

CORONER INVESTIGATION REPORT

Case Number

Coroner/Deputy: _____
Date of Call: _____
Time of Call: _____
Person Calling: _____
Police Agency: _____

County: _____
Time of Arrival: _____
Suspected Cause:
 Natural Accident Pending
 Suicide Homicide Undetermined

DECEDENT INFORMATION

First Name: _____ Last Name: _____ Male Female
Address: _____ City: _____ County of Residence: _____
State of Residence: _____ Zip: _____ SSN#: _____
Age: _____ Surviving Spouse: _____
Date of Birth: _____ Mother's Maiden Name: _____
Birth Place: _____ Father's Name: _____

Height (Inches): _____ Pregnant
Weight (Pounds): _____ Homeless
Eyes: _____ Veteran
Hair: _____

Race:
 White
 Black
 Asian
 American Indian
 Alaskan Native
 Pacific Islander
 Unknown

Ethnicity:
 Hispanic
 Not of
Hispanic Origin
 Unknown

Marital Status:
 Never Married
 Separated
 Divorced
 Married
 Widowed

Education:
 Elementary School
 Middle School
 Jr. High School
 High School
 1 yr. College/Tech School
 2 yrs. College/Tech School
 3 yrs. College/Tech School
 4 yrs. College/Tech School
 1+ yrs. Post Graduate
 Unknown

Employment:
 Employed
 Unemployed
 Homemaker
 Volunteer
 Retired
 Student
 Disabled
 Other
 Unknown

Place of Employment:

NEXT OF KIN

Notified by: _____ Name: _____ Relationship: _____
Date Notified: _____ Address: _____ City: _____
Time Notified: _____ Phone Number: _____ State: _____ Zip: _____

INCIDENT INFORMATION

Death Date: _____ Injury Date: _____
Death Time: _____ Injury Time: _____

Place of Death:
 DOA Nursing home
 Decedent's Residence Other
 Decedent's Employment _____
 Inpatient Address of Death _____
 ER/Outpatient _____

Place of Injury:
 DOA Nursing home
 Decedent's Residence Other
 Decedent's Employment _____
 Inpatient Address of Injury _____
 ER/Outpatient _____

	Date	Time	Location	City or County
Last seen alive:				
Death discovered:				

Found dead by: _____ Address: _____
Last seen alive by: _____ Address: _____
Witness to injury, illness or death _____

Weather: _____ Activity: _____

Position of body: _____

Livor: _____ Rigor: _____ Consistent with position

Clothed Partially Clothed Unclothed

Distinguishing marks: _____

Body temperature: _____ Body decomposition: _____

Cause of death:

A) _____
(Immediate cause)

B) _____
(Due to or as Consequence of)

C) _____
(Due to or as Consequence of)

INVESTIGATION

Evidence Collected: _____ Date: _____ Time: _____ Toxicology Collected

Collected by: _____ Photos: Yes No Blood

EMS at scene Admitted Name: _____ Urine

Victim seen in ER Attending Physician Notified Number: _____ Vitreous

Medical History: _____ Diabetes

Medications:

Medical Records Requested

KODA notified Police department notified

Organ donation Officer: _____

Tissue donation KY fire marshal notified

Cornea donation OSHA requested

Coroner's inquest

Autopsy: _____

Medical Examiner: _____

Death Certificate signed by: _____

Body Transported Cremation Cremation permit signed

Body released to: _____

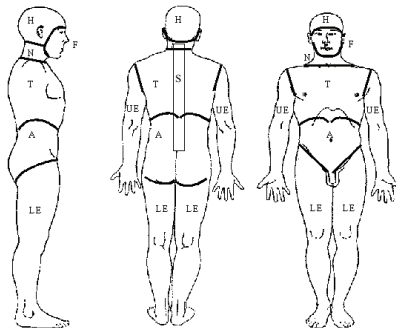
Cost of transport: _____

Funeral Home: _____

Phone Number: _____

Alcohol use suspected Drug type: _____
 Drug use suspected _____

- Wound Location:**
- Head
 - Neck
 - Face
 - Thorax
 - Abdomen/lower back
 - Spine
 - Upper extremities
 - Lower extremities
 - Unknown
 - Additional wounds



F - Face S - Spine
N - Neck UE - Upper Extremities
T - Thorax (chest, upper back) LE - Lower Extremities

- Poisoning:**
- Street Recreational Drugs
 - Alcohol
 - Pharmaceuticals (Prescription)
 - Pharmaceuticals (Over-the-counter)
 - Pharmaceuticals (Unknown)
 - Other Gas or Vapor
 - Insecticide, Cleaning/Home Supplies
 - Other (specify): _____
 - Carbon Monoxide (specify source): _____

Patient drug obtained for: _____

Size of pills (mg): _____

Number of pills: _____

Estimated amount of liquid poison injected (ml): _____

PERSONAL EFFECTS INVENTORY:

- | | | | |
|---|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bathrobe | <input type="checkbox"/> Handkerchiefs | <input type="checkbox"/> Overshoes | <input type="checkbox"/> Slippers |
| <input type="checkbox"/> Belt | <input type="checkbox"/> Hat | <input type="checkbox"/> Pajamas | <input type="checkbox"/> Socks |
| <input type="checkbox"/> Billfold (list contents below) | <input type="checkbox"/> Hose | <input type="checkbox"/> Panties | <input type="checkbox"/> Suspenders |
| <input type="checkbox"/> Blouse | <input type="checkbox"/> Housecoat | <input type="checkbox"/> Purse | <input type="checkbox"/> Sweater |
| <input type="checkbox"/> Bra | <input type="checkbox"/> Jewelry (list below) | <input type="checkbox"/> Raincoat | <input type="checkbox"/> T-Shirt |
| <input type="checkbox"/> Coat | <input type="checkbox"/> Luggage (list contents below) | <input type="checkbox"/> Scarf | <input type="checkbox"/> Tie |
| <input type="checkbox"/> Dress | <input type="checkbox"/> Money (list below) | <input type="checkbox"/> Shirt | <input type="checkbox"/> Topcoat |
| <input type="checkbox"/> Eye glasses | <input type="checkbox"/> Negligee | <input type="checkbox"/> Shoes | <input type="checkbox"/> Trousers |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Nightgown | <input type="checkbox"/> Shorts | <input type="checkbox"/> Umbrella |
| <input type="checkbox"/> Garters | | <input type="checkbox"/> Slip | <input type="checkbox"/> Vest |
| <input type="checkbox"/> Girdle | | <input type="checkbox"/> Skirt | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Gloves | | | <input type="checkbox"/> _____ |

Billfold or purse contents: _____

Keys _____

Money (list the number of each denomination)

Bills: \$100 _____ \$10 _____
 \$ 50 _____ \$ 5 _____
 \$ 20 _____ \$ 1 _____
 Sub Total _____

Total Amount \$ _____

Coins: () \$1.00 _____ () \$.10 _____
 () .50 _____ () .05 _____
 () .25 _____ () .01 _____
 Sub Total _____

Watch
 Make _____

Rings, description _____
 (1) _____
 (2) _____
 (3) _____
 (4) _____
 (5) _____

Bracelet, description _____

Necklace, description _____

Other _____

Clothing searched by: _____ Date: _____ Time: _____

Valuables received by: _____ Witnessed: _____

Valuables stored (give exact location): _____ Date: _____ Time: _____

Release of personal effects authorized by: _____ Relationship: _____

Personal effects listed above received by: _____

Name: _____ Capacity of relationship: _____

Witnessed: _____ Date: _____