

# MISSOURI STATE HIGHWAY PATROL

## CORONER ALCOHOL/DRUG TESTING POSTAGE REIMBURSEMENT

**INSTRUCTIONS FOR COMPLETION AND SUBMISSION:**

*This form is used in conjunction with the reimbursement of postage costs incurred when mailing a specimen obtained from a motor vehicle fatality victim to a laboratory for alcohol and/or drug testing pursuant to Section 58.445, RSMo. Please follow the steps below.*

**Step 1.** Complete each field for the motor vehicle fatality victim tested.

|  |                        |               |
|--|------------------------|---------------|
| FATALITY VICTIM'S NAME (LAST, FIRST, MI)   |                        |               |
| COUNTY WHERE MOTOR VEHICLE CRASH OCCURRED  | DATE OF CRASH          | DATE OF DEATH |
| COUNTY WHERE VICTIM DIED   | LAB SPECIMAN MAILED TO |               |
| LAB TESTS REQUESTED<br><input type="checkbox"/> ALCOHOL TESTS <input type="checkbox"/> DRUG TESTS <input type="checkbox"/> OTHER (SPECIFY) |                        |               |

**Step 2.** Enter the amount of postage incurred to mail a specimen(s) on the aforementioned to a laboratory.

|                |
|----------------|
| POSTAGE AMOUNT |
|----------------|

**Step 3.** Complete the information below indicating the payee and their address.

|   |
|---|
| POSTAGE REIMBURSEMENT CHECK PAYABLE TO<br><br>NAME: _____<br><br>MAILING ADDRESS: _____<br>_____<br>_____ |
|---|

**Step 4.** Sign and date the form.

|              |      |
|--------------|------|
| SIGNATURE    | DATE |
| NAME (PRINT) |      |

**Step 5.** Staple a receipt for postage cost incurred to the postage reimbursement form. The reimbursement cannot be completed without a receipt.

**Step 6.** Mail the form along with a receipt to:

Missouri State Highway Patrol  
 Traffic Records Division - FARS Unit  
 P. O. Box 568  
 Jefferson City, MO 65102-0568

**Step 7.** Submit postage reimbursement forms and receipts at least annually, but no more than quarterly. Completed forms and receipts must be submitted to the Highway Patrol by October 10 of each calendar year for postage expenses incurred from the 12 previous months.

**NOTE:** Drug and/or alcohol test results **MUST** be submitted to the Missouri State Highway Patrol — FARS Unit for each person in which postage is reimbursed. Failure to do so may result in the discontinuance of the postage reimbursement process for your office.