

(FOR LAW ENFORCEMENT
USE ONLY)

**DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
Traffic Records Branch**

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CRASH FATALITY NOTIFICATION FORM

Submit this report to DMV within 24 hours of the occurrence of a fatal crash. (Press tab to move from field to field on Form.)

Date of Crash: Time of Crash: (24 hours) County of Crash:

Location of Crash: Highway # or Street:

Investigating Agency: State Agency #:

Investigating Officer: Troop #:

No. of Vehicles: No. of Fatalities: No. of Injured: Alcohol Related: Yes No

FATALITIES

Name	Unit #	Race	Sex	Age	Seatbelt Y/N	Position
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Codes for Position: OPER (Driver), RF (Right Front), MF (Middle Front), LR (Left Rear), CR (Center Rear), RR (Right Rear), PED (Pedestrian), NM (Non-Motorist)

Remarks:

IMPORTANT: A fatality occurring during a motor vehicle crash must be reported to DMV within 24 hours. The completed DMV-349 form **MUST** follow within 10 days as required by § 20-166.1. When death resulting from a crash occurs within 12 months after the crash, and the fatality was not reported in the initial crash report, the investigating agency must file a supplemental report to DMV that includes the death.