

New Hampshire Crash Data Elements Recommendation for Valid Crash Report

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Data Elements	Suggested Mandatory Element	Notes
Case Number	M	
None Reportable	O	
Hit & Run	O	Check Box at Top Right hand of Form
Crash Date	M	
Crash Time	M	
City or Town Name	M	
Police Notified Date: Time:	P P	
Police Arrived Date: Time:	P P	
Reporting Agency Name (Department/ORI)	M	
Collision Occurred: Route # And/or Street Name	M	
Mile Feet At Intersection At Address	1	
Intersecting Road, Bridge, Town Line (Not Telephone Pole, House) Route # and/or Street Name	2	
Mile Marker (Where Available) _____ Feet N, E, S, W	3	
Mile	3	
Latitude	4	
Longitude	4	
1 st Node	5	
Dist. From 1 st Node Toward 2 nd Node Miles Feet	5	
2 nd Node	5	
Posted Speed	M	or check box Unknown or N/A

Unit No	M	
Non-Motorist	P	
RSA	O	
Summoned	O	
Arrested	O	
M.V.R Recom.	O	
Last Name	M	
First Name	M	
M.I	O	
DOB	M	
Address (# Street Name)	M	
City/Town	M	
State	M	
Zip	O	
Primary Phone	P	
Secondary Phone	O	
Driver License #	P	
State	P	
Class	P	
Vehicle Plate #	P	
Plate Type	P	
State	P	
Trailer Plate #	O	
State	O	
Make	M	
Year	M	
Model	M	
Haz Mat Placard(Y/N)	M	Check box Y/N
Vin #	P	
Vehicle Direction (NB, SB, EB, WB, Not on Roadway, Unknown)	M	
Insurance Company Name	P	
Insurance Policy Number	O	
No Ins Check Box	O	No Ins. Triggers DSMV 385
DSMV 385 Check Box	O	
Hit & Run Check Boxes (Y Driver and/or Car left Scene, N, Unknown)	M	If checked, the Hit & Run box should be checked at the top right hand corner of form
Same as Operator Check Box	O	If box checked owner info is not Required
Owner Last Name	P	
Owner First Name	P	
Owner M.I.	P	
Address (# Street Name)	P	
City/Town	P	

State	P	
Zip	O	
Primary Phone	P	
Secondary Phone	O	
Vehicle Towed (Y/N)	M	
Towing Co. Name	P	
Towed To	O	
Officer Name	M	
Date of Report	M	
Reviewed By	M	

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Unit ID		Per Type	Sex	Seat Pos	Air Bag	Eject	Prot Sys	Injury	Trans	EMS/ Medical Facility
Person Type: 1,2,8		M	M	M	M	M	M	M	M	P
DOB	P									
Phone	P									
Person Type: 3,7,9,10,99		M	M				O	M	M	P
DOB	P									
Phone	P									
Person Type: 6		M								
DOB	P									
Phone	P									
Person Type 4,5		M	M				M	M	M	P
DOB	P									
Phone	P									

Property Damage

Non-Vehicle Property Damage Check Boxes (State, City/Town & Private)	O	Allow multiple selection
Owner	O	
Address	O	
Primary Phone	O	
Secondary Phone	O	
Damage Description	O	

Coding Guide

Type of Roadway	M	
Road Surface Condition (Prevailing)	M	
Light Condition (Prevailing)	M	
Weather Condition (Prevailing)	M	
Manner of Impact	M	

Type of Intersection	M	
Location of Harmful Event	M	
School Bus Related Crash Check Boxes (directly involved indicates Contact was made)	M	
Traffic Controls	M	
Traffic Controls Working Properly (Check Boxes – Y, N, N/A)	M	
Was the Crash in or near Construction, Maintenance or Utility Work Zone? (Check Boxes Y/N)	M	
Location of the Crash	M	
Type of Work Zone	M	
Construction Workers Present	M	
Contributing Circumstances Environment	M	At least 1 selection
Contributing Circumstances Road	M	At least 1 selection
Road Alignment- Horizontal Grade	P P	
Unit Type	M	
Vehicle action Prior to Crash	M	
Sequence of Events	M	At least 1 selection
First Harmful Event	M	
Most Harmful Event	M	
Initial Impact Area	P	
Most Damaged Area	M	
Extent of Damage	M	
Vehicle Removal	M	
Special Function Vehicle	O	
Condition at time of Crash	M	
Alcohol and/or Drug Testing	M	If Tested, must provide test result status or value and type of test
Driver Distracted	M	
Driver Actions at Time of Crash	M	At least 1 selection
Does this vehicle have Seats to Transport 9 or more people including the Driver's Seat? Y/N	M	For Commercial Form Completion
Non-Motorist Actions/Circumstances at Time of the Crash	M	At least 1 selection
Non-Motorist Safety Equipment	M	Pedestrian and Bicyclist Only – At least 1 selection
Non-Motorist Location at Time of Crash	M	

Crash Diagram	P	
Gist	M	
Supplemental Report	O	

M = Mandatory
P = Priority (Warning)
O = Optional