

**STATE OF VERMONT
NOTIFICATION OF FATAL TRAFFIC CRASH**

TO: Commander, Safety Programs
Send completed for to: DPS.FatalAcc@vermont.gov

FROM (Supervisor): _____

LEAD INVESTIGATOR _____ **DATE/TIME TRANSMITTED** _____

CASE # _____ **DATE** _____ **TIME** _____ **GPS LOCATION**
Lat _____ | Long _____

TOWN _____ **HIGHWAY/ROUTE** _____

VEHICLE #

OCCUPANT	<input type="checkbox"/> Operator Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	Name		DOB
	<input type="checkbox"/> Passenger Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	Town		State
	Street/P.O. Box			
VEH	Alcohol Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Drugs Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Seatbelt Used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Make	Model	Year	

VEHICLE #

OCCUPANT	<input type="checkbox"/> Operator Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	Name		DOB
	<input type="checkbox"/> Passenger Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	Town		State
	Street/P.O. Box			
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	Make	Model	Year	

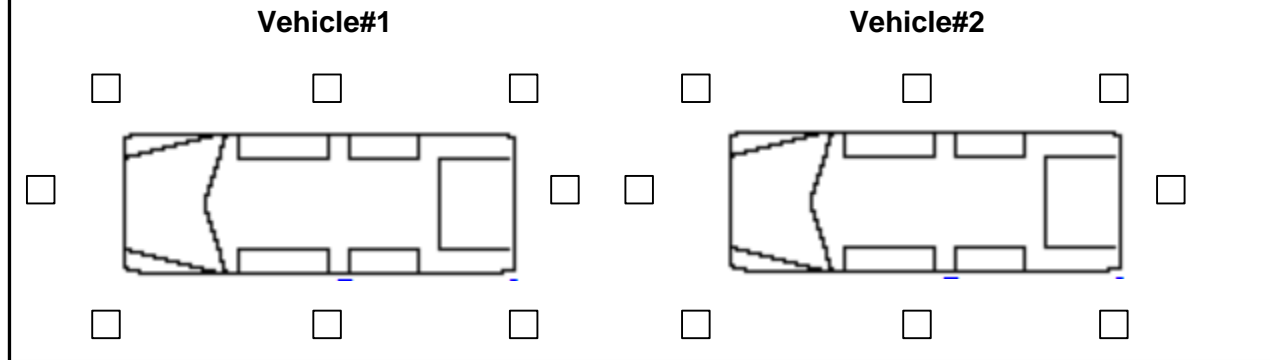
Collision Avoidance (check all that apply)
 Vehicle#1 None Braking Acceleration Steer Left Steer Right Other
 Vehicle#2 None Braking Acceleration Steer Left Steer Right Other

Airbag Deployment (check all that apply)
 Vehicle#1 Driver Passenger Side Curtain Door/Seat No Deployment
 Vehicle#2 Driver Passenger Side Curtain Door/Seat No Deployment

Ejection Path:
 Vehicle#1 No Ejection Side Window Windshield Roof Opening Rear Window
 Vehicle#2 No Ejection Side Window Windshield Roof Opening Rear Window

Fire Occurrence: Vehicle#1 Yes No Vehicle#2 Yes No

Initial point of contact on each vehicle:



Brief Description of What Occurred to Include Weather/Road Conditions:

(Type brief narrative here)