SURVIVING DRIVER BAC TEST RESULTS REPORT FORM

PURPOSE

This form is used by authorized law enforcement personnel to report the blood alcohol content test results of surviving drivers involved in fatality and/or serious injury accidents to the Missouri State Highway Patrol, Traffic Records Division, Fatality Analysis Reporting System (FARS) Unit. The FARS is part of the National Highway Traffic Safety Administration (NHTSA) who in turn does extensive analysis on impaired drivers.

WHEN USED

According to section 577.021 RSMo, law enforcement officers who investigate a motor vehicle crash involving a fatality or serious physical injury as defined in section 565.002, RSMo, shall make all reasonable efforts to administer a chemical test to any person suspected of driving a motor vehicle involved in the crash.

COMPLETION INSTRUCTIONS

The fields on the form are self-explanatory. The form provides fields for up to four drivers per accident. If there are more than four drivers, complete additional forms. When the surviving driver is not tested, an explanation is required in the "Reason Not Tested" field.

ROUTING / DISPOSITION

- A. Electronic Completion and Routing
- 1. Route the completed form by e-mail to the FARS Unit of the Traffic Records Division.
- 2. Use the e-mail address built into the application.
- 3. A copy should be made and retained by the investigating agency.
- B. Manual Completion and Routing
- 1. Print a blank copy from the PC and complete the form.
- 2. Mail the completed form to the Missouri State Highway Patrol, Traffic Records Division FARS Unit, P.O. Box 568, Jefferson City, Missouri 65102, or FAX to (573) 751-9921, Attention: FARS Unit.
- 2. A copy should be made and retained by the investigating agency.

NEW USER REGISTRATION

All first time users of the Surviving Driver BAC Test Results Report Form will use this to register their profile and submit a request for becoming an authorized user to access the system.

Step-by-Step

- 1. From the MSHP homepage, select the Law Enforcement Portal link.
- 2. Single click the Surviving Driver BAC Test Results link.

Your screen will look similar to this:

Missouri State Highway Patrol					
Surviving	Driver BAC Test Results Report Form Login				
Existing User	New User Click here to Register				
User Id:	Password Related				
Password:	Forgot Password?				
Login Reset	Surviving Driver BAC Test Results Help Manual				

3. Single click the

Click here to Register

button.

Your screen will look similar to this:

1 - P - Misses	Ctata C
High	ouri State way Patrol
	May oxic
You are about to request access to a	secure site. Information that you enter in this page will be investigated for authenticity
and accuracy. If you are not an emp	ployee of an ORI number-defined agency, please do not complete this request form.
	New User Registration
î-	
NOTE: The fields i required to comple	indicated with an asterisk (*) below are ste this form
*Agency ORI:	
*First Name.	
Middle Name.	
*Last Name:	
*Last Four SSN:	
*Date Of Birth (MM/DD/YYYYY):	
Title:	
Address:	
*City:	
*State:	Missouri
Zip Code:	
*Phone:	ext
*E-Mail:	
*Repeat E-Mail:	
Fax: *Enter Password:	
*Re-enter Password:	
	Note: Passwords must be between 6 and 15 characters in length, cannot contain
	spaces, and must contain at least one upper case character, lower case character, number, and at least one of the following special characters !@#\$%%*()+=
	The first character must be an upper case character, lower case character or number.
	Register Cancel

4. Enter your ORI.

Your ORI must be 9 alpha and numeric characters and always begin with MO. Be sure to enter this correctly.

5. Enter your First Name.

First Name must be between 1 and 30 characters in length.

6. Enter your **Middle** Name.

Middle name must be between 1 and 30 characters in length.

7. Enter your Last Name.

Last name must be between 1 and 30 characters in length. This is the name of the person requesting a User Id and password for access to the Surviving Driver BAC Test Results Report Form. You are not creating a user id here.

- **8.** Enter your **Title** if applicable (*optional*).
- 9. Enter your mailing Address.
- 10. Enter the City of your mailing address.

City must be between 1 and 30 characters in length.

11. Select a State for your mailing address.

This field will default to Missouri for you. You may Tab past it.

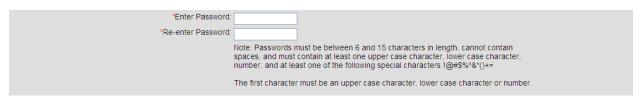
- **12.** Enter the **Zip Code** for your mailing address.
- **13.** Enter your **Phone** number.

Phone must be between 10 and 15 characters in length. This number will be used to contact you if we have a question about your registration.

14. Enter your E-Mail address.

Email address must be between 7 and 50 characters in length. This is address will be used to contact you with your User ID and Password once you have been registered.

15. Enter your Fax number.



16. Enter the Password you wish to have set with your new User ID.

Passwords must be between 6 and 15 characters in length, cannot contain spaces, and must contain at least on upper case character, one lower case character, one number, and at least one of the following special characters !@#\$%^&*()+=.

17. Re-enter your Password.

This will verify that you have typed the password exactly the same twice.



18. Single click the to the Surviving Driver BAC Test Results Report Form Login homepage.

Cancel will return you

NOTE: If you do not complete a required field or have input information erroneously, you will be presented with the New User Registration input screen again.

Your screen will look similar to this:

	New User Registration
NOTE: The fields required to compl	indicated with an asterisk (*) below are ete this form
	ect the following errors and try again: ords entered in the two password fields did not match.
	MOMHPCC01
*First Name:	John
Middle Name:	Robert
*Last Name:	Smith

You will be given a list (in red) of each error that needs to be corrected. You will need to re-enter both password fields if you encounter any errors. Correct each error noted in red and single click the Register button again.

REQUEST A FORGOTTEN PASSWORD

Your User Id and Password will allow you to access the Surviving Driver BAC Test Results Report Form. If you forget your password you may call technical support and request your password.

Step-by-Step

- 1. From the MSHP homepage, select **Law Enforcement Portal** link.
- 2. Single click the link Surviving Driver BAC Test Results link.

Your screen will look similar to this:



Forgot Password? 3. Single click the button.



4. Note the 800 number and single click the Return to Login Screen link.

SYSTEM ACCESS

Step-by-Step

- 1. From the MSHP homepage, select the Law Enforcement Portal link.
- 2. Single click the Surviving Driver BAC Test Results link.

Your screen will look similar to this:



3. Enter your **User Id**.

This will be the User Id that was sent to you from MSHP.

- **4.** Enter the **Password** that you requested be set for you when you submitted your New User Registration information.
- 5. Single click the Login button. Reset empties all fields of their current data, allowing you to start again.





MISSOURI STATE HIGHWAY PATROL SURVIVING DRIVER BAC TEST RESULTS (Fatal and Serious Injury Crashes)

ACCIDENT LOCATION							
AGENCY NAME		TROOP / ZONE (MSHE	Quee only)	AGENCY ORI			
ACCITOT NAME		THOO TEOME (MISH	use only)	AGENOT ON			
ACCIDENT DATE	COUNTY		REPORT /	CASE / INCIDENT N	NUMBER		
DRIVER NAME (First Name) (I	MI) (Last Name)		DA	TE OF TEST	TIME OF TEST		
TYPE OF ALCOHOL TEXT(S) ADMINIS	TEDED (Octool all that are his						
TYPE OF ALCOHOL TEST(S) ADMINIS			- Plo	od Toet (toet rosulte	must be reported upon		
Preliminary Breath Test (PBT)	Evidentiary Breath Test Blood Test (test results must be reported upor receipt from lab)			must be reported upon			
BAC RESULT: 0. %	BAC DESULT). %		
TEST(S) NOT ADMINISTERED -		. 0. 70		DAO REGOET.	, , , ,		
	- REASON						
Driver Refused		Other (Explanation	on Required	1)			
REASON NOT TESTED							
DRIVER NAME (First Name) (I	MI) (Last Name)		DA.	TE OF TEST	TIME OF TEST		
TYPE OF ALCOHOL TEST(S) ADMINIS	TERED (Select all that apply)						
Preliminary Breath Test (PBT)	Evidentiary Brea	th Tost			must be reported upon		
			rece	eipt from lab)			
BAC RESULT: 0. %	BAC RESULT	: 0. %		BAC RESULT: (). %		
TEST(S) NOT ADMINISTERED -	- REASON						
Driver Refused		Other (Explanation	on Required	n			
REASON NOT TESTED		Other (Explanation	onricquired	•,			
REASON NOT TESTED							
DRIVER NAME (First Name) (N	/II) (Last Name)		DAT	TE OF TEST	TIME OF TEST		
TYPE OF ALCOHOL TEST(S) ADMINIST	ERED (Select all that apply)		- Disc				
Preliminary Breath Test (PBT)	Evidentiary Brea	th Test		Blood Test (test results must be reported upon receipt from lab)			
DAG DEGULT: 0		0. %	rece		. %		
BAC RESULT: 0. %	BAC RESULT	0. %		BAC RESULT: 0	. 70		
TEST(S) NOT ADMINISTERED — REASON							
Driver Refused Other (Explanation Required)							
REASON NOT TESTED							
,2							
DRIVER NAME (First Name) (A	/II) (Last Name)		DAT	TE OF TEST	TIME OF TEST		
Diviver (Vane (Vastranie)	(Last Hame)		D/(1	12 01 1201	TIME OF TEOT		
TYPE OF ALCOHOL TEST(S) ADMINIST	ERED (Select all that apply)						
Preliminary Breath Test (PBT)	Evidentiary Breat	th Test			nust be reported upon		
			rece	eipt from lab)	0/		
BAC RESULT: 0. %	BAC RESULT	0. %		BAC RESULT: 0	. %		
TEST(S) NOT ADMINISTERED — REASON							
Driver Refused Other (Explanation Required)							
REASON NOT TESTED							
NEAGON NOT LEGIED							