

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 _____, Indicate distance from nearest town _____ miles (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. | | | |

| | | | |
|-----------------------------|-----------------------|-----------|----------------------------|
| 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

City and State _____ Zip Code _____
 Male
 Female
 DATE OF BIRTH _____
 Month Day Year

DRIVER'S LICENSE _____
 Number State

DRIVER'S LICENSE _____
 Number State

OWNER _____
 First Name Middle or Maiden Name Last Name

OWNER _____
 First Name Middle or Maiden Name Last Name

OWNER'S ADDRESS _____
 Street City and State Zip Code

OWNER'S ADDRESS _____
 Street City and State Zip Code

INSURANCE CARRIER _____

INSURANCE CARRIER _____

VEHICLE DAMAGE _____
 VEH DAMAGE OVER \$1000.00 Yes NO

VEHICLE DAMAGE _____
 VEH DAMAGE OVER \$1000.00 Yes NO

DAMAGE TO PROPERTY OTHER THAN VEHICLE _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE _____

Name and address of owner of object struck _____

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

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.

SEATING POSITION OF INJURED

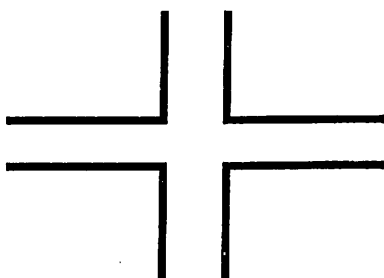
Driver In Vehicle No. _____
 Front Seat Passenger
 Back Seat Passenger
 Pedestrian

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

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

Indicate North By Arrow **CRASH DIAGRAM**



SIGN HERE _____
 Signature Of Person Involved Date