TYPE OF ACCIDENT

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
18. Pedal Cycle/Moped
19. Snowmobile/OHRV
10. Fixed Object
NON-COLLISION
11. Overturn
12. Spill (2 Wheel Vehicle)
13. Fire
14. Submersion
15. Jackknife
16. Explosion
98. Other *

FIXED OBJECT STRUCK

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

LOCATION OF FIRST HARMFUL EVENT

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 *

TRAFFIC CONTROLS

1. None
2. Traffic Signals
3. Stop Sign
4. Yield Sign
5. Lane Control
6. Visible Road Markings
7. Officer/Flagman/School Patrol
8. RR Crossing-Flasher-Gate-Sign
9. No Passing Zone
98. Other *

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 *

ADDITIONAL ROADWAY FEATURES

1. Roadway Under Construction
2. Roadway Under Maintenance
3. RR Crossing
4. None of the Above

ROAD ALIGNMENT

1. Straight and Level
2. Straight and On Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest
98. Other *
99. Unknown

ROAD CONDITION

1. Normal
2. Ruts/Holes/Bumps
3. Worn
4. Low/Soft Shoulders
5. Loose Gravel/Matter
98. Other *
99. Unknown

SURFACE CONDITION

1. Dry
2. Wet
3. Snow/Slush
4. Ice
5. Muddy
6. Debris
7. Sand/Dust/Oil
98. Other *
99. Unknown

LIGHT

1. Daylight
2. Dawn
3. Dusk
4. Dark-Street Light On
5. Dark-Street Light Off
6. Dark-No Street Light
98. Other *
99. Unknown

*EXPLAIN IN GIST OF ACCIDENT

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

VEHICLE TYPE

1. Automobile
2. Pick-Up/Light Truck
3. Panel/Van
8. Motorcycle
9. Moped
10. Motor Home
11. Passenger Light Van
12. Utility Vehicle (4X4)
13. Other/Unknown Light Truck
97. Motor Carrier
98. Other * *

Unit-1 12
Unit-2 13

VEHICLE DIRECTION

1. North   2. East   3. South   4. West   99. Unknown

U-1 14
U-2 15

APPARENT PRE-ACCIDENT VEHICLE ACTION
(Box 16 and/or 17)

1. Following Roadway
2. Right Turn on Red
3. Making Right Turn
4. Making Left Turn
5. Making U-Turn
6. Starting From Parked
7. Starting in Traffic
8. Slowing or Stopping
9. Stopped in Traffic
10. Entering Parked Position
11. Parked Legally
12. Parked and Rolled
13. Changing Lanes/Merging
14. Overtaking/Passing
15. Passing on Right
16. Backing
17. Parked Illegally
18. Avoid Something in Roadway

19. Wrong Way on a 1-Way
97. Other Vehicle Action *
PEDESTRIAN OR BICYCLIST
(Box 17 Only)
41. Crossing With Signal
42. Crossing Against Signal
43. Crossing at Crosswalk-No Signal
44. Crossing-No Signal or Crosswalk
45. Walk/Ride With Traffic
46. Walk/Ride Against Traffic
47. Emerge from Front/Rear of Parked Vehicle
48. Get On/Off School Bus
49. Get On/Off Vehicle
50. Pushing/Working on Vehicle
51. Playing/Jogging
52. Standing/Walking

U-1 16
U-2 17

APPARENT CONTRIBUTING FACTORS

1. Failure to Yield R-O-W
2. Illegal/Unsafe Speed
3. Following Too Close
4. Disregard Traffic Control Device
5. Centerline Encroachment
6. Improper Passing/Overtaking
7. Improper/Unsafe Lane Use
8. Improper Park/Start/Stop
9. Improper Turn
10. Unsafe Backing
11. No/Improper Signal
12. Impeding Traffic
13. Skidding
14. Driver Inattention/Distraction
15. Driver Inexperience
16. Pedestrian Violation/Error
17. Defective Equipment
18. Vision Obscurement
19. Physical Impairment
20. No Improper Driving
98. Other *
99. Unknown

U-1 18
U-2 19

APPARENT PHYSICAL CONDITION

1. Under the Influence
2. Had Been Drinking
3. Had Been Using Illegal Drugs
4. Taking Medication
5. Fatigue
6. Illness
7. Emotionally Upset
8. Asleep
9. Apparently Normal
98. Other *

U-1 20
U-2 21

VISION OBSCUREMENT

1. Ice/Snow Etc. on Windows/Glass
2. Own Vehicle Load
3. Other Unit in Blind Spot
4. Blowing Sand/Snow/Rain
5. Trees/Vegetation
6. Building
7. Snowbank/Embankment
8. Hillcrest
9. Traffic/Sign/Billboard
10. Glare: Sunlight/Lights/Snow
11. Fog/Smoke/Exhaust
12. Other Vehicle
13. People
14. No Apparent Obscurement
98. Other Defect

U-1 22
U-2 23

VEHICLE DEFECTS

1. Accelerator Defective
2. Brakes Defective
3. Front/Rear Lighting Defective
4. Steering Defective
5. Tires Defective/Failure
6. Tow Hitch Defective
7. Vehicle Modification
8. Inadequate Windows/Glass
9. Oversize/Overweight
10. No Apparent Defect
98. Other Defect

U-1 24
U-2 25

OCCUPANT'S/INJURED'S POSITION

30

VEHICLE

```
    1  2  3
8  4  5  6  8
    7
    8
```

1. Driver
2-7. Passengers
8. Ride/Hang on Vehicle

MOTORCYCLE/BIKE/SNOWMOBILE

```
  9
 10  11
```

9. Driver (2/3 Wheeled Vehicle)
10. Passengers (2/3 Wheeled Vehicle)
11. Sidecar/Sled/Hang on Vehicle
99. Unknown

OCCUPANT/INJURED EJECTED

31

1. Not Ejected
2. Partially Ejected
3. Ejected
4. Trapped
99. Unknown

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

32

1. Head
2. Neck
3. Chest
4. Arm(s)
5. Trunk/Torso
6. Leg(s)
7. Multiple
8. None
99. Unknown

VEHICLE OCCUPIED

26

Enter Unit (Vehicle)
or
B. Bicyclist
P. Pedestrian
F. Fell From Moving Vehicle
O. Other *
W. Witness

SAFETY EQUIPMENT USAGE BY OCCUPANT/INJURED PERSON

28

1. Child Restraint
2. Restraint Devices Not Installed
3. Restraint Installed-Not Used
4. Restraint Installed-Used
5. Helmet Not Used
6. Helmet Used
7. Clothing Dark
8. Clothing-Light/Reflective
9. Air-Bag Deployed
10. Air-Bag and Seat Restraint Used

OCCUPANT CONDITION

27

K. Killed
A. Incapacitating
B. Non-Incapacitating
C. Possible
U. Unknown
N. No Apparent Injury

29
AGE

SEX 33

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 UNIFORM POLICE TRAFFIC ACCIDENT REPORT DSMV159 (Rev.10/95)	M.V. USE ONLY

No.
Date Rec'd

Amended Report ☐	Hit and Run ☐		NR ☐	Supplemental Report ☐	Motor Carrier Report ☐

DATE OF ACCIDENT	DAY OF WEEK	TIME OF ACCIDENT (Military)	CITY/TOWN

TOTAL KILLED ☐	TOTAL INJURED ☐	TOTAL VEHICLES ☐	POLICE NOTIFIED	POLICE ARRIVED	AMBULANCE ARRIVED	DEPARTMENT

ACCIDENT OCCURRED ON:

_____ ☐ MILES N ☐ E ☐ OF INTERSECTING ROAD, BRIDGE, TOWN LINE (not telephone pole, house) POSTED SPEED

☐ FEET S ☐ W ☐

☐ AT INTERSECTION WITH

ROUTE NO. AND/OR STREET NAME _____ ROUTE NO. AND/OR STREET NAME _____

Complete first node for accidents **at node**, complete both for accidents **between nodes**.

FIRST NODE	DISTANCE FROM FIRST NODE TOWARD SECOND	SECOND NODE	MILE-MARKER ON INTERSTATE ONLY	MILE

10 / _____ FEET _____ 10 / _____ FEET
MAP ZONE NODE SUF   MAP ZONE NODE SUF   N ☐ E ☐ S ☐ W ☐

UNIT NO.: INFORMATION	UNIT NO.: INFORMATION

| BICYCLE ☐ SUMMONED ☐ ARRESTED ☐ M.V.R. YES | BICYCLE ☐ SUMMONED ☐ ARRESTED ☐ M.V.R. YES |
| PEDESTRIAN ☐ CHARGE: RECOM ☐ | PEDESTRIAN ☐ CHARGE: RECOM ☐ |

DRIVER LICENSE NO. STATE CLASSIFICATION	DRIVER LICENSE NO. STATE CLASSIFICATION

DRIVER'S NAME LAST, FIRST, MIDDLE	DRIVER'S NAME LAST, FIRST, MIDDLE

D.O.B. SEX RESTRICTIONS / ENDORSEMENTS COMPLIED WITH YES ☐	D.O.B. SEX RESTRICTIONS / ENDORSEMENTS COMPLIED WITH YES ☐

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 NUMBER	PLATE TYPE	STATE	TRAILER PLATE	STATE	PLATE NUMBER	PLATE TYPE	STATE	TRAILER PLATE	STATE

MAKE YEAR COMMERCIAL VEHICLE ACCIDENT ☐ HAZARDOUS MATERIALS ☐	MAKE YEAR COMMERCIAL VEHICLE ACCIDENT ☐ HAZARDOUS MATERIALS ☐

V.I.N.	V.I.N.

SAME AS DRIVER ☐ OWNER NAME LAST, FIRST MIDDLE	SAME AS DRIVER ☐ 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

INSURANCE CO. & POLICY # OR DSMV 385 ISSUED ☐	INSURANCE CO. & POLICY # OR DSMV 385 ISSUED ☐

VEHICLE TOWED ☐ BY: TO:	VEHICLE TOWED ☐ BY: TO:

REF.	26	27	28	29	NAME(S) OF OCCUPANTS OR WITNESSES ADDRESS / PHONE	30	31	32	33
1									
2									
3									
4									
5									
6									

UNIT NO: _____

☐ INDICATE PROBABLE POINT OF IMPACT

1 | 2 | 3 | 4 | 5 | 6

13 Front 14 Rear 15

12 | 11 | 10 | 9 | 8 | 7

16. Undercarriage
17. Rollover
18. Fire/Explosion
19. Total

Circle numbers indicating areas damaged

Rear	Passing	Lt. Turn	Intersection
→▷ →▷ 1	→↗ 2	→↙ 3	↓↙ 4
Rt. Turn	Rt. Turn	Head-On	Sideswipe
→↗ 5	↗↗ 6	→◁ ▷← 7	→↙ 8

Indicate Vehicle Numbers on Arrows Above

UNIT NO: _____

☐ INDICATE PROBABLE POINT OF IMPACT

1 | 2 | 3 | 4 | 5 | 6

13 Front 14 Rear 15

12 | 11 | 10 | 9 | 8 | 7

16. Undercarriage
17. Rollover
18. Fire/Explosion
19. Total

Circle numbers indicating areas damaged

ACCIDENT SKETCH

Indicate North

◯

By Arrow

GIST OF ACCIDENT

SIGNATURE OF INVESTIGATING OFFICER	DATE OF REPORT	REVIEWED BY

DEPARTMENT / DIVISION / TROOP	PHOTOS TAKEN
	YES ☐ NO ☐ BY: _____

LOCAL USE	# STATE OF NEW HAMPSHIRE # MOTOR CARRIER # ACCIDENT REPORT		M.V. USE ONLY
Please Print or Type			No. Date Rec'd Amended Report ☐

DATE OF ACCIDENT	DAY OF WEEK	TIME OF ACCIDENT (Military)	CITY/TOWN	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 ☐   No ☐
2. bus with seats for more than 15 people, including driver?   Yes ☐   No ☐
   STOP - If response to both questions is "No", do not fill out this form.

3. person(s) fatally injured?   Yes ☐   No ☐
4. injured person(s) taken away for medical attention?   Yes ☐   No ☐
5. vehicle(s) towed from scene?   Yes ☐   No ☐
   STOP - If response is "Yes" to 3, 4 or 5: fill out form.

B-1. Carrier's Identification Numbers

US DOT | | | | | | | ICC MC | | | | | | |

STATE NAME | | | State Number _____

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)

_____

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:	1-digit number from bottom of diamond:
_____	_____

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

O. Sequence of Events (for this vehicle)
1 2 3 4   Ran off road
1 2 3 4   Jackknife
1 2 3 4   Overturn
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 _____

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 _____	

DSMV 161 (Rev.04/96)

LOCAL USE	STATE OF NEW HAMPSHIRE		M.V. USE ONLY	
	TRAFFIC ACCIDENT REPORT			
	SUPPLEMENTAL INFORMATION			
Please Print or Type			Amended Report ☐	Hit and Run ☐

DATE OF ACCIDENT	DAY OF WEEK	TIME (Military) } OF ACCIDENT	CITY / TOWN