 **Coroner's Report Of Motor Vehicle Crash Fatality** ITD 0135 (Rev. 01-17)

 Idaho Transportation Department itd.idaho.gov

 **Confidential**

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| This form is to comply with Idaho Code sections 49-1307, 49-1309 and 49-1314. All information furnished is confidential and will be used only for statistical purposes. |
|  |
| Return the completed form to: |  | If you have questions, please contact: |
| Confidential E-mail: fatalreports@itd.idaho.gov  |  | Name: Deborah Dorius |
| OR Mail to: |  | Phone Number: (208) 334-8115 |
| Idaho Transportation Department |  | Fax Number: (208) 287-3944 |
| Office of Highway Safety/Fatality Analysis Reporting System |  | E-mail: deborah.dorius@itd.idaho.gov |
| PO Box 7129 |  |  |
| Boise, ID 83707-1129 |  |  |

**Fatality Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Fatality | Age | Sex | Height | Weight |
|       |       | [ ]  Male [ ]  Female |     FT     IN |       lbs. |
| Place of Death | [ ]  At Scene [ ]  Hospital  |       |  |
|  |
|  | Hospitals Only | Date of Arrival  |       | Time of Arrival  |       |  |
|  |
| Date of Death |       |  | Time of Death (Military Time) |       |  |
|  |  |  |  |
| Involvement in Crash | [ ]  Driver [ ]  Passenger [ ]  Pedestrian [ ]  Bicyclist |

**Crash Information**

|  |
| --- |
| Crash Location |
|       |
| Date of Crash |       |  | Time of Crash (Military Time) |       |  |
|  |  |  |  |

**Test Information**

|  |  |  |
| --- | --- | --- |
| Alcohol Test |  | Type of Alcohol Test |
| [ ]  Yes | **B.A.C.** | [ ]  Whole Blood [ ]  Urine [ ]  Blood and Urine [ ]  Blood Plasma/Serum [ ]  Vitreous |
| [ ]  No |       | [ ]  Other |       |  |
|  |  |  |  |
| Drug Test | Type of Drug Test |
| [ ]  Yes | [ ]  Whole Blood [ ]  Urine [ ]  Blood and Urine [ ]  Blood Plasma/Serum [ ]  Vitreous |
| [ ]  No | [ ]  Other |       |  |
|  |  |  |  |
| Drug Test Results | List All Drugs Found |
| [ ]  Negative [ ]  Positive |       |
| Circumstances (Please put additional comments on back of form) |
|       |

|  |  |  |
| --- | --- | --- |
| Coroner's Name (Printed) | Coroner's Signature | Date |
|       |  |  |
| Address | City | State | Zip Code |
|       |       | ID |       |
| Phone Number | E-Mail Address |
|       |       |