

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 of _____
indicate distance from nearest town _____ miles North South East West (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
DATE OF BIRTH _____
Month _____ Day _____ Year _____ Female

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

DRIVER'S
LICENSE _____
Number _____ State _____

DRIVER'S
LICENSE _____
Number _____ State _____

OWNER _____
First Name _____ Middle or Maiden Name _____ Last Name _____
OWNER'S
ADDRESS _____
Street _____ City and State _____ Zip Code _____

OWNER _____
First Name _____ Middle or Maiden Name _____ Last Name _____
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 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. _____
 Front Seat Passenger
 Back Seat Passenger Pedestrian

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

NAME _____

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

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

SIGN HERE _____
Signature Of Person Involved _____ Date _____

