

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 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

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

SEATING POSITION OF INJURED

NAME _____

Driver In Vehicle No. _____

Front Seat Passenger

Back Seat Passenger

Pedestrian

Check One

1. Visible injuries.

2. Complaint of pain, without visible signs of injury.

Driver In Vehicle No. _____

Front Seat Passenger

Back Seat Passenger

Pedestrian

NAME _____

1. Visible injuries.

2. Complaint of pain, without visible signs of injury.

WEATHER

Clear

Raining

Snowing

Fog

Specify Other _____

ROAD SURFACE

Dry

Wet

Muddy

Snowy

Icy

LIGHT

Daylight

Dusk

Dawn

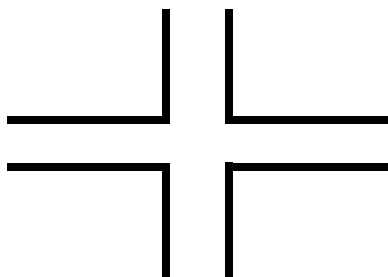
Darkness-street lighted

Darkness - street not lighted

DESCRIBE WHAT HAPPENED

Indicate North By Arrow

CRASH DIAGRAM



SIGN HERE _____

Signature Of Person Involved

Date