State of North Dakota )	
)ss County of Burleigh )	
I, Margaret A. Pearson, do hereby certify that I am a duly-appo the State of North Dakota and an official custodian of the rec thereof, that I have carefully compared the	
Toxicology Traffic Fatality Study; PM0ND: TTFS.8 9/05 (N	OVEMBER 22, 2005)
hereto attached with the respective original as the same appearoxicology Laboratory in the County of Burleigh, North Dakota true and correct copy thereof and of the whole thereof. In with hand at the city of Bismarck, in said county this:	, and find the same to be a
22 day of Movember, 2005	
Margaret A. Dearson, State Toxicologist	
State of North Dakota ) )ss	
County of Burleigh )	
On this <u>32</u> day of <u>16000000000000000000000000000000000000</u>	
Subscribed to and sworn before me this:	
	15
And Summer	CINDY LEINGANG Notary Public State of North Dakota My Commission Expires Jan. 11, 201
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 (9/05)

Decedent Name:		For L	For Lab Use Only:		
Last First	M.I.				
Address:		Case No.:			
			Specimen Received:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ In a Sealed Postmortern Kit			
*Social Security:	tanto nt.	☐ Via Postal Delivery			
		□ In a Sealed Bio Bag			
Driver's License: State:	785	□ Via Other			
		) at	(Time)	on	Date)
Date of Birth: / / Sex: □ Male  Month Day Year	□ Female	D.	, ,		
Occupation:		1161116	41N3		
*NOTE: In compliance with the Federal Privacy Act of 1974, the disclosure of the indiviserally number on this form is voluntary pursuant to North Dakota Century C social security number is used within our department as an identification number purposes and record keeping.	ario The ioribuduelle				
	Ног	ır	Month	Day	Year
Time and Date of Accident				***************************************	
Time and Date of Death					
Time and Date of Specimen Collection					
Decedent Was: □ Driver □ Suspected Driver	□ Occupant	□ Ped	lestrian [	□ Other:	
Venipuncture Site:					
Name and Address of Sample Collector:	Send Benla	ecemer	at Poetmo	rtem Kit To:	
	Idress of Sample Collector: Send Replacement Postmortem Kit To:				
					) C
				/(	MM LAT
				1	1- other
	<del></del>			Many	May Joe

PMOND:TTFS.8 9/05