

Monthly Coroner's Report of Blood Alcohol and Drugs for Traffic Fatality Victims

County _____

Month/Year _____

Name of Traffic Fatality Victim	Date of Birth	Sex	Traffic Collision Date	Date of Death	Blood Alcohol Concentration*	Drug Screen**

* If no test given put 'NO TEST'; if test results pending put 'RESULTS PENDING'; otherwise put actual BAC

** If test given with positive results specify type of drug found; if test was given and no results were found put 'NONE'; else put 'NO TEST'

Please complete as soon as BAC test results are available and return to:

Beth Lancaster

South Carolina Department of Public Safety

P.O. Box 1993

Blythewood, South Carolina 29016

Phone: (803) 896-9954

Fax: (803) 896-9978

EMAIL: bethlancaster@scpds.gov

Toll Free: 1-877-349-7187