

INSTRUCTIONS: Please fax this completed form to the Indiana State Police FARS Section at 317-234-2041 or email to in@fars.us or in2@fars.us.

Date (month, day, year)  Time		Location				
County		Reporting Agency				
Total Number of Fatalities	Number of Vehicles					
<u>List Fatally Injured Persons</u>						
Name	<u>List i atany mj</u>	<u> </u>		Driver?	Pas	senger?
1				_ 🗆		
2				_ 🗆		
3.				_ 🗆		
4				_ 🗆		
5				_ 🗆		
6				_ 🗆		
7				_ 🗆		
8.				_ 🗆		
Investigating Officer						
Investigating Agency Agency Tele			elephone Number			
			(	)		
	Toxic	ology				
List blood alcohol content (BAC) percentage or drugs inv			Drugs		Alcohol	
			Yes	□No	☐ Yes	☐ No
			Yes	□No	☐ Yes	☐ No
			Yes	□No	☐ Yes	☐ No
			Yes	□No	☐ Yes	☐ No
			Yes	□No	☐ Yes	☐ No
			Yes	□No	☐ Yes	☐ No
			Yes	□No	☐ Yes	☐ No

☐ Yes ☐ No ☐ Yes ☐ No