

FATALITY CRASH - MEDIA INFORMATION

Incident #: MHP21CAD039276

Investigating Officer/Badge #: Trooper Brody Shields - MHP289

Investigating Agency: Montana Highway Patrol

Date of Crash: 4/1/2021 Time of Crash: 1305 County: Granite

Vehicles: 1 # Killed: 1 # Injured: 0

Location: I-90 Westbound MM: 142 Closest City or Town: Drummond

Alcohol Suspected: Drugs Suspected: Speed Suspected:

Road Conditions: Dry Roadway Type: INTERSTATE

**If a law enforcement agency other than the Montana Highway Patrol is the lead investigating agency:
Do you want the information contained in this report released or referred to your agency?**

Released?

Referred?

Other Agency
Contact Name: _____

Other Agency
Contact #: _____

Vehicle #: 1 Make/Model: 2005 Toyota Camry

Driver AGE: 15 F City/State: Spokane, WA

Condition: No Injury Seat Belt: Y Helmet Used: Hospital: St, Patricks

Passenger: AGE: 17 M City/State: Spokane, WA

Condition: No Injury Seat Belt: Y Helmet Used: Hospital: St. Patricks

Passenger: AGE: 56 M City/State: Spokane, WA

Condition: Fatal Seat Belt: Y Helmet Used: Hospital: DOA

Passenger: AGE: _____ City/State: _____

Condition: _____ Seat Belt: _____ Helmet Used: Hospital: _____

Vehicle #: _____ Make/Model: _____

AGE: _____ City/State: _____

Condition: _____ Seat Belt: _____ Helmet Used: Hospital: _____

Passenger: AGE: _____ City/State: _____

Condition: _____ Seat Belt: _____ Helmet Used: Hospital: _____

Passenger: AGE: _____ City/State: _____

Condition: _____ Seat Belt: _____ Helmet Used: Hospital: _____

Passenger: AGE: _____ City/State: _____

Condition: _____ Seat Belt: _____ Helmet Used: Hospital: _____

Vehicle #: _____ Make/Model: _____

AGE: _____ City/State: _____

Condition: _____ Seat Belt: _____ Helmet Used: Hospital: _____

Passenger: AGE: _____ City/State: _____

Condition: _____ Seat Belt: _____ Helmet Used: Hospital: _____

Passenger: AGE: _____ City/State: _____

| | | | |
|---|---------------------------------|---------------------------------------|-------------------|
| Condition: <input type="text"/> | Seat Belt: <input type="text"/> | Helmet Used: <input type="checkbox"/> | Hospital: _____ |
| <hr style="border-top: 1px dashed black;"/> | | | |
| Passenger: AGE: _____ | <input type="text"/> | City/State: _____ | |
| Condition: <input type="text"/> | Seat Belt: <input type="text"/> | Helmet Used: <input type="checkbox"/> | Hospital: _____ |
| <hr style="border-top: 1px solid black;"/> | | | |
| Vehicle #: _____ | Make/Model: _____ | | |
| <input type="text"/> | AGE: _____ | <input type="text"/> | City/State: _____ |
| Condition: <input type="text"/> | Seat Belt: <input type="text"/> | Helmet Used: <input type="checkbox"/> | Hospital: _____ |
| <hr style="border-top: 1px dashed black;"/> | | | |
| Passenger: AGE: _____ | <input type="text"/> | City/State: _____ | |
| Condition: <input type="text"/> | Seat Belt: <input type="text"/> | Helmet Used: <input type="checkbox"/> | Hospital: _____ |
| <hr style="border-top: 1px dashed black;"/> | | | |
| Passenger: AGE: _____ | <input type="text"/> | City/State: _____ | |
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| <hr style="border-top: 1px dashed black;"/> | | | |
| Passenger: AGE: _____ | <input type="text"/> | City/State: _____ | |
| Condition: <input type="text"/> | Seat Belt: <input type="text"/> | Helmet Used: <input type="checkbox"/> | Hospital: _____ |

NARRATIVE FOR PRESS RELEASE:

The vehicle was traveling east bound when the driver lost control. Over corrected causing the vehicle to roll into the median, across the westbound lanes, and into the river. The vehicle came to rest on its the top - partially submerged. Passenger pronounced on scene.