

# 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 \$500.00 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 \_\_\_\_\_

Male

Female

DATE OF BIRTH \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

OFFICER AT THE SCENE  No

Department \_\_\_\_\_

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

Fog  Specify Other \_\_\_\_\_

Snowy  Icy

Darkness-street lighted  Darkness - street not lighted

**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

**DESCRIBE WHAT HAPPENED**

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SIGN HERE \_\_\_\_\_

Signature Of Person Involved

Date

Indicate North By Arrow

**CRASH DIAGRAM**

