



## 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:			
Vehicle Description			Damage			
V E H I C L E  1	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	
	Address		Charges		<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		Safety Restraints	
	Address		Charges		<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	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	
	Address		Charges		<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		Safety Restraints	
	Address		Charges		<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		
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		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
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		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
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		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