

<p>TYPE OF ACCIDENT</p> <p>COLLISION WITH:</p> <ol style="list-style-type: none"> 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 	<p>NON-COLLISION</p> <ol style="list-style-type: none"> 10. Fixed Object 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire 14. Submersion 15. Jackknife 16. Explosion 98. Other* 	<p>VEHICLE TYPE</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1. Automobile</td> <td style="width:33%;">9. Moped</td> <td style="width:33%;">13. Other/Unknown</td> </tr> <tr> <td>2. Pick-Up/Light Truck</td> <td>10. Motor Home</td> <td>Light Truck</td> </tr> <tr> <td>3. Panel/Van</td> <td>11. Passenger Light Van</td> <td>97. Motor Carrier</td> </tr> <tr> <td>8. Motorcycle</td> <td>12. Utility Vehicle (4X4)</td> <td>98. Other**</td> </tr> </table>	1. Automobile	9. Moped	13. Other/Unknown	2. Pick-Up/Light Truck	10. Motor Home	Light Truck	3. Panel/Van	11. Passenger Light Van	97. Motor Carrier	8. Motorcycle	12. Utility Vehicle (4X4)	98. Other**	Unit-1 Unit-2	12 13																									
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<p>FIXED OBJECT STRUCK</p> <ol style="list-style-type: none"> 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 98. Other 		<p>VEHICLE DIRECTION</p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">1. North</td> <td style="width:25%;">2. East</td> <td style="width:25%;">3. South</td> <td style="width:25%;">4. West</td> <td style="width:25%;">99. Unknown</td> </tr> </table>		1. North	2. East	3. South	4. West	99. Unknown	U-1 U-2	14 15																															
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<p>LOCATION OF FIRST HARMFUL EVENT</p> <ol style="list-style-type: none"> 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* 		<p>APPARENT PRE-ACCIDENT VEHICLE ACTION (Box 16 and/or 17)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Following Roadway</td> <td style="width:50%;">19. Wrong Way on a 1-Way</td> </tr> <tr> <td>2. Right Turn on Red</td> <td>97. Other Vehicle Action*</td> </tr> <tr> <td>3. Making Right Turn</td> <td>PEDESTRIAN OR BICYCLIST</td> </tr> <tr> <td>4. Making Left Turn</td> <td>(Box 17 Only)</td> </tr> <tr> <td>5. Making U-Turn</td> <td>41. Crossing With Signal</td> </tr> <tr> <td>6. Starting From Parked</td> <td>42. Crossing Against Signal</td> </tr> <tr> <td>7. Starting in Traffic</td> <td>43. Crossing at Crosswalk-No Signal</td> </tr> <tr> <td>8. Slowing or Stopping</td> <td>44. Crossing-No Signal or Crosswalk</td> </tr> <tr> <td>9. Stopped in Traffic</td> <td>45. Walk/Ride With Traffic</td> </tr> <tr> <td>10. Entering Parked Position</td> <td>46. Walk/Ride Against Traffic</td> </tr> <tr> <td>11. Parked Legally</td> <td>47. Emerge from Front/Rear of</td> </tr> <tr> <td>12. Parked and Rolled</td> <td>Parked Vehicle</td> </tr> <tr> <td>13. Changing Lanes/Merging</td> <td>48. Get On/Off School Bus</td> </tr> <tr> <td>14. Overtaking/Passing</td> <td>49. Get On/Off Vehicle</td> </tr> <tr> <td>15. Passing on Right</td> <td>50. Pushing/Working on Vehicle</td> </tr> <tr> <td>16. Backing</td> <td>51. Playing/Jogging</td> </tr> <tr> <td>17. Parked Illegally</td> <td>52. Standing/Walking</td> </tr> <tr> <td>18. Avoid Something in Roadway</td> <td></td> </tr> </table>		1. Following Roadway	19. Wrong Way on a 1-Way	2. Right Turn on Red	97. Other Vehicle Action*	3. Making Right Turn	PEDESTRIAN OR BICYCLIST	4. Making Left Turn	(Box 17 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 or Crosswalk	9. Stopped in Traffic	45. Walk/Ride With Traffic	10. Entering Parked Position	46. Walk/Ride Against Traffic	11. Parked Legally	47. Emerge from Front/Rear of	12. Parked and Rolled	Parked Vehicle	13. Changing Lanes/Merging	48. Get On/Off School Bus	14. Overtaking/Passing	49. Get On/Off Vehicle	15. Passing on Right	50. Pushing/Working on Vehicle	16. Backing	51. Playing/Jogging	17. Parked Illegally	52. Standing/Walking	18. Avoid Something in Roadway		U-1 U-2	16 17
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<p>ROAD CONDITION</p> <ol style="list-style-type: none"> 1. Normal 2. Ruts/Holes/Bumps 3. Worn 4. Low/Soft Shoulders 5. Loose Gravel/Matter 98. Other* 99. Unknown 		<p>VEHICLE OCCUPIED</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Dry</td> <td style="width:50%;">4. Ice</td> <td style="width:50%;">7. Sand/Dust/Oil</td> </tr> <tr> <td>2. Wet</td> <td>5. Muddy</td> <td>98. Other*</td> </tr> <tr> <td>3. Snow/Slush</td> <td>6. Debris</td> <td>99. Unknown</td> </tr> </table>		1. Dry	4. Ice	7. Sand/Dust/Oil	2. Wet	5. Muddy	98. Other*	3. Snow/Slush	6. Debris	99. Unknown	<p>*EXPLAIN IN GIST OF ACCIDENT</p>																												
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NEW HAMPSHIRE TRAFFIC ACCIDENTS

IMMEDIATE RESPONSE TELEPHONE NUMBERS

FATAL ACCIDENTS – Division of Enforcement – Fatal Traffic Accident Analyst – 271-2554
(After hours – Relay message via State Police Communications)

HAZARDOUS MATERIALS INVOLVEMENT – Division of Enforcement – Hazardous Material Unit
– 1-800-346-4009 (24 hours)

SCHOOL BUS INVOLVEMENT – Division of Enforcement – School Bus Unit – 271-3349
(After hours – Relay message via State Police Communications)

OTHER MOTOR CARRIER INVOLVEMENT – Division of Enforcement – Motor Carrier Safety Unit – 271-3339
(After hours – Relay message via State Police Communications)

GENERAL INFORMATION TELEPHONE NUMBERS


Division of State Police	– Communications	– 271-3636 (24 hours)
Division of State Police	– Field Operations Bureau	– 271-3794
Division of Motor Vehicles	– Registration Section	– 271-2275
Division of Motor Vehicles	– Driver License Section	– 271-2371
Division of Motor Vehicles	– Commercial Driver License Section	– 271-2490
Division of Motor Vehicles	– Pupil Transportation Section	– 271-2485
Division of Motor Vehicles	– Accident Section	– 271-3106
Department of Transportation	– Communications Section	– 485-3851 (24 hours)
Department of Transportation	– Maps & Local Information	– 271-3731

LOCAL EMERGENCY NUMBERS

Emergency Response Units _____

Fire Emergency Response _____

Wrecker/Towing Services _____

LOCAL USE	STATE OF NEW HAMPSHIRE MOTOR CARRIER ACCIDENT REPORT				M.V. USE ONLY
Please Print or Type					No. Date Rec'd
DATE OF ACCIDENT	DAY OF WEEK	TIME OF ACCIDENT (Military)	CITY/TOWN	Amended Report <input type="checkbox"/>	
				COUNTY	

WHEN TO USE THIS FORM: Answers to questions below determines use

Did this accident involve -

- | | | |
|--|------------------------------|-----------------------------|
| 1. truck with at least 2 axles, 6 tires or placardable amounts of haz. mat. cargo? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. bus with seats for more than 15 people, including driver? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| STOP - If response to both questions is "No", do not fill out this form. | | |
| 3. person(s) fatally injured? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. injured person(s) taken away for medical attention? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. vehicle(s) towed from scene? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| STOP - If response is "Yes" to 3, 4 or 5: fill out form. | | |

B-1. Carrier's Identification Numbers

US DOT <input style="width:100px;" type="text"/>	ICC MC <input style="width:100px;" type="text"/>
STATE NAME <input style="width:100px;" type="text"/>	State Number <input style="width:100px;" type="text"/>

B-2. Carrier's Name

Source: (1) Vehicle Side
 (2) Shipping Papers
 (3) Driver

B-3. Carrier's Address

Street or P.O. Box City State Zip Code

J. Gross Vehicle Weight Rating

lbs.

K. Axles on Vehicle (including trailers)

O. Sequence of Events (for this vehicle)

- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | Ran off road |
| 1 | 2 | 3 | 4 | Jackknife |
| 1 | 2 | 3 | 4 | Overtum |
| 1 | 2 | 3 | 4 | Downhill runaway |
| 1 | 2 | 3 | 4 | Cargo loss or shift |
| 1 | 2 | 3 | 4 | Explosion or fire |
| 1 | 2 | 3 | 4 | Separation of units |
| 1 | 2 | 3 | 4 | Collision involving pedestrian |
| 1 | 2 | 3 | 4 | Collision involving motor vehicle in transport |
| 1 | 2 | 3 | 4 | Collision involving parked motor vehicle |
| 1 | 2 | 3 | 4 | Collision involving train |
| 1 | 2 | 3 | 4 | Collision involving pedalcycle |
| 1 | 2 | 3 | 4 | Collision involving animal |
| 1 | 2 | 3 | 4 | Collision involving fixed object |
| 1 | 2 | 3 | 4 | Collision involving other object |
| 1 | 2 | 3 | 4 | Other <input style="width:100px;" type="text"/> |

L. HAZARDOUS MATERIALS INVOLVEMENT

(1) Yes (2) No

L-1. Did vehicle have Haz. Mat. placard?

(1) Yes (2) No

L-2. From placard indicate:

4-digit placard number/name from diamond box: <input style="width:100px;" type="text"/>	1-digit number from bottom of diamond: <input style="width:100px;" type="text"/>
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L-3. Was HAZARDOUS CARGO from vehicle released? (don't count fuel from fuel tank)

(1) Yes (2) No

L-4. NOTIFICATION:

M. Vehicle Configuration

- (1) Any four tire vehicle
- (2) Bus
- (3) 1-unit truck: 2 axle, 6 tires
- (4) 1-unit truck: 3 or more axles
- (5) Truck / trailer
- (6) Truck / tractor (Bobtail)
- (7) Tractor / semi-trailer
- (8) Tractor / doubles
- (9) Tractor / triples
- (10) Other

N. Cargo Body Type

- (1) Bus
- (2) Van / enclosed box
- (3) Cargo tank
- (4) Flatbed
- (5) Dump
- (6) Concrete mixer
- (7) Auto transporter
- (8) Garbage / refuse
- (9) Other

P. Type of Roadway

- (1) 2-way Trafficway with no Physical Separation
- (2) 2-way Trafficway with a Physical Separation
- (3) 2-way Trafficway with a Physical Barrier
- (4) 1-way Trafficway

Q. Access Control

- (1) No Control of Access
- (2) Full Control of Access
- (3) Other

SIGNATURE OF INVESTIGATING OFFICER

DATE OF REPORT


REVIEWED BY

DEPARTMENT / DIVISION / TROOP

PHOTOS TAKEN

YES
NO

BY

<p>LOCAL USE</p>	<p>STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION</p> 			<p>M.V. USE ONLY</p>
<p>Please Print or Type</p>				<p>Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/></p>
<p>DATE OF ACCIDENT</p>	<p>DAY OF WEEK</p>	<p>TIME } OF ACCIDENT (Military) }</p>	<p>CITY / TOWN</p>	