EMPLOYEES ACCIDENT REPORT TOWN OF DERRY, NEW HAMPSHIRE

DESCRIBE FULLY HOW ACCIDENT HAPPENED. WHAT WAS EMPLOYEE DOING, WHAT MACHINE, TO OR EQUIPMENT WAS BEING-USED; WHERE pm IT HAPPEN; ON GROUNDS, IN BUILDINGOPENTIFY). (IDENTIFY): Driving DPW pick-up #546; I was stopped for a red light at fon Rt 102 (East Broadway @ Cystal Are) when rear ended by a 2003 Honda Accord. WHAT CAUSED ACCIDENT; GIVE CONTRIBUTING FACTORS, POOR LIGHTING, SLIPPERY SURFACE, FAILURE TO USE SAFETY EQUIPMENT, PROPERSAFETY,	To be completed by employee directly involved in personal injury or equipment accident
DATE OF ACCIDENT: 5/23/11 DATE OF THIS REPORT: 5/23/11 ESTIMATED DAMAGE: \$ if over \$1,000 fill out a DMV Accident form. WAS ANYONE HURT? Ho IF YES: NAME: DESCRIBE FULLY HOW ACCIDENT HAPPENED. WHAT WAS EMPLOYEE DOING, WHAT MACHINE, TO OR EQUIPMENT WAS BEING-USED, WHERE pm IT HAPPEN; ON GROUNDS, IN BUILDINGOPENTIFY). (IDENTIFY): Driving DPW pick-up #546; P was stopped for a red light at lon Rt 102 (East Broadway @ Cystal Am) when rear ended by a 2003 Honda Accord. WHAT CAUSED ACCIDENT; GIVE CONTRIBUTING FACTORS, POOR LIGHTING, SLIPPERY SURFACE, FAILURE TO USE SAFETY EQUIPMENT, PROPERSAFETY, EQUIPMENT PROVIDED, ETC.	NAME: DAVID BLANCHARD DEPARTMENT: PUBLIC WORKS
ESTIMATED DAMAGE: \$ if over \$1,000 fill out a DMV Accident form. WAS ANYONE HURT?	JOB TITLE: Engineering Technician HOW LONG EMPLOYED: 15 yrs.
WAS ANYONE HURT? IF YES: NAME: DESCRIBE FULLY HOW ACCIDENT HAPPENED. WHAT WAS EMPLOYEE DOING, WHAT MACHINE, TO OR EQUIPMENT WAS BEING-USED; WHERE pm IT HAPPEN; ON GROUNDS, IN BUILDINGOPENTIFY). (IDENTIFY): Driving DPW pick-up #546; 7 was stopped for a red light at /on Rt 102 (East Broadway @ Cystal him) when rear ended by a 2003 Honda Accord. WHAT CAUSED ACCIDENT; GIVE CONTRIBUTING FACTORS, POOR LIGHTING, SLIPPERY SURFACE, FAILURE TO USE SAFETY EQUIPMENT, PROPERSAFETY, EQUIPMENT PROVIDED, ETC.	DATE OF ACCIDENT: 5/23/11 DATE OF THIS REPORT: 5/23/11
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SLIPPERY SURFACE, FAILURE TO USE SAFETY EQUIPMENT, PROPER SAFETY, EQUIPMENT PROVIDED, ETC.	ON GROUNDS, IN' BUILDINGOPENTIFY). (IDENTIFY):
	SLIPPERY SURFACE, FAILURE TO USE SAFETY EQUIPMENT, PROPER SAFETY, EQUIPMENT PROVIDED, ETC.

WHAT ACTION WILL YOU TAKE TO AVOID A RECURRENCE?
IS THIS YOUR FIRST ACCIDENT? Yes IF NO, PLEASE GIVE DATES OF OTHERS.
DESCRIBE CORRECTIVE ACTION RECOMMENDED WHICH IS BEYOND YOUR AUTHORITY.
EMPLOYEE SIGNATURE: Son of Much
IMMEDIATE SUPERVISOR:
DEPARTMENT HEAD:

PLEASE FORWARD ORIGINAL TO AFSCIVIE SAFETY COIVIRITTEE FOR REVIEW.



STATE OF NEW HAMPSHIRE Department of Safety **Division of Motor Vehicles** MOTOR VEHICLE ACCIDENT REPORT

M.V. Use Only

N.H.RSA 264:25 - REPORTING REQUIREMENTS

In the State of New Hampshire, any Motor Vehicle Accident causing death, personal injury, or combined vehicle/property damage in excess of \$1,000 must be reported in writing to the Division of Motor Vehicles within 15 days. Failure to report in the case of death or personal injury is a felony. Failure to report following a property damage only accident is a misdemeanor. INSTRUCTIONS -- PLEASE PRINT OR TYPE ALL INFORMATION -- USE BLACK OR DARK BLUE INK

- 1. The date and location of the accident is very important and you must describe it as accurately and completely as possible in the space provided. When describing the location of your accident, indicate the direction and distance from the crash site to the nearest intersecting road or, for interstate highways, to the nearest mileage marker or exit number.
- 2. In Section C, for each occupant of your vehicle, or for a pedestrian or bicyclist, enter the requested information on a single line. Utilize a further report form if more than six persons involved. For a witness, enter a "W" in the "WHICH VEHICLE OCCUPIED" column; for a Pedestrian, enter a "P" in the box; for a Bicyclist, enter a "B". For a new born child (less than one year) enter "NB" for age. Enter "M" for Male and "F" for female.
- You must enter Injury information on all occupants, utilizing the following designations;
 K Any injury that results in death.
 A Severe lacerations, broke or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious

when taken from the accident scene, unable to leave

- the accident scene without assistance. Lump on head, abrasions, minor lacerations. Momentary unconsciousness. Limping, nausea, hysteria, complaint of pain (no visible injury).
- U Unknown.N Not injured.
- 4. Give your own and your vehicles owner's CURRENT name and address when completing the YOUR VEHICLE part of the form. Report all other driver's and vehicle's information exactly as it appears on their libenses and registrations. If you were involved in an accident with a Pedestrian or Bicyclist, check the appropriate box under OTHER VEHICLE and enter the Pedestrian or Bicyclist information in the OTHER VEHICLE DRIVER section. If the other vehicle was unoccupied, be very sure to enter the correct vehicle plate number and vehicle make in the appropriate boxes. If you were involved in an accident in which there were more than two vehicles, additional report(s) must be filled out.

SECTION A

- 5. If you are driving a Commercial Motor Vehicle (Truck over 26,000 GVWR, Bus with more than fifteen seats, or vehicle placarded for Hazardous Materials), please indicate it in the appropriate box.
- ft is mandatory to provide complete insurance information in the section provided, or to indicate that your vehicle and/or license does not have insurance coverage. Your report must be signed and dated, else the report cannot be accepted.
- 7. If you have difficulty completing this form, your insurance agent may be able to assist you, otherwise contact the Accident Section of the Division of Motor Vehicles at (603) 271-3106 (Speech/Hearing Impaired HELP TTY/TDD Relay 225-4033).
- Submit your completed and signed reports to: Department of Safety Accident Section 10 Hazen Drive Concord, NH 03305

	0.01	IONA			
DATE OF ACCIDENT DAY OF WEEK TIME 5/23/11 Mon. 2	: 2/ × PM	ry			
NUMBER OF DID POLICE INVESTIGATION ACCIDENT AT SCENE	· 1	Derry			
ACCIDENT OCCURRED Use the 1. AT THE INTERSECTION WITH Crystal Are ROUTE # and/or EXIT # OR STREET NAME					
ON E. Broadway (Rt. 102) ROUTE # OR STREET NAME	applies 2.	N FEET W E OF S ROUTE # and/or EXIT # OR STREET NAME			
Enter the number of the item i which best describes the circum	TION B n the corresponding box provided stances of the accident. DF ACCIDENT	ACCIDENT LOCATION 1. At Intersection 7. Ramp/Rotary 2. Intersection Related 8. Toil Plaza/Booth 3. Along the Road 9. In a Driveway 4. Along Road at Driveway Access 10. In a Parking Lot 5. Off Roadway on Shoulder/Median 98. Other* 6. Off Roadway Beyond Shoulder			
COLLISION WITH: 1. Other Motor Vehicle 2. Motor Vehicle Crossing Median 3. Parked Motor Vehicle 4. Railroad Train 5. Bicyclist 6. Pedestrian	18. Pedai Cycle/Moped 19. Snowmobile/OHRV 10. Fixed Object NON-COLLISION 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire	TRAFFIC CONTROLS 1. None 6. Visible Road Markings 2. Traffic Signals 7. Officer/Flagman 3. Stop Sign 8. RR Crossing-Flasher-Gate 4. Yield Sign 9. No Passing Zone 5. Lane Control 98. Other*			
7. Animal 8. Thrown or Falling Object 9. Other Object 17. Motor Vehicle in Transport If you enter 10 in box 1. enter nur	14. Submersion 15. Jackknife 16. Explosion 98. Other* mber below for OBJECT STRUCK in box 2.	1. Interstate 2. Other Divided Highway 3. Not Physically Divided (2-Way Traffic) (2-Way Traffic) 98. Other *			
Otherwise leave box 2 blank. 1. Traffic Signal 2. Sign Post 3. Guard Rail 4. Crash Cushion 10. Median 11. Barrier/Fence 12. Culvert/Headwall 13. Embankment/Ditch/Curb		ROAD SURFACE CONDITIONS 1. Dry			
5. Light Pole 6. Telephone/Electric Pole 7. Tree 8. Building/Wall 9. Bridge/Pier	14. Fire Hydrant/Parking Meter 15. RR Crossing Device 16. Overpass 17. Rock/Sideslope 98. Other*	WEATHER 1. Clear 4. Snow 7. Blowing Material 10. Sleet and Fog 2. Cloudy 5. Sleet 8. Severe Cross Winds 11. No Adverse Conditions 3. Rain 6. Fog 9. Rain and Fog 99. Unknown			
		ION C			
T/DE 05 11 11 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~~ I	ANT'S (IN ILIBED'S POSITION THROWN EDOM VEHICLES Voc. IN			

TYP:	E OF INJ	URY	1 1		ON OF MOST		OCCUPANT'S/			THROWNER	OM VEHI	CLE? Y	es / No	1
1	A, B, C, Le Instruct Above)	1	1. He 2. Ne 3. Ch 4. An 5. Tru	ead eck rest	RE INJURY 6. Leg(s) 7. Multiple 8. None 99. Unknown 0 WHICH VEHICLE OCCUPIED? (See Instructions Above)	VEHICLE 1 2 3 8 4 5 6 7 8	Driver Passengers Ride/Hang on Vehicle	9 10 10	MOTORCYCLE/BIKE/ SNOWMOBILE 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sled/ Hang on Vehicle 99. Unknown	SAFETY EQUIPM Seat Belts used Child Restraints Air Bag Deploy, Air Bag & Seat Heimet Worn (N No equipment I	l s used ed Belt fotorcycle		SCABH:	
8	.9	10	11	12		JPANTS IN YOUR VEH	HICLE / WITNESSES		ADDRESS / PHONE	NO.	13	14	15	
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*Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted. SECTION D

YOUR VEHIC	CLE	* (11 MER VEHU 1 E = -	EDESTRIAN
DRIVER LICENSE NO. STATE 05 BN 60/8/ NA	CLASSIFICATION COPR-MC		LASSIFICATION
Blanchard David		DRIVER'S NAME LAST, FIRST, MIDDLE 120 by F	
D.O.B. 5-18-60	SEX ~(D.O.B. 03/13/70	EX M
CURRENT ADDRESS, NUMBER AND STREET 14 Manning St	432-6144	CURRENT ADDRESS, NUMBER AND STREET 18 Little 1206 12d	PHONE NO.
CITYTOWN STATE ALL	2IP CODE 0303 8	Attenson WH 0.	38//
PLATE NO. 7 G 17768 STATE TRAIL	LER PLATE NO. STATE	PLATE NO. STATE TRAILER PLATE NO.	STATE
DRIVER Town of D	AST, FIRST, MIDDLE CTY	SAME OWNER NAME LAST, FIRST, MIDDLE DRIVER AS	.E
CURRENT ADDRESS, NUMBER AND STREET 14 Mannie St	9HONE NO. 432-6166	CURRENT ADDRESS, NUMBER AND STREET	PHONE NO.
CITY/TOWN / STATE Dervy NH	21P CODE 03038	CITY/TOWN STATE	ZIP CODE ·
MAKE Ford F-150	200 4 COMMERCIAL VEHICLE ACCIDENT	Honda Accord 2003 AC	OMMERCIAL EHICLE CCIDENT
VI.N.) IFTRFIYWIY	NC38817	Honda Accord 2003 X	
TOWED BY	TO	TOWED BY TO	
Rear Bumper be	nt downward	Describe Damage to Vehicle Damage to Front end;	itood
	AFTILIATED COST TO DETAILS	bomper etc.	
	*ESTIMATED COST TO REPAIR	ESTIMATED	COST TO REPAIR
YOUR INSURANCE CO.	SECT	ESTIMATED PROPERTY DAMAGE (OTHER THAN VEHICLE)	
AGENT :	·	IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S)	
ADDRESS			
POLICY NUMBER	EFFECTIVE DATE		
ACCIDENT DIAG	SECT	ION F	
Check one of the diagrams if it adequately describes the on a separate sheet and attach. Number the vehicles, where the vehicles, we have a separate sheet and attach. Turn Intersection Rt. Turn	e accident, OR draw your own diagram vith your vehicle being No. 1.	VEHICLE TYPE 1. Automobile 9. Moped 13. Other/Unknown 2. Pick-Up/Light Truck 10. Motor Home Light Truck 3. Panel/Van 11. Passenger Light Van 8. Motorcycle 12. Utility Vehicle (4X4) 98. Other **	YOUR 16 Vehicle 17 Other Vehicle 17
	5 6 7 6	VEHICLE DIRECTION 1. North 3. South 99. Unknown 2. East 4. West	YOUR 1 418 Vehicle Other Vehicle 3 44
Rt 102, (E. Broadwe		VEHICLE: (Box 20 and/or 21) 1. Following Roadway 2. Right Turn on Red 3. Making Right Turn 4. Making Left Turn 5. Making Left Turn 6. Starting From Parked 7. Starting in Traffic 8. Slowing or Stopping 9. Stopped in Traffic 10. Entering Park Position 11. Parked Properly 12. Parked and Rolled 13. Changing Lanes/Merging 14. Overtaking/Passing 15. Passing on Right 16. Backing 17. Parked Improperly 18. Avoid Something in Road 19. Wrong Way on a 1-Way 19. Crossing Way on a 1-Way 40. Crossing with Signal 41. Crossing with Signal 42. Crossing against Signal 43. Crossing at Crosswalk No Signal 44. Crossing No Signal/Crosswalk 45. Walk/Ride with Traffic 47. Emerge from Front/Rear of Parked Vehicle 48. Get On/Off School Bus 49. Get On/Off School Bus 51. Playing/Jogging 52. Standing/Walking 98. OTHER Pedestrian/Bicyclist Action	YOUR Yehicle 9 20 Other Vehicle or Ped/Bike
a f agree for - C	DAY MON YEAR		

Derry Police Department

Derry, New Hampshire 03038 Driver's Exchange Form

(603) 432-6111

Driver's Exc	hange Form Time: 1420
Date: <u>5/23 / //</u>	
Call #: <i>]] - 16153</i>	Accident #: //- 276-/
DRIVER #1	DRIVER #2
Operator's Name: Blanchard David G	Operator's Name: Wyckoff, Kobert
Drivers Lic #: 05 /3/1/06/01/8/	Drivers Lic #: 031N FR 70137
Date of Birth: 5/18/60	Date of Birth: 03/13/70
Current Address: 11 Holdan five.	Current Address: 18 1:11/e Rob Rd.
Necry, 14 03038	A+Kinin 11H 07811
Telephone #: 432-6/4/ wck.)	Atkinson NH 038// Telephone #: 362 - 4376
	Make / Model of Vehicle: Hand Accord
Make / Model of Vehicle: Food F/SO Year / Color of Vehicle: 04 6/d	Year / Color of Vehicle: 03 B/h
VIN#: 1 FTK F 14W14N C38877	VIN#: 1HGCM56363A076970
Registration #: G-17768 State: NH	Registration #: 1931056 State: NH
Owner of Vehicle: To do & Marry	Owner of Vehicle: —
Address: 14 Manning St. Insurance Company: Primax	Address
Insurance Company: Pomex	Insurance Company: Recriess Ths. Co.
Insurance Policy Number:	Insurance Policy Number; PLPW067836
Towing Service: N/A	Towing Service: ///
Describe Damage: Jest 3/5 rear Supper	Describe Damage: 1/5 Front how hamed
	damased
Passenger Name: N/A	Passenger Name:
DOB:	DOB:
Address:	Address:
Telephone #:	Telephone #:
Location of Accident: E Pilosoway	Location of Accident: E. Broadway
Brie	ef Gist
See Report	
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