

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 - 18 Trooper Drive - Boulder, MT 59632**

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 indicate distance from nearest town _____ miles North South East West of _____ (City or Town)

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

Male

DATE OF BIRTH _____

Month Day Year 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 Yes _____ Department _____

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

INJURED PERSONS

SEATING POSITION OF INJURED

NAME _____

Driver In Vehicle No. _____

Check One

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

Front Seat Passenger

Back Seat Passenger

Pedestrian

NAME _____

Driver In Vehicle No. _____

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

Front Seat Passenger

Back Seat Passenger

Pedestrian

WEATHER Clear Raining Snowing Fog Specify Other _____

ROAD SURFACE Dry Wet Muddy Snowy Icy

LIGHT Daylight Dusk Dawn Darkness-street lighted Darkness - street not lighted

DESCRIBE WHAT HAPPENED

SIGN HERE _____

Signature Of Person Involved Date

