Please Print or Type (Single Space) **TO BE COMPLETED AND FILED WITHIN 15 DAYS** Sheet of Sheet(s)

LOCAL USE

Amended Report ☐ Hit and Run ☐

STATE OF NEW HAMPSHIRE UNIFORM POLICE TRAFFIC ACCIDENT REPORT

DSMV159 (Rev.10/95)

M.V. USE ONLY

No.
Date Rec'd

NR ☐ Supplemental Report ☐ Motor Carrier Report ☐

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

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

2 ACCIDENT OCCURRED ON: _____ ☐ MILES N ☐ E ☐ ☐ FEET S ☐ W ☐ ☐ AT INTERSECTION WITH OF INTERSECTING ROAD, BRIDGE, TOWN LINE (not telephone pole, house) POSTED SPEED

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

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

FIRST NODE MAP 10 ZONE NODE / SUF — DISTANCE FROM FIRST NODE TOWARD SECOND _____ FEET — **SECOND NODE** MAP 10 ZONE NODE / SUF

MILE-MARKER ON INTERSTATE ONLY _____ FEET N ☐ E ☐ S ☐ W ☐ MILE

4 **UNIT NO.:** **INFORMATION**

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

5 DRIVER LICENSE NO. STATE CLASSIFICATION

DRIVER'S NAME LAST, FIRST, MIDDLE

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

7 CURRENT ADDRESS, NUMBER AND STREET PHONE NO.

CITY / TOWN STATE ZIP CODE

8 PLATE NUMBER | PLATE TYPE | STATE | TRAILER PLATE | STATE

9 MAKE YEAR COMMERCIAL VEHICLE ACCIDENT ☐ HAZARDOUS MATERIALS ☐

10 V.I.N.

11 SAME AS DRIVER ☐ OWNER NAME LAST, FIRST MIDDLE

CURRENT ADDRESS, NUMBER AND STREET PHONE NO.

CITY / TOWN STATE ZIP CODE

INSURANCE CO. & POLICY # OR DSMV 385 ISSUED ☐

VEHICLE TOWED ☐ BY: TO:

UNIT NO.: **INFORMATION**

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

DRIVER LICENSE NO. STATE CLASSIFICATION

DRIVER'S NAME LAST, FIRST, MIDDLE

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

MAKE YEAR COMMERCIAL VEHICLE ACCIDENT ☐ HAZARDOUS MATERIALS ☐

V.I.N.

SAME AS DRIVER ☐ OWNER NAME LAST, FIRST MIDDLE

CURRENT ADDRESS, NUMBER AND STREET PHONE NO.

CITY / TOWN STATE ZIP CODE

INSURANCE CO. & POLICY # OR DSMV 385 ISSUED ☐

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										