

State of North Dakota)
)ss
County of Burleigh)

I, Margaret A. Pearson, do hereby certify that I am a duly-appointed State Toxicologist for the State of North Dakota and an official custodian of the records and files of the office thereof, that I have carefully compared the

Toxicology Traffic Fatality Study; PMOND: TTFS.9 4/07 (May 22, 2007)

hereto attached with the respective original as the same appears of record on file in the Toxicology Laboratory in the County of Burleigh, North Dakota, and find the same to be a true and correct copy thereof and of the whole thereof. In witness whereof I have set my hand at the city of Bismarck, in said county this:

22 day of May, 2007

Margaret A. Pearson
Margaret A. Pearson, State Toxicologist

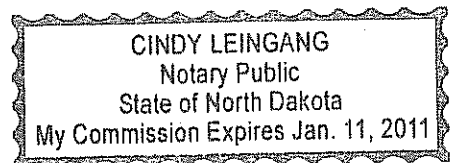
State of North Dakota)
)ss
County of Burleigh)

On this 22 day of May, 2007, before me personally appeared Margaret A. Pearson, known to me to be a State Toxicologist for the State of North Dakota, acknowledged to me that he/she has executed the same.

Subscribed to and sworn before me this:

22 day of May, 2007

Cindy Leingang
Cindy Leingang, Notary Public, State of North Dakota
My Commission Expires January 11, 2011



(SEAL)



Toxicology Traffic Fatality Study

Office of Attorney General, Crime Laboratory Division
2635 East Main Avenue, P.O. Box 937
Bismarck, ND 58502-0937 • (701) 328-6159
SFN 53219 (3/07)

Kit Lot No. 9814

Decedent's Name: _____
Last First M.I.

Address: _____

*Social Security: _____ Driver's License: _____ State: _____

Date of Birth: ____/____/____ Sex: Male Female Occupation: _____
Month Day Year

*NOTE: In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary pursuant to North Dakota Century Code. The individual's social security number is used within our department as an identification number for file control purposes and record keeping.

	Hour	Month	Day	Year
Time and Date of Accident				
Time and Date of Death				
Time and Date of Specimen Collection				

Venipuncture Site: _____

Decedent Was: Driver Suspected Driver Occupant Pedestrian

Other: _____

For Lab Use Only:

Case No.: _____

Specimen Received:

- In a Sealed Postmortem Kit
- Via Postal Delivery
- In a Sealed Biohazard Bag
- Via Other _____

at _____ on _____
(Time) (Date)

By: _____

at _____ on _____
(Time) (Date)

Remarks: _____

Sample Submitting Agency:

Coroner Name: _____
Agency: _____
Address: _____

Officer Name: _____
Agency: _____
Address: _____

Send Replacement Postmortem Kit To:

Name: _____
Agency: _____
Address: _____

Margaret A. Pearson
22 May 2007