avoid Something in Road
2. Wrong Way on a 1-Way
3. Other Action in Road
4. Following Roadway
5. Right Turn on Red
6. Making Right Turn
7. Stopping or Stopping
8. Slowing in Traffic
9. Entering Park Position
10. Entering Park Position
11. Parked Properly
12. Parked Properly
13. Changing Lanes/Merging
14. Overtaking/Passing
15. Parking/Parking
16. Parking/Parking
17. Parking/Impropriety
18. Avoid Something in Road
19. Wrong Way on a 1-Way
20. OTHER Action in Road
21. OTHER Action in Road

*OPERATOR’S SIGNATURE*

DATE OF REPORT

DAY MON YEAR