

## DEATH / TOXICOLOGY REPORT

(Medical Examiner / Justice of the Peace)

Indicate whether this is...  an Initial Report or...  a Supplemental Report

Reporting Agency: \_\_\_\_\_

Name of Person Submitting Report: \_\_\_\_\_

### DEATH DATA

Underlying Cause: An underlying cause of death was due to (or was a likely consequence of):

Motor Vehicle Crash  Bridge Collapse

Deceased Role:  Driver  Passenger  Pedestrian  Pedalcyclist

Name of Deceased: Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Crash: \_\_\_\_\_

County Name: \_\_\_\_\_ City Name (if known): \_\_\_\_\_  
(where crash occurred) (where crash occurred)

Crash/Bridge Location: \_\_\_\_\_  
(street/hwy or lat-long)

### TOXICOLOGY DATA

Test Type	Alcohol Results (%)	Drugs Found (List name of drug)
Whole Blood:		
Urine:		
Vitreous:		
Other Test Type:		
Not Tested:	<input type="checkbox"/>	<input type="checkbox"/>

Check if toxicological test results are not available at this time and supplemental report will be filed later.

Name of laboratory, medical examiner's office, or other facility that conducted toxicology testing: \_\_\_\_\_

**Mail to:** Texas Department of Transportation — or — **Email to:** TRF\_FatalityData@txdot.gov  
 Traffic Operations Division - Crash Data and Analysis Section  
 PO Box 149349  
 Austin, TX 78714

**Questions?** Call: 844/274-7457 — or — Submit by e-mail by clicking on the button below.