PS-07093-04 *
(11-99)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

FATALITY REPORT

Page _____ of _____

(In conjunction with National Highway Traffic Safety Administration Fatal Accident Reporting System)

SEE INSTRUCTIONS ON REVERSE.

A ACCIDENT INFORMATION

Accident Date	Accident Time	Time Police Notified	Time Ambulance Notified
Contributing Weather? ☐Yes ☐No If Yes, What Kind? _____	Contributing Road Condition? ☐Yes ☐No If Yes, What Kind? _____		Time Ambulance Arrived at Scene
SPECIAL JURISDICTION: ☐ No special Jurisdiction ☐ Campus ☐ Indian Reservation ☐ Military ☐ National Park ☐ Other	If present, traffic controls functioning: ☐ Good ☐ Poor ☐ Not at all ☐ None Present		Time Ambulance Arrived at Hospit
Divider Type ☐ Median W/Barrier ☐ Median No Barrier ☐ Unknown ☐ None	Road Surface Type ☐ Concrete ☐ Blacktop ☐ Brick/Block ☐ Dirt ☐ Gravel		

B UNIT INFORMATION

UNIT NO. 1 — VEHICLE 1

Vehicle Make/Model	
Rollover	☐ Yes ☐ No ☐ Unknown
Jackknife	☐ 1st Event ☐ Subsequent ☐ NO ☐ NA
Travel Speed	(MPH)
Towing a Trailer	☐ Yes ☐ No ☐ Unknown
Special Use	☐ No ☐ Taxi ☐ School Bus ☐ Bus ☐ Unknown ☐ Military ☐ Police ☐ Ambulance ☐ Firetruck
Emergency Use	☐ Yes ☐ No ☐ Unknown
Avoidance Maneuver	☐ Braking ☐ Steering ☐ Both ☐ Other ☐ None
Violations Charged	☐ None ☐ Alcohol/Drugs ☐ Speed ☐ Susp/Rev. ☐ Reckless ☐ Other Move-Viol. ☐ Non Move-Viol. ☐ Viol.-Type Unknown/Other ☐ Unknown
Truck/Bus Type	☐ Cab Over Engine ☐ Cab Behind Engine ☐ NA

CIRCLE FIRST POINT OF IMPACT	FRONT	REAR
CIRCLE WORST POINT OF IMPACT	FRONT	REAR

PERSON INFORMATION (By Seat Position)

1 2 3 4 5 6 7 8 9		1	2	3	4	5	6	7	8	9	Oth
ALCOHOL	Test Taken? (Y / N) or UNK										
	Test Type? Blood, Urine, Etc. (B/U)										
	Test Results? (BAC)										
DRUGS/ CODES 0 - No Test 1 - No Drugs 2 - Narcotics 3 - Depressant 4 - Stimulant 5 - Hallucinogen 6 - Cannabinoid 7 - PCP 8 - OTHER	Test Taken? (Y/ N) or UNK										
	Test Type? Blood, Urine										
	Test Results? (SEE CODES)										
EJECTED THROUGH: F = FRONT S = SIDE											
W = Windshield D = Door Etc. or NA											
INJURED WHILE WORKING (Check Worker's Comp.) (Y / N) or UNK											
SHOULDER BELT USE (Y/N)											

UNIT NO. 2 — ☐ VEHICLE 2 ☐ PEDESTRIAN ☐ BIKE

Vehicle Make/Model	
Rollover	☐ Yes ☐ No ☐ Unknown
Jackknife	☐ 1st Event ☐ Subsequent ☐ NO ☐ NA
Travel Speed	(MPH)
Towing a Trailer	☐ Yes ☐ No ☐ Unknown
Special Use	☐ No ☐ Taxi ☐ School Bus ☐ Bus ☐ Unknown ☐ Military ☐ Police ☐ Ambulance ☐ Firetruck
Emergency Use	☐ Yes ☐ No ☐ Unknown
Avoidance Maneuver	☐ Braking ☐ Steering ☐ Both ☐ Other ☐ None
Violations Charged	☐ None ☐ Alcohol/Drugs ☐ Speed ☐ Susp/Rev. ☐ Reckless ☐ Other Move-Viol. ☐ Non Move-Viol. ☐ Viol.-Type Unknown/Other ☐ Unknown
Truck/Bus Type	☐ Cab Over Engine ☐ Cab Behind Engine ☐ NA

CIRCLE FIRST POINT OF IMPACT	FRONT	REAR
CIRCLE WORST POINT OF IMPACT	FRONT	REAR

PERSON INFORMATION (By Seat Position)

1 2 3 4 5 6 7 8 9		1	2	3	4	5	6	7	8	9	Oth
ALCOHOL	Test Taken? (Y / N) or UNK										
	Test Type? Blood, Urine, Etc. (B/U)										
	Test Results? (BAC)										
DRUGS/ CODES 0 - No Test 1 - No Drugs 2 - Narcotics 3 - Depressant 4 - Stimulant 5 - Hallucinogen 6 - Cannabinoid 7 - PCP 8 - OTHER	Test Taken? (Y/ N) or UNK										
	Test Type? Blood, Urine										
	Test Results? (SEE CODES)										
EJECTED THROUGH: F = FRONT S = SIDE											
W = Windshield D = Door Etc. or NA											
INJURED WHILE WORKING (Check Worker's Comp.) (Y / N) or UNK											
SHOULDER BELT USE (Y/N)											

OVER