



STATE OF GEORGIA
DEPARTMENT OF TRANSPORTATION

Form: DOT0314 - GA DOT Traffic Fatality Notification Sheet
Reports To: Office of Traffic Operations Contact: 404-635-2850

Date Sent to GDOT: [input box]

Immediately email to: GeorgiaFARS@dot.ga.gov

Agency: [input box]

Officer: [input box]

Case No: [input box]

Fax Number (Recommended):

(404) 635-2963

Total Number of Pages: [input box]

Phone Numbers:

(404) 635-2825

(404) 635-2826

Sender's Phone Number: [input box]

Re: DOT Traffic Fatality Notification

Sender's Fax Number: [input box]

Name(s): [input box]

Age: [input box] Check One: Driver: [input box] Passenger: [input box] Pedestrian: [input box] Bicyclist: [input box]

Date of Crash: [input box] Est. Crash Time: [input box]

Date of Death (if different): [input box]

County: [input box]

Crash Location Description: [input box]

Remarks: [input box]

Most Harmful Event: [input box]

Check All Applicable Below:

- Intersection Crash [input box]
Lane Departure [input box]
Roadway Departure [input box]
Work Zone [input box]

- Safety Equipment Used [input box]
Suspected Speeding [input box]
Suspected U.I. [input box]
Suspected Distracted [input box]