

ACCIDENT INFORMATION AND CHAIN OF CUSTODY

**U.S. Department of Transportation, Federal Aviation Administration
Civil Aerospace Medical Institute (CAMI), 6500 S MacArthur Blvd., Oklahoma City, OK 73169**

Phone: 405-954-6254 Fax: 405-954-3705

E-mail: 9-AMC-AAM600-SPECIMENS@faa.gov Website for information: http://www.faa.gov/go/toxlab

Website for form: https://www.faa.gov/documentLibrary/media/Form/AC_8025-3_Chain_of_Custody.pdf

- 1. Victim Name: _____ Birth Date: _____ Sex: M F
- 2. Accident Date: _____ Time: _____ Location: _____
- 3. Accident Type: Aviation Highway Marine Rail Other: _____
- 4. Fire: Yes No Unknown
- 5. Victim Role: Pilot Co-Pilot Passenger Other _____
- 6. Other Information: _____

Medical Examiner/Coroner Information

- 7. Medical Examiner Case No: _____
- 8. Autopsy By: _____ Phone: _____
- 9. Does Medical Examiner/Coroner want an electronic copy of the final case report? Yes No
- 10. Medical Examiner/Coroner e-Mail Address: _____

External Specimen Chain of Custody

*Whenever specimens are transferred from one person or location to another, please fill out the lines below

*Fed-Ex carrier does not sign for receipt, or for release, of the TOX-BOX.

| | Released By | Date | Time | Received By |
|----|-------------|-------|-------|-------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

- Place all specimens in the black plastic bag, seal the bag with evidence tape, and place bag along with this form in the TOX-BOX.
- If preferred this form can be sent to: 9-AMC-AAM600-SPECIMENS@faa.gov

-----For CAMI Use Only-----

Was the plastic bag sealed upon receipt? Yes No Inspected By: _____

Received in CAMI Accessioning: _____
Received by _____ Date _____ Time _____

Comments: _____