



Office of the Medical Examiner & Trauma Services

Investigation Report

Name of the Deceased: DOB: Age: Race: Sex:
Address: Phone No.:
Social Security No.: Identified by: DL ID Card DAVID PICS Individual Name:
Occupation: Marital Status: Never Married Divorced Married Widow
Name of Next-of-Kin (NOK): NOK Relationship:
NOK Address: Phone No.:
NOK Notified: Yes No by Whom: Date/Time Notified: at :

Location of Death:
Date/Time Last Seen Alive: at : by Whom:
Date/Time Found: at : by Whom:
Present at Time of Death: Yes No Whom:
Position Found in: Time of Death: : Pronounced by:
Circumstances of Death Include what deceased was doing prior to death. If the deceased is in a vehicle or traffic fatality, see back side of sheet. Describe scene:

Did death occur at work: Yes No Describe any injuries:
Possible Manner of Death: Natural Accident Homicide Undetermined Suicide
If Suicide, is there a note: Yes No Is the book Final Exit present: Yes No
Prior Suicidal Ideations/Attempts: Yes No Baker/Marchman Acts: Yes No Facility and Date:

Weapon Information

Unknown Handgun Revolver Caliber or Gauge:
Rifle Semi-Auto Barrel length in inches:
Shotgun Full Auto Shotgun Barrel length in inches:
Make/Model Weapon: Serial Number:
Which hand does the decedent use to shoot a gun: Left: Right:
Knife Blade: Single Double Serrated Blade length in inches:
Rope Glass Other, specify:

Physical Observations

Lividity: Yes No Consistent with position Yes No Rigor Mortis: None Slight Full
Body Temp: Cool Cold Warm Hot
Decomposition: None Still Identifiable Not Identifiable Skeleton Skin Slippage Bone Exposure Insects
Trauma: Yes No Describe:

Clothing Description:

Medical History

Name of Physician: _____ Phone No.: _____

Name of Physician: _____ Phone No.: _____

Pharmacy: _____ Phone No.: _____

Medications (Name/Quantity/Remaining/Prescriber Name): _____

If deceased was in crash, provide the following information

Veh. 1 Yr/Make: _____ Model: _____ 2 Door 4 Door Other: _____

Traveling on: _____ Direction: _____ Posted Speed: _____ Speed a Factor Yes No

Seat Belt: Yes No Helmet: Yes No Ejected: Yes No

Veh. 2 Yr/ Make: _____ Model: _____ 2 Door 4 Door Other: _____

Traveling on: _____ Direction: _____ Posted Speed: _____ Speed a Factor Yes No

Seat Belt: Yes No Helmet: Yes No Ejected: Yes No

If deceased was in vehicle (non-crash), provide the following information

Veh. Yr/Make: _____ Model: _____ 2 Door 4 Door Other: _____

Was the car running: Yes No Position of Windows: Up Down Other: _____

CO Level: _____ % Agency obtaining CO Level: _____

Location of keys: _____ If in ignition, position of ignition switch: Off On On (Acc) On (Acc & Ign)

Sketch of Crash Scene (Not to Scale)

Police Information:

Investigating Agency: _____ Case No.: _____

Report Submitted By: _____ Date: _____

Lead Detective: _____

Crime Scene Detective: _____



Submit this form via e-mail DeathReports@broward.org or fax to 954-327-6581