



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 Married Divorced Widow

Name of Next-of-Kin: _____ NOK Relationship: _____

NOK Address: _____ NOK Phone No.: _____

NOK Notified: Yes No by Whom: _____ Date/Time Notified: _____ at _____

Date Last Seen Alive: _____ Time: _____ by Whom: _____ Phone No.: _____

Location Last Seen/Known to be Alive: _____

Date Found: _____ Time: _____ by Whom: _____ Phone No.: _____

Location of Death: _____

Position Found In: _____ Time of Death: _____ Pronounced by: _____

Incident Location: _____ Did death occur at work: Yes No

Circumstances of Death/Describe Scene: What the deceased was doing prior to death. If in a vehicle or traffic fatality, see back side of sheet.

Possible Manner of Death: Suicide Homicide Accident Natural Undetermined

If **SUICIDE**, is there a note: Yes No Is the book Final Exit present: Yes No

Prior Suicidal Ideations/Suicidal Attempts: Yes No

Baker Acts: Yes No

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 Does the decedent have experience with a gun: Yes No

Knife Blade: Single Double Serrated Blade length in inches: _____

Rope Glass Other , Specify: _____

Physical Observations

Lividity: Yes No Lividity Consistent with Position: Yes No Rigor Mortis: None Slight Full

Body Temperature: Cool Cold Warm Hot

Decomposition: None Still Identifiable Not Identifiable Skeleton Skin Slippage Bone Exposure Insects

Trauma: Yes No Describe: _____

Clothing: _____

Medical Information

Medical History:

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



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Name of Physician: _____ Phone No.: _____
Name of Physician: _____ Phone No.: _____
Pharmacy: _____ Phone No.: _____
Pharmacy: _____ Phone No.: _____

If deceased was in crash, provide the following information

Are CRIMINAL CHARGES PENDING [] YES [] NO

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: _____ % Date CO Level Collected: _____ Time CO Level Collected: _____ 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)

Large empty rectangular box for sketching the crash scene.

Police Information

Investigating Agency: _____ Case No.: _____
Report Submitted By: _____ Badge No.: _____
Detective: _____ Crime Scene Detective: _____
Phone No.: _____ Date Submitted: _____ Time: _____