

## TOXICOLOGY REPORT

(Medical Examiner / Justice of the Peace)

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

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

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

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

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

Deceased Role:  Driver  
 Passenger  
 Pedestrian  
 Pedalcyclist

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

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

County Name: \_\_\_\_\_  
(where crash occurred)

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

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 — Fax to: 512/486-5796  
Crash Records  
PO Box 149349  
Austin, TX 78714

Questions? Call: 512/486-5780