

MONTANA HIGHWAY PATROL VEHICLE CRASH REPORT

The driver of vehicle involved in a crash resulting in injury to or death of any person or property damage to an apparent extent of \$1000.00 or more shall immediately by the quickest means of communication give notice of such crash to the local law enforcement agency.

If the investigating officer or agency does not produce a written report and the damage is in excess of \$1000.00 the operator of the vehicle must report such crash within ten days in writing to the department at this address: **Montana Highway Patrol - 2550 Prospect Ave - Helena, MT 59620**

Print all information below:

DATE OF CRASH _____ 20____ DAY OF WEEK _____ HOUR _____ A.M. P.M.

PLACE WHERE

CRASH OCCURRED: COUNTY _____ CITY OR TOWN _____ STATE _____

If crash was outside city limits North South East West of _____ (City or Town)
 indicate distance from nearest town _____ miles

ROAD ON WHICH

CRASH OCCURRED _____ AT IT'S INTERSECTION WITH _____

Give name or street or highway number (U.S. or State)

YOUR VEHICLE - NO 1

OTHER VEHICLE - NO 2

Year _____ Make _____ Type _____ (Sedan, truck, taxi, etc.)

VEHICLE

LICENSE PLATE _____

Year _____ State _____ Number _____

DRIVER

First Name _____ Middle or Maiden Name _____ Last Name _____

DRIVER'S

ADDRESS _____

Street or R.F. D.

City and State _____ Zip Code _____

DATE OF BIRTH _____

Month _____ Day _____ Year _____ Male Female

DRIVER'S

LICENSE _____

Number _____ State _____

OWNER

First Name _____ Middle or Maiden Name _____ Last Name _____

OWNER'S

ADDRESS _____

Street _____ City and State _____ Zip Code _____

INSURANCE CARRIER _____

VEHICLE DAMAGE _____

VEH DAMAGE OVER \$1000.00 Yes NO

DAMAGE TO PROPERTY

OTHER THAN VEHICLE _____

Name and address of owner of object struck _____

WAS THERE AN

OFFICER AT THE SCENE Yes _____ Department _____ No _____ Name or badge number _____ City, County, State _____

INJURED PERSONS

NAME _____

Check One

1. Visible injuries.
2. Complaint of pain, without visible signs of injury.

NAME _____

1. Visible injuries.
2. Complaint of pain, without visible signs of injury.

WEATHER

Clear Raining Snowing

ROAD SURFACE

Dry Wet Muddy

LIGHT

Daylight Dusk Dawn

SEATING POSITION OF INJURED

Driver In Vehicle No. _____
 Front Seat Passenger
 Back Seat Passenger
 Pedestrian

Driver In Vehicle No. _____
 Front Seat Passenger
 Back Seat Passenger
 Pedestrian

Fog Specify Other _____
 Snowy Icy
 Darkness-street lighted Darkness - street not lighted

DESCRIBE WHAT HAPPENED

SIGN HERE _____

Signature Of Person Involved _____ Date _____

