



MEDIA RELEASE

NORTH DAKOTA HIGHWAY PATROL

SFN 51997 (02-2018)

| | | | | | |
|---|--|---------------|--|--|--|
| Type of Crash <input type="checkbox"/> Property <input type="checkbox"/> Injury <input type="checkbox"/> Fatality | | | | | |
| Release Date | | Contact | | Email Address | Telephone Number |
| Crash Date | | Time of Crash | Location of Crash (from nearest city) | | County |
| Type of Crash (check only one) | | | | | Type of Roadway |
| <input type="checkbox"/> Sideswipe Passing <input type="checkbox"/> Sideswipe Meeting <input type="checkbox"/> Head-on <input type="checkbox"/> Rear-end <input type="checkbox"/> Non-Collision | | | | | <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop |
| <input type="checkbox"/> Vehicle/Train <input type="checkbox"/> Rollover <input type="checkbox"/> Fixed Object <input type="checkbox"/> Vehicle/Animal | | | | | <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel |
| <input type="checkbox"/> Angle <input type="checkbox"/> Vehicle/Pedestrian <input type="checkbox"/> Backed Into <input type="checkbox"/> Vehicle/Bicycle | | | | | <input type="checkbox"/> Grass |
| Road Conditions: | | | Weather Conditions: | | |
| V E H I C L E 1 | Vehicle Description | | | Damage | |
| | Driver | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None |
| | Address | | Charges | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Passenger | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None |
| | Address | | Charges | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Passenger | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None |
| | Address | | Charges | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Passenger | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None |
| Address | | Charges | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None | |
| P E D E S T R I A N | Pedestrian | | | | |
| | Address | | | | |
| | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | |
| Ambulance: | | | Transported to: | | |
| Circumstances: | | | | | |
| Agencies Involved: | | | | | |

| | | | | | | |
|--------------|---------------------|--|--|---|---|--|
| VEHICLE 2 | Vehicle Description | | Damage | | | |
| | Driver | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | |
| VEHICLE 3 | Vehicle Description | | Damage | | | |
| | Driver | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | |
| VEHICLE 4 | Vehicle Description | | Damage | | | |
| | Driver | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | | Safety Restraints <input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> Unknown <input type="checkbox"/> Car seat <input type="checkbox"/> None |
| | Address | | Charges | | | |
| | Passenger | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Injury <input type="checkbox"/> Injured <input type="checkbox"/> Fatal <input type="checkbox"/> None | |