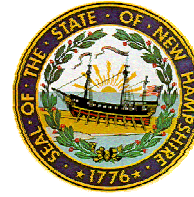


Case Number

STATE OF NEW HAMPSHIRE UNIFORM POLICE TRAFFIC CRASH REPORT



- Non-Reportable
- Hit & Run

DSMV 159 (Rev. 11/07)

Crash Date	Crash Time (24:00)	City or Town Name
------------	--------------------	-------------------

Police Notified Date:	Police Arrived Date:	Reporting Agency Name (Department/ ORI)
Time:	Time:	

Collision Occurred:	<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> At Intersection <input type="checkbox"/> At Address	Intersecting Road, Bridge, Town Line (Not Telephone Pole, House) _____ OF _____	Mile Marker (Where Available) _____ Feet N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	MILE
Route # And/Or Street Name		Route # And/Or Street Name		

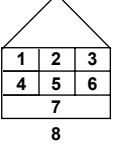
1st Node	Dist. From 1st Node Toward 2nd Node	2nd Node	OR	Latitude:	Posted Speed
_____	_____ <input type="checkbox"/> Miles _____ <input type="checkbox"/> Feet	_____		_____	<input type="checkbox"/> Unk <input type="checkbox"/> N/A
				Longitude:	

Unit No: _____ **Information**

Unit No: _____ **Information**

<input type="checkbox"/> Non-Motorist RSA: _____ <input type="checkbox"/> Summoned <input type="checkbox"/> Arrested <input type="checkbox"/> M.V.R. Recom	<input type="checkbox"/> Non-Motorist RSA: _____ <input type="checkbox"/> Summoned <input type="checkbox"/> Arrested <input type="checkbox"/> M.V.R. Recom	
(Operator) Last Name First M.I. DOB	(Operator) Last Name First M.I. DOB	
Address (# Street Name) City/Town	Address (# Street Name) City/Town	
State Zip Primary Phone Secondary Phone	State Zip Primary Phone Secondary Phone	
Driver's License # State Class	Driver's License # State Class	
Same as Operator (Owner) Last Name First M.I.	Same as Operator (Owner) Last Name First M.I.	
Address (# Street Name) City/Town	Address (# Street Name) City/Town	
State Zip Primary Phone Secondary Phone	State Zip Primary Phone Secondary Phone	
Insurance Company Name <input type="checkbox"/> No Ins. Insurance Policy Number <input type="checkbox"/> DSMV 385	Insurance Company Name <input type="checkbox"/> No Ins. Insurance Policy Number <input type="checkbox"/> DSMV 385	
Hit And Run <input type="checkbox"/> Y, Driver and/or Car left Scene <input type="checkbox"/> N <input type="checkbox"/> Unknown	Hit And Run <input type="checkbox"/> Y, Driver and/or Car left Scene <input type="checkbox"/> N <input type="checkbox"/> Unknown	
Veh Plate # Plate Type State Trailer Plate # State	Veh Plate # Plate Type State Trailer Plate # State	
Make Year Model Haz Mat Placard? <input type="checkbox"/> Y <input type="checkbox"/> N	Make Year Model Haz Mat Placard? <input type="checkbox"/> Y <input type="checkbox"/> N	
VIN	VIN	
Veh Travel Direction <input type="checkbox"/> NB <input type="checkbox"/> SB <input type="checkbox"/> WB <input type="checkbox"/> EB <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	Veh Travel Direction <input type="checkbox"/> NB <input type="checkbox"/> SB <input type="checkbox"/> WB <input type="checkbox"/> EB <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
Vehicle Towed? <input type="checkbox"/> Y <input type="checkbox"/> N Towing Co. Name Towed To	Vehicle Towed? <input type="checkbox"/> Y <input type="checkbox"/> N Towing Co. Name Towed To	
Officer Name (Print)	Date of Report	Reviewed By:

Unit ID Unit #	Person Type			Sex M Male F Female 99 Unk
	1 Driver 2 Passenger 3 Pedestrian	4 Bicyclist 5 Other Cyclist 6 Witness	7 Other Ped. (Wheelchair, Person in Building, Skater, 9 Occ. of a Non-Motor Veh Transportation Device) Ped. Conveyance, etc.) 8 Occ. of Motor Veh. Not in Transport (Parked, etc.) 99 Unknown	

Seat Position	Air Bag Deployed	Ejected	Protection System	Injury	Transport	
 <p>1 Driver 2 - 7 Pass 8 Ride/Hang on Vehicle</p>	<p>9 Driver (2/3 Wheeled Veh) 10 Pass (2/3 Wheeled Veh) 11 Sidecar/Sled/ Hang on Veh 99 Unk</p>	<p>1 No 2 Partially 3 Totally 33 N/A 99 Unk</p>	<p>1 Shoulder & Lap 2 None Used 3 Shoulder Only 4 Lap Only 5 Type Unknown 6 Child Frwd Facing</p>	<p>7 Child - Rear Facing 8 Booster Seat 9 Child - Unk 10 Helmet Used (DOT) 11 No Helmet 12 Other 33 N/A</p>	<p>1 No Injury 2 Complains of Pain 3 Non-Incapacitating 4 Incapacitating 5 Fatal 99 Unknown</p>	<p>1 Not Transported 2 EMS Ground 3 EMS Air 4 Law Enforcement 5 Other 99 Unknown</p>

Unit ID	Name: Occupants - Witnesses - Pedestrians - Bicyclists	Pers Type	Sex	Seat Pos.	Air Bag	Eject	Prot. Sys.	Injury	Trans	EMS/Medical Facility
	DOB									EMS
	Address (# Street Name)	Phone								Med Fac
	DOB									EMS
	Address (# Street Name)	Phone								Med Fac
	DOB									EMS
	Address (# Street Name)	Phone								Med Fac
	DOB									EMS
	Address (# Street Name)	Phone								Med Fac
	DOB									EMS
	Address (# Street Name)	Phone								Med Fac

Non-Vehicle Property Damage State Property City/Town Property Private Property

Owner _____ Address _____

Primary Phone _____ Secondary Phone _____ Damage Description _____

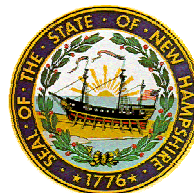
Non-Vehicle Property Damage State Property City/Town Property Private Property

Owner _____ Address _____

Primary Phone _____ Secondary Phone _____ Damage Description _____

Case Number

**STATE OF NEW HAMPSHIRE
UNIFORM POLICE
SUPPLIMENTAL TRAFFIC CRASH REPORT**



DSMV 159 (Rev. 11/07)

Non-Reportable

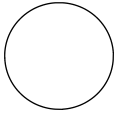
Hit & Run

Sample

Diagram

Crash Sketch

Indicate North



By Arrow

Gist

Sample

STATE OF NEW HAMPSHIRE UNIFORM POLICE TRAFFIC CRASH REPORT CODING GUIDE

Vehicle # _____

Vehicle # _____

1st			Driver Distracted		
		1 Not Distracted 2 Electronic Communication Devices 3 Other Electronic Devices	4 Other Inside the Vehicle 5 Other Outside the Vehicle		99 Unknown

1st			Driver Actions at Time of Crash (Choose at Least One)		
2nd		1 No Improper Driving 2 Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 3 Failed to Yield Right-of-Way 4 Disregarded Traffic Sign 5 Ran Red Light 6 Disregarded Other Road Markings 7 Exceeded Posted Speed Limit 8 Drove Too Fast for Conditions 9 Improper Turn 10 Improper Backing 11 Improper Passing	12 Improper Stopping 13 Wrong Side or Wrong Way 14 Followed Too Closely 15 Failed to Keep in Proper Lane 16 Operated Motor Vehicle in Erratic, Reckless, Careless, Negligent or Aggressive Manner 17 Ran Off Road 18 Over-Correcting/ Over-Steering 19 Other Improper Action 99 Unknown		1st 2nd

Yes No **Does this Vehicle have Seats to Transport 9 or more people including the Driver's Seat?** Yes No

1st			Non-Motorist Actions/Circumstances at Time of the Crash (Choose at Least One)		
2nd		1 Walking/ Cycling to/ from School 2 Cycling 3 Crossing Roadway 4 Waiting to Cross Roadway 5 Dart/Dash into Roadway 6 Walking/ Cycling along Roadway with Traffic (In/ Adjacent to Travel Lane) 7 Walking/ Cycling along Roadway against Traffic (In/ Adjacent to Travel Lane) 8 Walking/ Cycling on Sidewalk 9 In Roadway Improperly (Standing, Lying, Working, Playing)	10 Disabled Vehicle Related (Working on, Pushing, Leaving/ Approaching) 11 Failure to Yield Right-of-Way 12 Failure to Obey Traffic Signs, Signals, or Officer 13 Inattentive (Talking, Eating, etc.) 14 Not Visible (Dark Clothing, No Lighting, etc.) 15 Improper Turn/ Merge 16 Improper Passing 17 Wrong-way Riding 18 Other 99 Unknown		1st 2nd

1st			Non-Motorist Safety Equipment (Choose at least one)		
2nd		1 None 2 Helmet 3 Protective Pads Used (Elbows, Knees, Shins, etc.) 4 Reflective Clothing (Jacket, Backpack, etc.)	5 Lighting 6 Other 7 N/A 99 Unknown		1st 2nd

			Non-Motorist Location at Time of Crash		
		1 Marked Crosswalk - Intersection 2 Unmarked Crosswalk - Intersection 3 Marked Crosswalk - Mid-block 4 In Roadway - Intersection (Not at Crosswalk) 5 In Roadway - Mid-block (Not at Crosswalk) 6 Sidewalk 7 Driveway Crossing	8 Median or Island 9 Paved Shoulder 10 Unpaved Shoulder/ Roadside 11 Bicycle Lane 12 Shared-Use Path or Trails 13 Non-Roadway Area (Parking Lot, Driveway, etc.) 14 Other 99 Unknown		1st

STATE OF NEW HAMPSHIRE UNIFORM POLICE TRAFFIC CRASH REPORT CODING GUIDE

Vehicle #

Vehicle #

Initial Impact Area

- Clock Diagram
Or
13 Top (Roof)
14 Undercarriage
15 Non-Collision
99 Unknown

Initial Impact Area

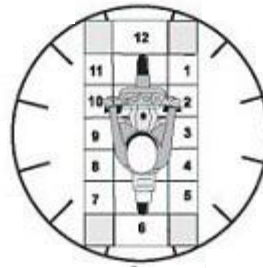
- Clock Diagram
Or
13 Top (Roof)
14 Undercarriage
15 Non-Collision
99 Unknown

Most Damaged Area

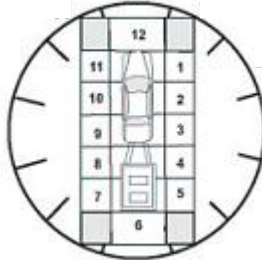
Most Damaged Area



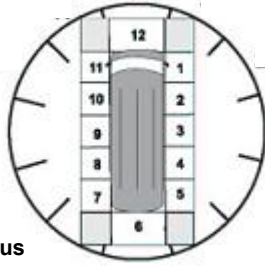
Passenger Car



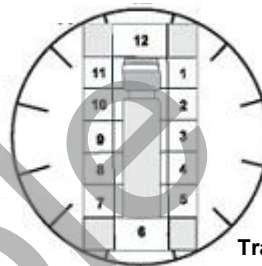
Motorcycle



**Passenger Car
W/Trailer**



Bus



Tractor Trailer

Vehicle Removal

- 1 Towed due to Vehicle Damage 2 Towed due to reasons other than Vehicle Damage 3 Remained at Scene 4 Driven from Scene

Special Function Vehicle

- 1 No Special Function 2 Taxi 3 Vehicle Used as School Bus 4 Vehicle Used as Other Bus 5 Military 6 Police 7 Ambulance 8 Fire Truck 99 Unknown

Condition at time of Crash

- 1 Apparently Normal 2 Physically Impaired 3 Emotional (Depressed, Angry, Disturbed, etc.) 4 Illness 5 Fatigued 6 Asleep 7 Under the Influence 8 Taking Medication 9 Had Been Drinking 10 Had Been Using Illegal Drugs

Alcohol and/or Drug Testing

Driver Vehicle #		Chemical Test	Driver Vehicle #		Alcohol Test Result	
Alcohol	Drug		Alcohol	Drug	Value	
<input type="checkbox"/>	<input type="checkbox"/>	Test Not Given	<input type="checkbox"/>	<input type="checkbox"/>	Value	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Test Refused	<input type="checkbox"/>	<input type="checkbox"/>	Pending	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blood	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Urine	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Breath	<input type="checkbox"/>	<input type="checkbox"/>		
Driver Vehicle #		Drug Test Result	Driver Vehicle #			
<input type="checkbox"/>	<input type="checkbox"/>		Positive	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		Negative	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Pending	<input type="checkbox"/>	<input type="checkbox"/>		

Vehicle #

Vehicle #

Unit Types

- 1 Passenger Car, 2 (Sport) Utility Vehicle, 3 Passenger Van, 4 Cargo Van (10K lbs [4,536 kg] or Less), 5 Pickup, 6 ATV, 7 Motor Home, 8 School Bus, 9 Transit Bus, 10 Motor Coach, 11 Other Bus, 12 Motorized Skateboard, 13 Motorcycle, 14 Moped, 15 Low Speed Vehicle (>20 <25 mph), 16 Other Light Trucks (10K lbs [4,536 kg] or Less), 17 Medium/ Heavy Trucks (More than 10K lbs [4,536 kg]), 18 Pedestrian, 19 Bicyclist, 20 Witness, 21 Pocket Bike, 22 Other

Vehicle Action Prior to Crash

- 1 Movements Essentially Straight Ahead, 2 Backing, 3 Changing Lanes, 4 Overtaking/ Passing, 5 Turning Right, 6 Turning Left, 7 Making U-Turn, 8 Leaving Traffic Lane, 9 Entering Traffic Lane, 10 Slowing, 11 Negotiating a Curve, 12 Parked, 13 Stopped in Traffic, 14 Other, 99 Unknown

Non-Collision:

- 1 Overturn/ Rollover, 2 Fire/ Explosion, 3 Immersion, 4 Jackknife, 5 Cargo/ Equip. Loss or Shift, 6 Fell/ Jumped from Motor Veh., 7 Thrown or Falling Object, 8 Other Non-Collision

Collision with Person, Motor Veh, or Non-Fixed Object:

- 9 Pedestrian, 10 Pedalcycle, 11 Railway Vehicle (Train, Engine), 12 Animal (Deer), 13 Animal (Moose), 14 Animal (Turkey), 15 Animal (Black Bear), 16 Animal (Other), 17 Motor Vehicle in Transport, 18 Work Zone/ Maintenance Equip., 19 Other Non-Fixed Object

Collision with Fixed Object:

- 20 Impact Attenuator/ Crash Cushion, 21 Bridge Overhead Structure, 22 Bridge Pier or Support, 23 Bridge Rail, 24 Culvert, 25 Curb, 26 Ditch, 27 Embankment, 28 Guardrail Face, 29 Guardrail End, 30 Concrete Traffic Barrier, 31 Other Traffic Barrier, 32 Tree (Standing), 33 Equip. Fail. (Blown Tire, Brake Fail.), 34 Utility Pole(Elec/Tele)/ Light Support, 35 Highway Lighting/ Light Standard, 36 Traffic Sign/ Support, 37 Traffic Signal/ Support, 38 Separation of Units, 39 Other Post, Pole, or Support, 40 Fence, 41 Mailbox, 42 Other Fixed Obj. (Wall, Tunnel, etc.)

99 Unknown

1st, 2nd, 3rd, 4th boxes for event sequence

(Choose at least one)

Sequence of Events (Select from the above List)

(Choose at least one)

1st, 2nd, 3rd, 4th boxes for event sequence

First Harmful Event (Select from the above List)

Most Harmful Event (Select from the above List)

Extent of Damage

- 1 No Damage Observed, 2 Minor Damage (Cosmetic), 3 Functional Damage (Moderate), 4 Disabling Damage, 99 Unknown

Type of Roadway

- 1 Two-Way, Not Divided (No Median or Barrier)
2 Two-Way, Not Divided With a Continuous Left Turn Lane
3 Two-Way, Divided, Unobstructed Median
4 Two-Way, Divided, Obstructed Median
5 One-Way Trafficway
6 Driveway or Access Way
7 Parking Lot
99 Unknown

Road Surface Condition (Prevailing)

- 1 Dry 5 Ice/ Frost 9 Oil
2 Wet 6 Water (Standing, Moving) 10 Other
3 Snow 7 Sand 99 Unknown
4 Slush 8 Mud, Dirt, Gravel

Light Condition (Prevailing)

- 1 Daylight 5 Dark - Not Lighted
2 Dawn 6 Dark - Unknown Lighting
3 Dusk 7 Other
4 Dark - Lighted 99 Unknown

Weather Condition (Prevailing)

- 1 Clear 6 Snow
2 Cloudy 7 Blowing Snow
3 Fog, Smog, Smoke 8 Severe Crosswinds
4 Rain 9 Blowing Sand, Soil, Dirt
5 Sleet, Hail 10 Other
(Freezing Rain or 99 Unknown
Drizzle)

Manner of Impact

- 1 Not a Collision Between Two Motor Vehicles in Operation
2 Rear End (Front-to-Rear)
3 Head-On (Front-to-Front)
4 Angle
5 Sideswipe, Same Direction
6 Sideswipe, Opposite Direction
7 Rear-to-Side
8 Rear-to-Rear
9 Other
99 Unknown

Type of Intersection

- 1 Not at Intersection 5 Traffic Circle
2 Four-Way Intersection 6 Roundabout
3 T-Intersection 7 Five-Point, or More
4 Y-Intersection 99 Unknown

Location of 1st Harmful Event

- 1 On Roadway 7 In Parking Lane or Zone
2 Shoulder 8 Off Roadway, Location Unknown
3 Median 9 Outside Right-of-Way (Trafficway)
4 Roadside 99 Unknown
5 Gore
6 Separator

School Bus Related Crash?

(Directly Involved Indicates Contact was Made)

- Yes, Directly Involved No
Yes, Indirectly Involved

Traffic Controls

- 1 No Controls 8 Warning Sign
2 Person 9 Railway Crossing Device
3 Traffic Control Signal 10 No Passing Zone
4 Flashing Traffic Control Sig. 11 Lane Control
5 School Zone Sign/ Device 12 Other
6 Stop Sign 99 Unknown
7 Yield Sign

Traffic Controls Working Properly?

- Yes No N/A

Was the Crash in or near Construction, Maintenance or Utility Workzone?

- Yes No If Yes, then answer below:

Location of the Crash:

- 1 Before the First Work Zone Warning Sign 3 Transition Area
2 Advance Warning Area 4 Activity Area
5 Termination Area

Type of Work Zone:

- 1 Lane Closure 3 Work on Shoulder or Median
2 Lane Shift/Crossover 4 Intermittent or Moving Work
5 Other

Construction Workers Present?

- Yes, with Law Enforcement
Yes, without Law Enforcement No

Contributing Circumstances Environment

- (Choose at least one)
1 None
2 Weather Conditions
3 Physical Obstructions
4 Glare
5 Animal(s) in Roadway
6 Other
99 Unknown

1st

2nd

3rd

Contributing Circumstances Road

- (Choose at least one)
1 None
2 Road Surface Condition (Wet, Icy, Snow, Slush, etc.)
3 Debris
4 Rut, Holes, Bumps
5 Work Zones (Construction/ Maintenance/ Utility)
6 Worn, Travel-Polished Surface
7 Obstruction in Roadway
8 Traffic Control Device Inoperative, Missing or Obscured
9 Shoulders (None, Low, Soft, High)
10 Non-Highway Work
11 Other
99 Unknown

1st

2nd

3rd

Horizontal Alignment:

- 1 Straight 2 Curve

Road Alignment

Grade:

- 1 Level 2 Hillcrest 3 Hill 4 Sag (Bottom)