



# Special Crash Investigations - Notification Form

Information can be directly entered into this online form. When completed, print and fax to 202-366-5374.



Investigating Police Jurisdiction:

Contact Person:

Phone Number:

Email:

Crash Date:

Crash Location:

Specific Reason for Special Interest:

(example: Passenger air bag child fatality)

**MAXIMUM OF 3 LINES ONLY!**

Vehicle Year/Make/Model:

Damage: (check all that apply)    Minor    Moderate    Severe /    Front    Side    Back

Air Bag Deployed:    No    Yes (If Yes, please check where, below)

If Air Bag Deployed, indicate where:    Driver Side    Passenger Side    Left Door    Right Door

## Occupant Information

Name:

Seat Position:

Phone Number:

Treatment Status:

Sex:    Male    Female

Age:    Height:    Weight:

Seat Belt Usage:    Yes    No

Describe Indications of Belt Usage:

**3 LINES MAX!**

Injury Information:

**3 LINES MAX!**

Comments:

**3 LINES MAX!**