

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; PM0ND: TTFS.7 3/05 (APRIL 25, 2005)**

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:

\_\_\_\_\_ 25 \_\_\_\_\_ day of \_\_\_\_\_ April \_\_\_\_\_, 2005 \_\_\_\_\_

Margaret A. Pearson  
Margaret A. Pearson, State Toxicologist

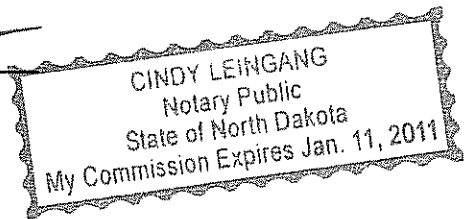
State of North Dakota     )  
  )ss  
County of Burleigh         )

On this \_\_\_\_\_ 25 \_\_\_\_\_ day of \_\_\_\_\_ April \_\_\_\_\_, 2005 \_\_\_\_\_, before me personally appeared Margaret A. Pearson, known to me to be a State Toxicologist for the State of North Dakota, and acknowledged to me that she has executed the same.

Subscribed to and sworn before me this:

\_\_\_\_\_ 25 \_\_\_\_\_ day of \_\_\_\_\_ April \_\_\_\_\_, 2005 \_\_\_\_\_

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 (1/05)

<p>Decedent's Name: _____  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div> </p> <p>Address: _____          _____          _____</p> <p>*Social Security: _____</p> <p>Driver's License.: _____ State: _____</p> <p>Date of Birth: ____/____/____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> </p> <p>Occupation: _____</p> <p><small>*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.</small></p>	<p>For Lab Use Only:</p> <p>Case No.: _____</p> <p>Specimen Received:</p> <p><input type="checkbox"/> In a Sealed Postmortem Kit</p> <p><input type="checkbox"/> Via Postal Delivery</p> <p><input type="checkbox"/> In a Sealed Bio Bag</p> <p><input type="checkbox"/> Via Other _____</p> <p>at _____ on _____  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Time)</span> <span>(Date)</span> </div> </p> <p>By: _____</p> <p>Remarks: _____          _____          _____</p>
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	Hour	Month	Day	Year
Time and Date of Accident				
Time and Date of Death				
Time and Date of Specimen Collection				
Decedent Was: <input type="checkbox"/> Driver <input type="checkbox"/> Suspected Driver <input type="checkbox"/> Occupant <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other: _____				
Venipuncture Site: _____				

<p>Name and Address of Sample Collector:</p> _____ _____ _____ _____	<p>Send Replacement Postmortem Kit To:</p> _____ _____ _____ _____
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*M. August*  
*25 April 2005*