

Pennsylvania Department of Transportation



"FastFARS" Fatal Crash Notification

PennDOT

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pdfars@pa.gov

Police Agency:	<input type="text"/>
Police Agency Code:	<input type="text"/>
Police Incident Number:	<input type="text"/>
County of Crash:	<input type="text"/>
Date of Crash:	<input type="text"/>
Time of Crash:	<input type="text"/>
Number of Fatalities:	<input type="text"/>
Roadway Name or Route #:	<input type="text"/>
Intersecting Road (if applic.):	<input type="text"/>
Deceased Names : (if known):	<input type="text"/>

Confirmation - Please check the box **if** all the following are true for **each fatality**. If you cannot confirm the fatality or fatalities, please provide reasons in the comments section below.

- 1) Did the crash take place on a roadway open to the public (i.e. no parking lots)?
- 2) Did the crash involve at least one motor vehicle?
- 3) Was the cause of death due to the crash (i.e. no heart attacks but if a heart attack was the reason for the crash but the crash caused the death the answer is yes)?
- 4) Was the crash absent of deliberate intent (i.e. no suicide)

Additional Comments (optional):

Submit by Email

Print Form