 **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](mailto: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 | | | |
|  |  | | | |