AA-34 (9-21)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.penndot.gov

CORONER'S MOTOR VEHICLE DEATH REPORT

CORONER'S NAME_____ COUNTY_____ DATE MAILED_____

DATE OF ACCIDENT: _____ OR ☐ DATE UNKNOWN HOUR _____ AM _____ PM CORONER/M.E. CASE NUMBER _____

NAME OF INVESTIGATING POLICE AGENCY_____

LOCATION OF CRASH COUNTY_____ MUNICIPALITY_____

PRINCIPLE ROAD/ROUTE NUMBER_____

1.

DECEASED: FIRST NAME_____ LAST NAME_____ DATE OF BIRTH_____ AGE _____ SEX_____

ADDRESS OF DECEASED_____ CITY _____ COUNTY STATE _____

TYPE OF INJURY CAUSING DEATH/RESULTS OF AUTOPSY_____

_____

☐ DRIVER ☐ OCCUPANT ☐ PEDESTRIAN ☐ BICYCLE ☐ OTHER: PLEASE EXPLAIN _____

SEATBELT USAGE MOTORCYCLE/BICYCLE HELMET USAGE

DATE AND TIME OF DEATH: DATE_____ HOUR _____ AM _____ PM

DOES THE DECEASED HAVE A MEDICAL MARIJUANA CARD? ☐ YES ☐ NO ☐ UNKNOWN

HAD DECEASED OPERATOR OR PEDESTRIAN BEEN DRINKING?
IF YES, PLEASE FILL IN THE PERCENTAGE OF ALCOHOL ☐ YES _____% ☐ NO ☐ PENDING TEST RESULTS ☐ NO TEST GIVEN

DRUGS NOTED IN TOXICOLOGY REPORT
(Other than alcohol) excluding nicotine, aspirin) ☐ YES ☐ NO ☐ PENDING TEST RESULTS ☐ NO TEST GIVEN

NAME OF DRUGS NOTED IN TOXICOLOGY REPORT:

_____

2.

DECEASED: FIRST NAME_____ LAST NAME_____ DATE OF BIRTH_____ AGE _____ SEX_____

ADDRESS OF DECEASED_____ CITY _____ COUNTY STATE _____

TYPE OF INJURY CAUSING DEATH/RESULTS OF AUTOPSY_____

_____

☐ DRIVER ☐ OCCUPANT ☐ PEDESTRIAN ☐ BICYCLE ☐ OTHER: PLEASE EXPLAIN _____

SEATBELT USAGE MOTORCYCLE/BICYCLE HELMET USAGE

DATE AND TIME OF DEATH: DATE_____ HOUR _____ AM _____ PM

DOES THE DECEASED HAVE A MEDICAL MARIJUANA CARD? ☐ YES ☐ NO ☐ UNKNOWN

HAD DECEASED OPERATOR OR PEDESTRIAN BEEN DRINKING?
IF YES, PLEASE FILL IN THE PERCENTAGE OF ALCOHOL ☐ YES _____% ☐ NO ☐ PENDING TEST RESULTS ☐ NO TEST GIVEN

DRUGS NOTED IN TOXICOLOGY REPORT
(Other than alcohol) excluding nicotine, aspirin) ☐ YES ☐ NO ☐ PENDING TEST RESULTS ☐ NO TEST GIVEN

NAME OF DRUGS NOTED IN TOXICOLOGY REPORT:

_____

REMARKS_____

_____ _____
CORONER'S SIGNATURE DATE

Forward completed report via email for fax to:

Click link to submit: PDFARS@pa.gov

Fax: 717-213-8052

INSTRUCTIONS FOR PREPARING CORONER'S DEATH REPORT

Name of Coroner or Medical Examiner filling out the Report.

County in which Coroner or Medical Examiner has jurisdiction.

Date on which accident occurred, including the hours, (A.M. or P.M.).
Example: Date – May 29, 2019; Hour – _____ A.M. 3:00 P.M.

Coroner/M.E. Case Number.

Name of Investigating Police Agency.

Give exact location of the crash if known. Give the street on which the crash occurred, along with the county and municipality. If the crash occurred at an intersection you may include the intersecting street in the Principle Road/Route Number field.

Fill in Name, Date of Birth, Age and Sex of Deceased, Street Number, City, County and State.

Type of Injury Causing Death/Results of Autopsy, explain briefly, such as: crushed skull, multiple blunt force trauma etc. If autopsy was performed, give results. Include as much information as possible.

The Department of Transportation should be notified in the event the victim's death resulted from a HEART ATTACK or NATURAL CAUSES rather than injuries sustained in the crash.
In the event more than two persons are killed in one crash, use additional copies of the Form as necessary.

Check appropriate block covering status of deceased, Example: Driver, Pedestrian, etc.,

Seatbelt Usage and Motorcycle/Bicycle Helmet Usage, use the appropriate code, Yes, No or Unknown. If not applicable, leave blank.

Medial Marijuana Card, use the appropriate code, Yes, No or Unknown.

Alcohol and Drug Results:

Please note per Title 75 §3749(b) coroner offices should be taking blood and/or urine samples from the bodies of all drivers and pedestrians over 15 years of age who die within four hours following a crash. BAC percentages should be completed on this form whenever a sample is taken.

Complete the appropriate checkbox for indication of Alcohol and Drugs and record results as applicable.

Please sign the report and provide the completion date. Please return the form to the Department of Transportation within five (5) days of certification of death using one of these methods:

Mail to: **Bureau of Maintenance and Operations**
FARS Unit
P.O. Box 2047
Harrisburg, Pennsylvania 17105-2047

Fax: **717-213-8052**

Email: **PDFARS@pa.gov**

THE VEHICLE CODE, SECTION 3749

§3749. Reports by coroners and medical examiners.

(a) General rule.—Every coroner or medical examiner in this Commonwealth shall report in writing to the Department within five days of certification the death of any person resulting from a vehicle accident, giving the time and place of accident and the circumstances relating thereto. These reports shall be made on forms prepared by the Department. Every coroner or medical examiner shall retain a copy of the reports in his office for a period of two years.