COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

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SUBMITTAL FORM – TOXICOLOGY SECTION – DUI/DUID

1. AGENCY INCIDENT #: _____
2. NEW SUBMITTAL: YES _____ NO _____ IF NO, PRIOR LAB NUMBER: _____
3. TYPE OF OFFENSE OR OCCURRENCE: _____
4. DATE AND TIME OF OFFENSE OR OCCURRENCE: _____
5. LOCATION OF OFFENSE OR OCCURRENCE: (STREET, CITY, BOROUGH, TOWNSHIP, ETC.)

   _____
6. LOCATION SAMPLE COLLECTED: (HOSPITAL) _____ TIME COLLECTED: _____
7. FACTS OF OFFENSE OR OCCURRENCE:

8. ACTOR'S NAME: _____ OTN: _____ SEX: _____ AGE: _____
9. TYPE OF ANALYSES REQUESTED: ALCOHOL _____ DRUG SCREEN _____ OTHER (SPECIFY) _____
10. TYPE OF DRUG SUSPECTED: _____
11. EVIDENCE INVENTORY:

    _____
12. DRE CASE YES _____ NO _____ DRUG CATEGORY SUSPECTED: _____
13. BRIEF HISTORY: (SOBRIETY, TIME OF LAST DRINK OR INGESTION OF DRUG, TIME OF LAST MEAL, INJURIES, ETC.)

14. VICTIM'S NAME: _____ SEX: _____ AGE: _____
15. CONDITION OF VICTIM: UNHARMED _____ INJURED _____ DECEASED _____
16. HEARING DATE: _____
17. INVESTIGATING OFFICER: _____ PHONE NUMBER: _____
18. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):