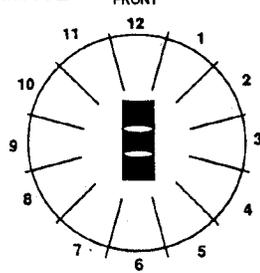
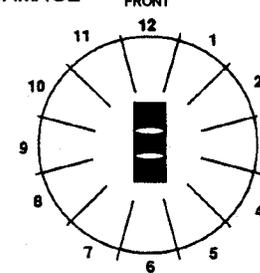


INVESTIGATIVE - FATALITY REPORT

COUNTY	ON Road	CITY	DATE of Accident	<input type="checkbox"/> Fatal, narrative & diagram on fatal accident (required by State) <input type="checkbox"/> Investigative Report	Page / of	
STATE USE ONLY		INVESTIGATIVE DEPT.	TIME Occurred	Day	Invest. OFFICER/BADGE No.	Local Case Number

FATALITY DATA

TIME EMS NOTIFIED	EXTRICATION WAS REQUIRED FOR THE FOLLOWING PERSONS	SPECIAL JURISDICTION	VEHICLE 1 DAMAGE	VEHICLE 2 DAMAGE
TIME EMS ARRIVED		00 Not Special 01 National Park Service 02 Military 03 Indian Reservation 04 College/University Campus 05 Other Federal properties 88 Other _____ 99 Unknown	FRONT 	FRONT 
TIME EMS ARRIVED AT HOSPITAL			<input type="checkbox"/> Undercarriage <input type="checkbox"/> Estimated Speed, MPH <input type="checkbox"/> No Damage <input type="checkbox"/>	<input type="checkbox"/> Undercarriage <input type="checkbox"/> Estimated Speed, MPH <input type="checkbox"/> No Damage <input type="checkbox"/>
IMPACT POINTS: Show initial impact point by arrow and label "I". Show principal impact point by arrow and label "P".				