

## Office of the Medical Examiner & Trauma Services <a href="Investigation Report">Investigation Report</a>

|   |  |   |  | DOB:   |  |   |                                 |  |  |
|---|--|---|--|--|--|---|---------------------------------|--|--|
| ddress:Phone No.:   |  |   |  |  |  |   |                                 |  |  |
| -   |  | Identified By: DL   ID Card   DAVID   PICS   Individual Name:                           |  |  |  |   |                                 |  |  |
| Occupation:   |  | Marital Status: ☐ Never Married ☐ Married ☐ Divorced ☐ Wid                              |  |  |  |   |                                 |  |  |
|   | of Next-of-Kin:NOK Relationship:   |   |  |  |  |   |                                 |  |  |
| NOK Address: NOK Phone No.:   |  |   |  |  |  |   |                                 |  |  |
| NOK Notified: Yes   | □ No □ by W  | /hom:   |  | Date/Time Notified   | d:                                     | at _  |                                 |  |  |
| <br>Date Last Seen Ali  | ve:  | Time:   | by Whom:   |  | Phor                                   | ne No.:   |                                 |  |  |
|   |  |   |  |  |  |   |                                 |  |  |
| Date Found:   | ·  | Time:   | by Whom:   |  | Phor                                   | ne No.:   |                                 |  |  |
| ocation of Death  | :  |   |  |  |  |   |                                 |  |  |
| Position Found In   |  |   | Time of Death:   |  | Pronounced b                           | by:   |                                 |  |  |
| ncident Location:   |  |   |  |  | Did (                                  | death occur at w  | ork: Yes $\square$ No $\square$ |  |  |
| Circumstances of  | Death/Describ  | e Scene: What th  | ne deceased was doi  | ng prior to death. If i  | n a vehicle or                         | r traffic fatality, s   | ee back side of she             |  |  |
| Possible Manner   |  | do 🗆 Homisido [   | □ Accident □ Natur   | ral □ Undetermined   |  |   |                                 |  |  |
|   | e a note: Yes [<br>tions/Suicidal .  | ☐ No ☐ ☐ Is th  | e book Final Exit pre  |  |  | chman Acts: Yes   | □ No □                          |  |  |
| f SUICIDE, is ther<br>Prior Suicidal Idea<br>Facility and Date:<br>Unknown  Rifle   | e a note: Yes Citions/Suicidal A   | ☐ No ☐ ☐ Is th  | e book Final Exit pre  No   Baker  Weapon  Caliber or Gaug  Barrel length in   | esent: Yes  No  Acts: Yes  No  IN  NO  | Mar                                    | chman Acts: Yes   | □ No □                          |  |  |
| f SUICIDE, is ther<br>Prior Suicidal Idea<br>Facility and Date:<br>Unknown   Rifle  | e a note: Yes  tions/Suicidal   Handgun  Semi-Auto  Full Auto  | □ No □ Is th<br>Attempts: Yes □   | e book Final Exit pre  No   Baker  Weapon  Caliber or Gaug  Barrel length in   | Information se: lesent: Yes  No  I   | Mar                                    |   |                                 |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea  | e a note: Yes  tions/Suicidal.  Handgun  Semi-Auto  Full Auto  apon:   | □ No □ Is th<br>Attempts: Yes □<br>Revolver□  | e book Final Exit pre  No □ Baker  Weapon  Caliber or Gaug  Barrel length in  Shotgun Barrel   | Acts: Yes  No  No  No  No  No  No  No  No  No  N   | Mar                                    | al Number:  |                                 |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does  | e a note: Yes  tions/Suicidal.  Handgun  Semi-Auto  Full Auto  apon:   | □ No □ Is th<br>Attempts: Yes □<br>Revolver□  | e book Final Exit pre  No □ Baker  Weapon  Caliber or Gaug  Barrel length in  Shotgun Barrel   | Information se: lesent: Yes  No  I   | Mare<br>Seria<br>t have experi         | al Number:<br>ence with a gun                                     |                                 |  |  |
| F SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade:   | Handgun  Semi-Auto  Full Auto  apon: the decedent of   | Revolver Use to shoot a gu  | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  Serrated   | Information ge: inches: Does the decedent  | Mard<br>Seria<br>t have experi         | al Number:<br>ence with a gun                                     |                                 |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade:   | Handgun  Semi-Auto  Full Auto  apon:  the decedent of  Single  Single  The sin | Revolver Use to shoot a gu  | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left □ Right □ Serrated □ ecify:  | Information (e: length in inches: Does the decedent Blade length in inc  | Mard<br>Seria<br>t have experi         | al Number:<br>ence with a gun                                     |                                 |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade: Rope  | Handgun  Semi-Auto  Full Auto  apon: the decedent of Single  Glass  Glass  | Revolver Double Double Other D, Spe   | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C  | Information ge: Inches: Iength in inches: Does the decedent Blade length in inc  | Mare<br>Seria<br>t have experi         | al Number:<br>ence with a gun                                     | : Yes □ No □                    |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown   Rifle   Make/Model Wea Which hand does Knife Blade: Rope   Lividity: Yes   No  | Handgun  Semi-Auto  Full Auto  apon:  the decedent of  Single  Glass  Gl | Revolver  Use to shoot a gue Double  Other , Spe  | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right Serrated Serrated Physical Caliber or C | Information ge: Inches: Iength in inches: Does the decedent Blade length in inc  | Mare<br>Seria<br>t have experi         | al Number:<br>ence with a gun                                     | : Yes □ No □                    |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade: Rope  Lividity: Yes  No Body Temperatur   | Handgun  | Revolver Double Dother D, Spe   | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left □ Right □ Serrated □ ecify: Physical C stent with Position:  | Information (e: length in inches: Does the decedent Blade length in inches Yes □ No □  | Mare<br>Seria<br>t have experi<br>hes: | al Number:<br>lence with a gun<br><br>Mortis: None 🗆 S            | : Yes  No  Slight Full          |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade: Rope  Lividity: Yes  Rody Temperatur Decomposition: N   | Handgun  | Revolver Double Double Double Stividity Consi   | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  Serrated  ecify: Physical C stent with Position:   | Information See:  Inches: Inch | Mare Seria t have experiches:  Rigor № | al Number:<br>Tence with a gun<br><br>Mortis: None  Sure  Insects | : Yes  No  Slight Full          |  |  |
| f SUICIDE, is there Prior Suicidal Idea Facility and Date:  Unknown  Shotgun  Make/Model Weat Which hand does Knife Blade: Rope  Lividity: Yes  Note The Sody Temperatur Decomposition: Note Trauma: Yes  Note Trauma: Yes  Note Temperatur Note Trauma: Yes  Note Temperatur | Handgun  Semi-Auto  Interpretation  Full Auto  Interpretation  Glass  Glass  Glass  Cool   | Revolver  Use to shoot a gu Double  Other , Spe  Lividity Consi                         | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C stent with Position: ot  Identifiable  Skele   | Information  Je:  Inches:  Inch   | Mare Seria t have experiches:  Rigor M | al Number:<br>dence with a gun<br><br>Mortis: None                | : Yes    No                     |  |  |
| f SUICIDE, is there Prior Suicidal Idea Facility and Date:  Unknown  Shotgun  Make/Model Weat Which hand does Knife Blade: Rope  Lividity: Yes  Note the Note of Note | Handgun  Semi-Auto  Full Auto  apon:  the decedent of Single  Glass  Glass  Componed Still Ideo Describe:  | Revolver  Use to shoot a gu Double  Other , Spe  Lividity Consi                         | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C stent with Position: Identifiable Skele  | Information See:  Inches: Inch | Mare Seria t have experiches:  Rigor M | al Number:<br>dence with a gun<br><br>Mortis: None                | : Yes    No                     |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade: Rope  Lividity: Yes  Rody Temperatur Decomposition: No Frauma: Yes  No Clothing:  | Handgun  Semi-Auto  Full Auto  apon:  the decedent of Single  Glass  Glass  Componed Still Ideo Describe:  | Revolver  Use to shoot a gu Double  Other , Spe  Lividity Consi                         | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C stent with Position: ot  I   | Information  Je:  Inches:  Inch   | Mare Seria t have experiches:  Rigor M | al Number:<br>dence with a gun<br><br>Mortis: None                | : Yes    No                     |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown   Rifle   Shotgun   Make/Model Wea Which hand does Knife Blade: Rope   Lividity: Yes   Body Temperatur  Decomposition: No Trauma: Yes   No   | Handgun  Semi-Auto  Full Auto  apon:  the decedent of Single  Glass  Glass  Componed Still Ideo Describe:  | Revolver  Use to shoot a gu Double  Other , Spe  Lividity Consi                         | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C stent with Position: ot  I   | Information (e: inches: length in inches:  Does the decedent Blade length in inc  Observations Yes □ No □  | Mare Seria t have experiches:  Rigor M | al Number:<br>dence with a gun<br><br>Mortis: None                | : Yes    No                     |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade: Rope  Lividity: Yes  Rody Temperatur Decomposition: No Trauma: Yes  No Clothing:  | Handgun  Semi-Auto  Full Auto  apon:  the decedent of Single  Glass  Glass  Componed Still Ideo Describe:  | Revolver  Use to shoot a gu Double  Other , Spe  Lividity Consi                         | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C stent with Position: ot  I   | Information (e: inches: length in inches:  Does the decedent Blade length in inc  Observations Yes □ No □  | Mare Seria t have experiches:  Rigor M | al Number:<br>dence with a gun<br><br>Mortis: None                | : Yes    No                     |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade: Rope  Lividity: Yes  Rody Temperatur Decomposition: No Trauma: Yes  No Clothing:  | Handgun  Semi-Auto  Full Auto  apon:  the decedent of Single  Glass  Glass  Componed Still Ideo Describe:  | Revolver  Use to shoot a gu Double  Other , Spe  Lividity Consi                         | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C stent with Position: ot  I   | Information (e: inches: length in inches:  Does the decedent Blade length in inc  Observations Yes □ No □  | Mare Seria t have experiches:  Rigor M | al Number:<br>dence with a gun<br><br>Mortis: None                | : Yes    No                     |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade: Rope  Lividity: Yes  Rody Temperatur Decomposition: No Trauma: Yes  No Clothing:  | Handgun  Semi-Auto  Full Auto  apon:  the decedent of Single  Glass  Glass  Componed Still Ideo Describe:  | Revolver  Use to shoot a gu Double  Other , Spe  Lividity Consi                         | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C stent with Position: ot  I   | Information (e: inches: length in inches:  Does the decedent Blade length in inc  Observations Yes □ No □  | Mare Seria t have experiches:  Rigor M | al Number:<br>dence with a gun<br><br>Mortis: None                | : Yes    No                     |  |  |
| f SUICIDE, is ther Prior Suicidal Idea Facility and Date:  Unknown  Rifle  Shotgun  Make/Model Wea Which hand does Knife Blade: Rope  Lividity: Yes  Rody Temperatur Decomposition: No Trauma: Yes  No Clothing:  | e a note: Yes tions/Suicidal distributions/Suicidal distributions/Suicidal distributions/Suicidal distributions/Suicidal distributions/Semi-Auto distributions/Single distributio | Revolver  Use to shoot a gu Double  Other , Spe  Lividity Consi U Warm Hoentifiable Not | Weapon Caliber or Gaug Barrel length in Shotgun Barrel un: Left  Right  Serrated  ecify: Physical C stent with Position: ot  Medical   | Information (e: inches: length in inches:  Does the decedent Blade length in inc  Observations Yes □ No □  | Mare Seria t have experiches:  Rigor M | al Number:<br>dence with a gun<br><br>Mortis: None                | : Yes    No                     |  |  |

OMETS 032016



## Office of the Medical Examiner & Trauma Services <a href="Investigation Report">Investigation Report</a>

| Name of Physicia | an:               | Pho                                   | Phone No.:             |                 |                               |  |  |
|------------------|-------------------|---------------------------------------|------------------------|-----------------|-------------------------------|--|--|
|                  |                   | Pho                                   | Phone No.:             |                 |                               |  |  |
|                  |                   | Pho                                   | Phone No.:             |                 |                               |  |  |
| Pharmacy:        |                   | Pho                                   | Phone No.:             |                 |                               |  |  |
|                  |                   | If deceased was in crash, provide     | the following informa  | ation           | ······                        |  |  |
|                  |                   | Are CRIMINAL CHARGES PE               | NDING T VES T NO       |                 |                               |  |  |
| Veh 1 Vr         | Make <sup>.</sup> | Model:                                |                        | 2 Doo           | r □ 4 Door □ Other·           |  |  |
|                  |                   | Direction:                            |                        |                 |                               |  |  |
| Seat Belt: Yes □ |                   | Helmet: Yes $\square$ No $\square$    |                        |                 | _ speed a raccon res = 110 =  |  |  |
| Veh. 2 Yr:       | Make:             | Model:                                |                        | 2 Doo           | r 🗆 4 Door 🗆 Other            |  |  |
|                  |                   | Direction:                            |                        |                 |                               |  |  |
| Seat Belt: Yes   |                   | Helmet: Yes   No                      |                        |                 |                               |  |  |
|                  |                   | eceased was in vehicle (non-crash), p |                        |                 |                               |  |  |
| Veh. Yr:         | Make:             | Model:                                |                        | 2 Doo           | r 🗆 4 Door 🗆 Other:           |  |  |
| Was the car runi | ning: Yes 🗌 No 🗌  | Position of Windows: Up $\Box$ D      | own 🗆 Other:           |                 |                               |  |  |
|                  |                   | ollected: Time CO Level Coll          |                        |                 |                               |  |  |
| Location of Keys | S:                | If in ignition, positi                | on of ignition switch: | Off $\square$ O | n □ On (Acc)□ On (Acc & Ign)□ |  |  |
|                  |                   | Sketch of Crash Scene                 | (Not to Scale)         |                 |                               |  |  |
|                  |                   |                                       |                        |                 |                               |  |  |
|                  |                   |                                       |                        |                 |                               |  |  |
|                  |                   |                                       |                        |                 |                               |  |  |
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|                  |                   |                                       |                        |                 |                               |  |  |
|                  |                   |                                       |                        |                 |                               |  |  |
|                  |                   | Police Inform                         |                        |                 |                               |  |  |
|                  | ency:             | Case No.:                             |                        |                 |                               |  |  |
|                  |                   | Badge No.:                            |                        |                 |                               |  |  |
| Detective:       |                   | Crime Scene                           | etective:              |                 |                               |  |  |
| rnone No.:       |                   | Date Submit                           | tted:                  |                 | Time:                         |  |  |