

THP Preliminary Report

[Date of Crash / Incident]

Date & Time: _____

Location: _____

County: _____

[Vehicle 1] Year, Make, & Model: _____

[Driver 1]

Name: _____

Age (Years only): _____

From (City and State): _____

Seat Belt (Worn Yes, No or Unknown): _____

Injured (Yes or No): _____

Charges (List here, pending outcome of investigation, or none): _____

[Passenger - Vehicle 1]

Name: _____

Age (Years only): _____

From (City and State): _____

Seat Belt (Worn Yes, No or Unknown): _____

Injured (Yes or No): _____

Charges (List here, pending outcome of investigation, or none): _____

[Vehicle 2] Year, Make, and Model: _____

[Driver 2]

Name: _____

Age (Years only): _____

From (City and State): _____

Seat Belt (Worn Yes, No or Unknown): _____

Injured (Yes or No): _____

Charges (List here, pending outcome of investigation, or none): _____

[Passenger - Vehicle 2]

Name: _____

Age (Years only): _____

From (City and State): _____

Seat Belt (Worn Yes, No or Unknown): _____

Injured (Yes or No): _____

Charges (List here, pending outcome of investigation, or none): _____

[Narrative] – “Any additional vehicles or passengers, please list in narrative”