



Alcohol and Controlled Substances Accident Testing Report

Company: _____

Phone: _____

Address: _____

Email: _____

City, ST, ZIP _____

Driver Name: _____

Type of Accident: Fatal Injury Towed Vehicle Non DOT

Citation Issued?: Yes No (Injury & Towed Vehicle)

Is Controlled Substances & Alcohol Testing Required?: Yes No

Name of Collector: _____

Phone: _____

Address: _____

Email: _____

City, ST: _____

Reason Alcohol Test Not Completed Within: 2 Hours 8 Hours

Reason Controlled Substances Test Not Completed Within 32 Hours: