



## 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		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