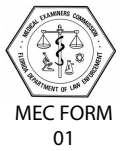


FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
FATAL TRAFFIC CRASH STATISTICS REPORTING FORM
MEDICAL EXAMINERS



Date of Crash County of Crash Date of Death

Law Enforcement Agency LE Case Number

Medical Examiner District ME Case Number

Decedent Information

Name

Date of Birth Age Race Sex

Manner of Death

- Natural Accident Homicide Suicide Undetermined

Check the description below that is applicable to the decedent.

- Driver Passenger Pedestrian

Check the description below that is applicable to the decedent and the crash.

- Motor Vehicle Motorcycle Moped Bicycle Pedestrian Other

Alcohol Present?

- Yes No If Yes, BAC:

Drugs Present?

- Yes No

If Yes,
please list
the drugs
present:

Completed by:

Please mail completed form to:

DHSMV
Traffic Crash Statistics Report
ATTN: Fatal Crash Monitoring Unit
Room B373
2900 Apalachee Parkway
Tallahassee, FL 32399-0500

Or fax to: (850) 617-5212
E-mail to: BAC@flhsmv.gov