Reset Form

FATALITY ANALYSIS REPORTING SYSTEM
FATALITY REPORT

State Form 53147 (R3 / 4-23)
INDIANA CRIMINAL JUSTICE INSTITUTE

INSTRUCTIONS: Please email this completed form to the Indiana Criminal Justice Institute FARS Section at CJIFARS@cji.in.gov. For instructions or questions, please contact the FARS Section at 317-233-9587 or 317-233-9586.

(This agency is requesting disclosure of confidential information in accordance with IC 4-1-6-2; disclosure is voluntary and this record cannot be processed without it, you will not be penalized for refusal.)

(Please complete and submit this form within 24 hours of the fatality)

Date *(month, day, year)*	Time	Location
County		Reporting Agency
Total Number of Fatalities		Number of Vehicles
Investigating Officer		
Investigating Agency		Agency Telephone Number ( )

List Fatally Injured Persons

Name	Driver?	Passenger?
1. _____	☐	☐
2. _____	☐	☐
3. _____	☐	☐
4. _____	☐	☐
5. _____	☐	☐
6. _____	☐	☐
7. _____	☐	☐

Toxicology

List blood alcohol content (BAC) percentage or drugs involved below.

Name	Alcohol	Drugs
_____	☐ Yes ☐ No if yes, list BAC:	☐ Yes ☐ No if yes, list level/drug class:
_____	☐ Yes ☐ No if yes, list BAC:	☐ Yes ☐ No if yes, list level/drug class:
_____	☐ Yes ☐ No if yes, list BAC:	☐ Yes ☐ No if yes, list level/drug class:
_____	☐ Yes ☐ No if yes, list BAC:	☐ Yes ☐ No if yes, list level/drug class:
_____	☐ Yes ☐ No if yes, list BAC:	☐ Yes ☐ No If yes, list level/drug class:
_____	☐ Yes ☐ No if yes, list BAC:	☐ Yes ☐ No if yes, list level/drug class:
_____	☐ Yes ☐ No if yes, list BAC:	☐ Yes ☐ No If yes, list level/drug class: