

# 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 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.)

Year Make Type (Sedan, truck, taxi, etc.)

VEHICLE

VEHICLE

LICENSE PLATE \_\_\_\_\_  
Year State Number

LICENSE PLATE \_\_\_\_\_  
Year State Number

DRIVER \_\_\_\_\_  
First Name Middle or Maiden Name Last Name

DRIVER \_\_\_\_\_  
First Name Middle or Maiden Name Last Name

DRIVER'S ADDRESS \_\_\_\_\_  
Street or R.F. D.

DRIVER'S ADDRESS \_\_\_\_\_  
Street or R.F. D.

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

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

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 \_\_\_\_\_  
Name or badge number \_\_\_\_\_ City, County, State

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.

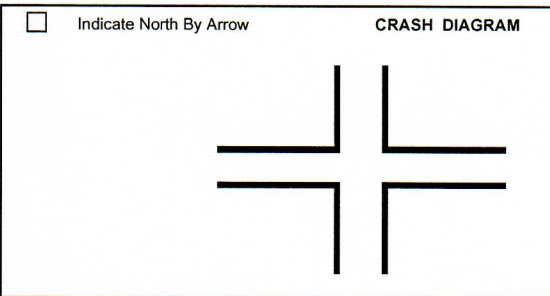
WEATHER  Clear  Raining  Snowing  
ROAD SURFACE  Dry  Wet  Muddy  
LIGHT  Daylight  Dusk  Dawn

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