DEATH INVESTIGATION REPORT

Investigator/Sheriff/Deputy	Date of Death
Local ME (On-Call)	Case Number

Primary Rationale for Medical Examiner Activity (choose one):

- ☐ Accidental Death
- ☐ Natural/Sudden/Unexpected Death
- ☐ Violent Death (☐ Homicide/ ☐ Suicide)
- ☐ Suspicious Circumstances
- ☐ In Custody Death
- ☐ Drowning
- ☐ Cause of Death Not Determinable by Attending Physician
- ☐ Other (please specify): _____

☐ Autopsy Ordered by ME ☐ Autopsy Ordered by CA

DECEDENT IDENTIFICATION/BODY INFORMATION

(Last)	(First)	(Middle)	SS#:

Street Address	City	State	Zip

Aliases	Date of Birth	Age (if less than 2 years give months & days

SEX
☐ Male
☐ Female
☐ Undetermined

CLOTHING
☐ Clothed
☐ Partly Clothed
☐ Unclothed

BODY TEMPERATURE
☐ Warm
☐ Cool
☐ Cold

BLOOD
☐ Nose ☐ Mouth
☐ Ears ☐ Clothing
☐ None

WORK RELATED
☐ Yes ☐ No

EMPLOYER: _____

OCCUPATION
TYPE OF WORK: _____
INDUSTRY: _____

MARITAL STATUS
☐ Married
☐ Never Married
☐ Widowed
☐ Divorced
☐ Separated
☐ Unknown

HEAD-HAIR
☐ None
☐ Partly Bald
☐ Blonde
☐ Brown
☐ Red
☐ Black
☐ Gray
☐ White

EYES - COLOR
☐ Black
☐ Blue
☐ Brown
☐ Green
☐ Hazel
Other: _____

WEIGHT
_____ lbs.

HEIGHT:
_____ in.

RIGOR
Neck: ☐ Yes ☐ No
Arms: ☐ Yes ☐ No
Legs: ☐ Yes ☐ No

FROTH
☐ Present ☐ Absent
Color: _____

OTHER
(Dirt, water, etc.)
☐ Nose
☐ Mouth
☐ Ears
☐ None

RACE
☐ White
☐ Black
☐ Hispanic
☐ Asian
☐ Other

OTHER HAIR
☐ Mustache
☐ Beard

MISCELLANIOUS
☐ _____
☐ _____
☐ Circumcised

LIVOR
Color: _____
Fixed? ☐ Yes ☐ No
☐ Anterior
☐ Posterior
☐ Later (R/L)

DECOMPOSITION
☐ Early
☐ Advanced
☐ None

HISTORY OF DOMESTIC VIOLENCE
☐ Yes
☐ No

MEANS OF DEATH – OTHER THAN NATURAL

MOTOR VEHICLE INVOLVED ☐ Yes ☐ No DOT Crash Report ☐ Yes ☐ No ☐ Hit-Run ☐ Non-Highway

Agency: Case Number: Investigation LEO: Number:

FIREARM INVOLVED ☐ Yes ☐ No Firearm(s) Seized ☐ Yes ☐ No

☐ Rifle - Cal._____ Handgun ☐ - Cal._____ Shotgun ☐ - Gauge_____ Other: ☐ Desc._____

INSTRUMENT INVOLVED ☐ Yes ☐ No Instrument(s) Seized ☐ Yes ☐ NO

☐ Blunt ☐ Sharp Instrument Description:_____

DRUG, CHEMICAL OR POISON INVOLVED ☐ Yes ☐ No

☐ Alcohol ☐ Other Drug ☐ Poison ☐ Chemical Other:_____

INFORMATION ABOUT OCCURRENCE					
ITEM	**DATE**	**TIME** (military)	**LOCATION**	**COUNTY**	**TYPE OF PREMISES**
INJURY OR ONSET OF ILLNESS					
LAST SEEN ALIVE					
DEATH (PRONOUNCED)					
FOUND BY			By:		
M.E. NOTIFIED			BY:	M.E. AT SCENE ☐Yes ☐No	
VIEW OF BODY				☐ NOT VIEWED	
TO HOSPITAL			BY:	DONOR ☐ Yes ☐ No	
M.E. INSTRUCTIONS					

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

SCENE INFORMATION

Scene Visit Date:	Scene Visit Time:	Investigator Notified by:	Photos/Video
Notification Date:	Notification Time:		☐ Yes ☐ No

Address of Incident:

(*Street*) (*City/Township*) (*GPS Coordinates*)

Incident Date:	Incident Time:

Place of Incident (Check one):

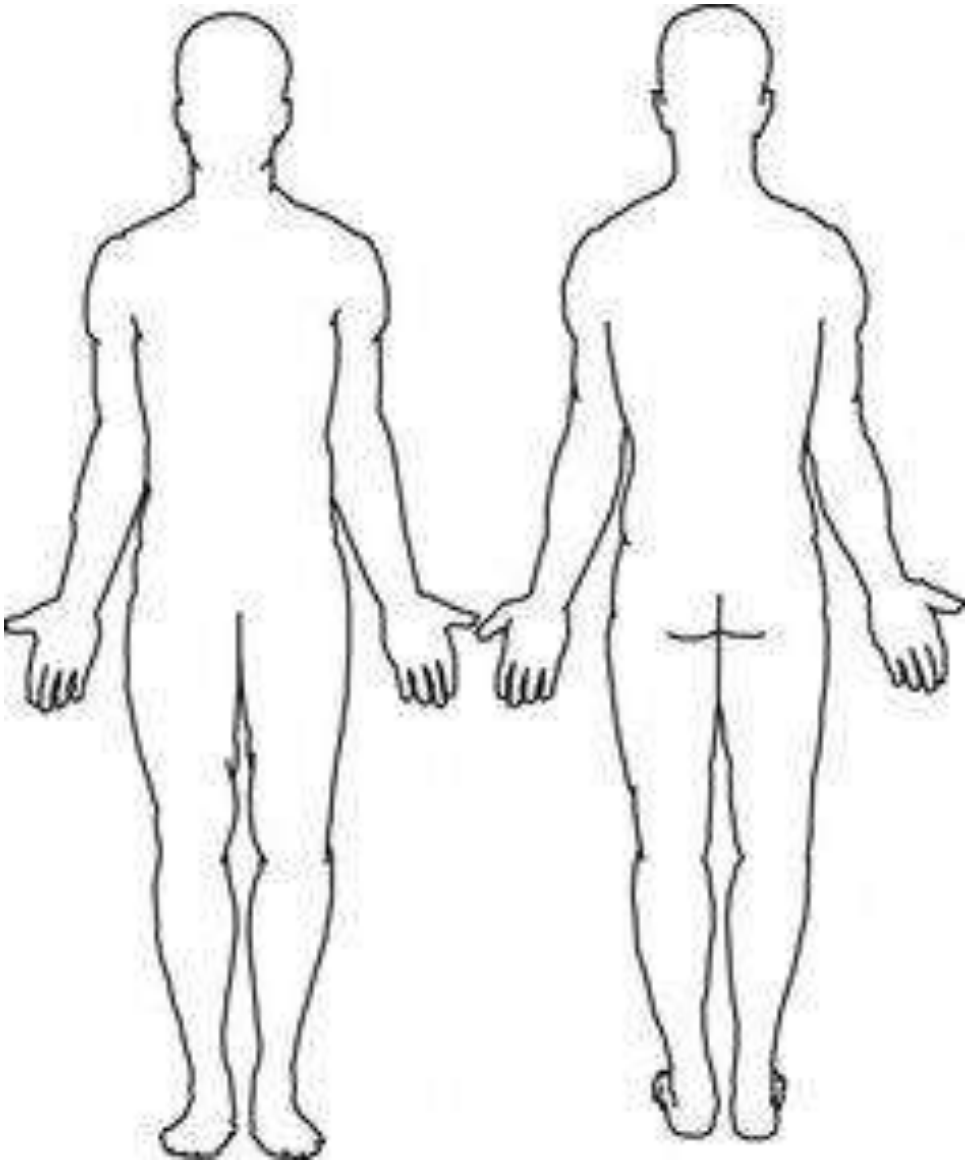
☐ Decedent's Home	☐ Living Facility	☐ Place of Business	☐ Other: (*Specify*)
☐ Highway/Road/Street	☐ School	☐ Farmstead	
☐ Jail	☐ Emergency Dept.	☐ Farm land	
☐ In custody	☐ Hospital	☐ Body of Water	

MAPPING/PHOTOGRAPHS *Thumbnails*

CIRCUMSTANCES SURROUNDING DEATH

Attendance of Death: ☐ Witnessed Death ☐ Body Found	Notes:
Evidence of Alcohol Involved: ☐ Yes ☐ No	Evidence of Drugs Involved: ☐ Yes ☐ No
List of Valuables: ☐ See Attached Inventory	Disposition of Valuables:

INJURIES OBSERVED ON BODY RELATIVE TO INCIDENT



MEDICAL HISTORY

CONDITION:		FAMILY PHYSICIAN	MEDICATIONS
☐ Alcoholism	☐ Fractures	Doctor:_____	☐ YES ☐ No
☐ Cancer	☐ Heart Disease	Address:_____	
☐ Diabetes	☐ Seizure	Phone #:_____	
☐ Drug Abuse	☐ Other		
☐ Lung Disease			

SECONDARY PARTIES

IDENTIFIED BY | Decedent Identified By: (Last) (First)

Relationship: ☐ Family Member ☐ Police ☐ Health Care Professional ☐ Friend/Acquaintance ☐ Other: _____

Means Identified by: ☐ Appearance ☐ ID Card ☐ Dental Records ☐ Fingerprints ☐ DNA ☐ S-Ray ☐ Photograph ☐ Presumptive
☐ Other: _____

Notes:

NEXT OF KIN | Notified: ☐ Yes ☐ No Kin at Scene ☐ Yes ☐ No | Notifying Agency:

Relationship: ☐ Spouse ☐ Ex-Spouse ☐ Parent ☐ Sibling ☐ Child ☐ Legal Guardian ☐ Other:

Name: (Last) (First) (Middle)

Address: (Street) | (City) | (State) | (Zip)

Phone Number: | Email:

Notes:

OTHERS INVOLVED | Associated Cases:

Was this Death Potentially Caused by a Secondary Party:
☐ Yes ☐ No ☐ N/A ☐ Unknown
If Yes, Relation to Decedent:

Number of Associated Fatal Injuries:
Number of Associated Non-Fatal Injuries:

Notes:

WITNESS (1) | ☐ Witness to Death ☐ Found Decedent ☐ N/A | Relationship of Witness/Person Who Found Decedent to Decedent: ☐ Family Member ☐ Health Care Professional ☐ Stranger ☐ Friend/Acquaintance ☐ Other:

Name:

Address: | City: | State: | Zip:

Phone Number: | Notes:

WITNESS (2) | ☐ Witness to Death ☐ Found Decedent ☐ N/A | Relationship of Witness/Person Who Found Decedent to Decedent: ☐ Family Member ☐ Health Care Professional ☐ Stranger ☐ Friend/Acquaintance ☐ Other:

Name:

Address: | City: | State: | Zip:

Phone Number: | Notes:

WITNESS (3) | ☐ Witness to Death ☐ Found Decedent ☐ N/A | Relationship of Witness/Person Who Found Decedent to Decedent: ☐ Family Member ☐ Health Care Professional ☐ Stranger ☐ Friend/Acquaintance ☐ Other:

Name:

Address: | City: | State: | Zip:

Phone Number: | Notes:

OTHER INFORMATION