

1. ACCIDENT DETAILS

Date: Time of Accident: Location:

Brief story:

2. DECEASED

Forename(s): Surname: Sex: DoB:

Died on (date): At (time): Aged: Inquest date (if known):

Road User Class: ☐ Driver/Rider ☐ Passenger ☐ Pedestrian ☐ Pedal cyclist ☐ Not known

Vehicle Class: ☐ Car/taxi ☐ Motorcycle ☐ Commercial ☐ Public service ☐ Not known ☐ Other

3. BLOOD SAMPLE (ALCOHOL)

Sample type: ☐ Admission ☐ Post mortem

On (date): At (time): Blood Alcohol Level: (mg alcohol / 100ml blood)

No Sample: ☐ Not taken ☐ Not analysed

Reason: ☐ Aged under 16 ☐ Blood transfusion ☐ Died over 12 hours after the accident

☐ Badly burned ☐ Exsanguine ☐ Other (Please specify)

4. TOXICOLOGY (DRUGS AND MEDICINES)

Was toxicology requested for drugs other than alcohol (including medicines)? Yes ☐ No ☐

Copy of toxicology report attached? Yes: ☐ (If attached, no need to complete rest of Section 4)

Sample type: ☐ Blood ☐ Urine ☐ Admission
☐ Post mortem ☐ Other (Please specify)

Please use the table below to indicate all drugs identified at screening stage and any that were confirmed. Where available, please provide levels detected and specific drug names.

Drug groups	Screening stage		Confirmed?	Level (please show units)			Specific drugs/ metabolites identified
	Screened for?	Identified?		Blood	Urine	Tissue	
Cannabinoids							
Cocaine							
Amphetamines							
Methamphetamines							
MDMA							
Heroin							
Methadone							
Other opiates (codeine, morphine)							
Benzodiazepines							
Other							

Please return this form to:
SAFETY GROUP
TRL
FREEPOST SCE 964
WOKINGHAM
RG40 3ZZ

If you wish to claim a fee for this return at the standard rate, please tick: ☐

Print name: Coroner/Procurator Fiscal

Signed:

Area/ District: Date:

Please tick if you require: ☐ Additional forms ☐ Pre-paid envelopes