

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 - PO Box 117 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 ITS 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 _____ Male Female

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 OFFICER AT THE SCENE Yes 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

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 _____ Male Female

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 OFFICER AT THE SCENE Yes No

Department _____ Name or badge number _____

City, County, State

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

