

**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 OCCURED \_\_\_\_\_ COUNTY \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_

If crash was outside city limits indicate distance from nearest \_\_\_\_\_ Miles  North  South  East  West Of \_\_\_\_\_  
ROAD ON WHICH CRASH OCCURED \_\_\_\_\_ AT IT'S INTERSECTION WITH \_\_\_\_\_ (city or town)

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 name \_\_\_\_\_ Last name \_\_\_\_\_

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

City and State \_\_\_\_\_ Zip \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  Male  Female  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_  
Number \_\_\_\_\_ State \_\_\_\_\_

OWNER \_\_\_\_\_  
First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_  
Street \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

VEHICLE DAMAGE \_\_\_\_\_

VEHICLE DAMAGE OVER \$1000.00  Yes  No

DAMAGE TO PROPERTY OTHER THAN VEHICLE \_\_\_\_\_

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

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

DRIVER \_\_\_\_\_  
First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

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

City and State \_\_\_\_\_ Zip \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  Male  Female  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_  
Number \_\_\_\_\_ State \_\_\_\_\_

OWNER \_\_\_\_\_  
First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_  
Street \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

VEHICLE DAMAGE \_\_\_\_\_

VEHICLE 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 \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Name or badge number \_\_\_\_\_  
INJURED PERSON(S)

NAME \_\_\_\_\_

**Check one**

- 1.  Visible injuries
- 2.  Complaint of pain without visible signs of injury

**Check one**

- 1.  Visible injuries
- 2.  Complaint of pain without visible signs of injury

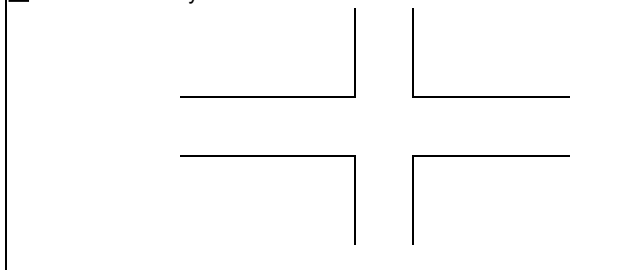
WEATHER  Clear  Raining  Snowing  Fog

ROAD SURFACE  Dry  Wet  Muddy  Snowy

LIGHT  Daylight  Dusk  Dawn  Darkness - street lighted  Darkness - street not lighted

Indicate North by Arrow

**CRASH DIAGRAM**



**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

Specify Other \_\_\_\_\_

**DESCRIBE WHAT HAPPENED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGN HERE \_\_\_\_\_  
Signature of Person Involved \_\_\_\_\_ Date \_\_\_\_\_