**ON-SCENE TRAFFIC FATALITY DATA COLLECTION**

**INTRODUCTION**

In a collaborative effort to minimize the clearance time of fatal traffic incidents, the form on the other side of this flyer may be used to record essential information for the Office of the Chief Medical Examiner (OCME) before a Deputy Medical Examiner (DME) or a Forensic Investigator (FI) arrives at the scene. Your assistance in this matter will significantly reduce the time the DME or FI would need to complete the investigation at the scene. **Please remember that you may want to fill out this form only when your primary duties at the scene are completed and the DME or FI is on his/her way to the incident scene**. The OCME does not want to burden you with additional responsibilities unless you have the time to assist the OCME and the traveling public to have the incident removed from the roadway as quickly as possible.

**WHO IS AUTHORIZED TO COMPLETE THE FORM**

An officer who represents a law enforcement agency (such as State Police, Local Police, Sheriff’s Departments) at the incident scene may complete the *On-Scene Traffic Fatality Data Colle*ction form on the other side of this flyer.

**SPECIAL INSTRUCTIONS**

1. Please note that all items in the BOX AREA (including the *time* of *Last Known Alive*, *Incident Occurred*, *DME/FI notified*, *OCME notified*, and *Death Determined/Pronounced*; and the names and telephone numbers of the officers involved) are critical to the OCME investigation functions. Please make sure that all those data items are gathered for the DME/FI to decrease the time they need at the scene.
2. Examples of the “***Position of body at discovery***” (at the bottom of the form on the other side of this flyer) may include but not limited to:

* Outside of the vehicle
* In the driver’s seat
* In the front passenger’s seat
* In the left, center, or right, rear passenger’s seat

1. **If you need any other assistance from the OCME while you are at the scene, please call the OCME’s 24-hour telephone at 410-333-3271.**

**ON-SCENE TRAFFIC FATALITY DATA COLLECTION FORM**

Decedent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AKA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeless? Yes \_\_\_ No \_\_\_

Residence Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | | **Time** | **Location (City & County)** | **By Whom? (Name & Address or Title)** | **Phone #** |
| Last Known Alive  *(If Dead When Found)* |  | |  |  |  |  |
| Incident Occurred *(Injury/Collapse)* |  | |  |  |  |  |
| DME/FI notified |  | |  |  |  |  |
| OCME notified |  | |  |  |  |  |
| Death Determined/ Pronounced |  | |  |  |  |  |
| **Present at scene** | | **Name of Agency(s) and/or Investigator** | | | | **Phone #** |
| EMS/Ambo Unit | | Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| Law Enforcement Agency | | Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| Fire Department | |  | | | |  |

**LOCATION OF ORIGINAL INCIDENT: Check ONE CATEGORY ONLY.**

ڤ Interstate/expressway ڤ Highway/major street ڤ Local road/street

ڤ Adjacent to road ڤ RR tracks ڤ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Road Name: Cross Street/Interchange

**TRANSPORTATION ACCIDENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DECEDENT ACTIVITY** | **MAKE/MODEL YEAR**  (Motor veh./boat/ plane, etc.) | **DECEDENT VEHICLE**  (Check one) | | **RESTRAINT/HELMET**  (Check one) |
| (Check one)   * Driver/pilot * Passenger * Pedestrian * Unknown |  | * Passenger car * Van * Pickup truck * Other truck * Bus * Motorcycle * Motorbike | * Bicycle * Farm vehicle * Train * Aircraft * Watercraft (boat) * Other (describe)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * None * Shoulder belt * Lap belt * Lap/shoulder belt * Air bag only * Air bag - seat belt * Child restraint * Crash helmet * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unknown |

**COMMENTS - COMPLETE FOR ALL CASES**

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Position of body at discovery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next-of-kin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next-of-kin notified Yes No

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By Whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_