

DEATH SCENE INVESTIGATION

Case Number

Coroner/Deputy: _____ County: _____
 Date of Call: _____ Time of Arrival: _____
 Time of Call: _____ Suspected Cause: _____
 Person Calling: _____ Natural Accident Pending
 Police Agency: _____ 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): _____
 Weight (Pounds): _____
 Eyes: _____
 Hair: _____

- Pregnant
 - Homeless
 - Veteran
 - Active
 - Retired
 - Other _____
- Branch _____
 Last Tour/Retirement date _____

- 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:** _____

- Marital Status:**
- Never Married
 - Separated
 - Divorced
 - Married
 - Widowed
 - Domestic Partnership

- Race:**
- White
 - Black
 - Asian
 - American Indian
 - Alaskan Native
 - Pacific Islander
 - Multiracial
 - Unknown
- (Check all that apply)

- Ethnicity:**
- Hispanic
 - Not of Hispanic Origin
 - Unknown

Industry: _____
 Current Occupations: _____

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
 - Decedent's Residence
 - Decedent's Workplace
 - Inpatient
 - ER/Outpatient
 - Nursing Home
 - Other _____
- Address of Death: _____

- Place of Injury:**
- DOA
 - Decedent's Residence
 - Decedent's Workplace
 - Inpatient
 - ER/Outpatient
 - Nursing Home
 - Other _____
- Address of Injury: _____

	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: _____

Victim Seen in ER Attending Physician Notified Number: _____

- Toxicology Collected
- Blood
- Urine
- 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

- Alcohol Use Suspected
- Drug Use Suspected

Body Released To: _____

Cost of Transport: _____

Funeral Home: _____

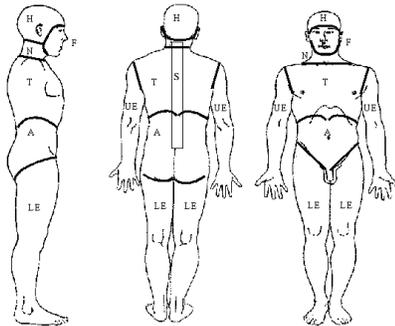
Phone Number: _____

TOXICOLOGY

Present (If Present Please Note Type Here or in the Narrative)

- Alcohol (Type and Level): _____
- Amphetamines: _____
- Barbiturates: _____
- Benzodiazepines: _____
- Cannabinoids: _____
- Cocaine: _____
- Fentanyl: _____
- Methadone: _____
- Opiates: _____
- Oxycodone: _____
- Propoxyphene: _____
- Analgesics: _____
- Buprenorphine: _____
- Anticonvulsants: _____
- Antidepressants: _____
- Antipsychotics: _____
- Other: _____

- Wound Location:**
- Head
 - Neck
 - Face
 - Thorax
 - Abdomen/Lower Back
 - Spine
 - Upper Extremities
 - Lower Extremities
 - Unknown
 - Additional Wounds



F - Face
N - Neck
T - Thorax (Chest, Upper Back)
S - Spine
UE - Upper Extremities
LE - Lower Extremities

WEAPON

Firearm Type:

Handgun

Handgun/Revolver

Handgun/Semi-Auto

Rifle

Shotgun

Other (See Narrative)

Non-Powder Gun

Firearm recovered

Casings recovered

Weapon (Not Firearm):

Sharp Instrument

Blunt Instrument

Poisoning (Drug and/or Gas OD)

Hanging/Strangulation/Suffocation

Personal Weapons (e.g. Fist)

Fall (Pushed/Jumped)

Explosive

Drowning

Fire or Burns

Shaking

Motor Vehicle

Biological Weapons

Other (Specify): _____

Other Firearm: _____

Firearm Serial Number: _____

Caliber: _____

Gauge: _____

Firearm Owner (Or Stolen): _____

Firearm Storage (Locked/Loaded): _____

Gunshot Residue: _____

Dominant Hand: _____

Type of Ammunition: _____

Number of Shells: _____

CASE HISTORY

HOMICIDE:

Brawl (Mutual Physical Fight)

Drug Related

Intimate Partner Left

Intimate Partner Threatened To Leave

Intimate Partner Problems

Other Relationship (Not Intimate Partner)

Intervener Assisting In Crime

Associated With Another Crime (See Narrative)

Argument Over Money Or Property

Gang Related

Jealousy (Lover's Triangle)

Justifiable Homicide

Other Argument, Abuse, Conflict

Hate Crime

Innocent Bystander

Random violence

Terrorist attack

Other (See Narrative)

Mercy Killing

Child Fatality Involvement

Infant Involved

Child/Witness Involvement

Child Protective Services Notified

Victim Was A Police Officer On Duty

Threatened Homicide

Who Was Threatened _____

The Victim Is The _____

Of The Suspect _____

SUICIDE:

Life Crisis Within Last Two Weeks

Anniversary Of Life Crisis

Current Depressed Mood

Current Mental Health Problem

Diagnosed Mental Health Problem: _____

Treatment For Mental Illness (Current, Ever)

Financial Problem

Physical Health Problem

Job Problem

Lack Of Employment

Recent Diagnoses

Intimate Partner Problems

Intimate Partner Left

Intimate Partner Threatened To Leave

Intimate Partner Violence

Other Relationship Problem (Not IP)

School Problem

Alcohol Problem

Substance Problem

Recent Criminal Problem

Legal Problems

Recent Suicide Of Relative/Friend

Other Death Of Relative/Friend

Perpetrator Of Violence/Crime

Victim Of Violence/Crime

Other (See Narrative)

Left Suicide Note

Disclosed Attempt To Die By Suicide

History Of Suicide Attempts

Threatened Suicide

"I will kill myself if" _____

ACCIDENT:

Fall

Hunting

Playing With Gun

Loading/Unloading Gun

Motor Vehicle

Target Shooting

Self-Defense Shooting

Showing Gun To Others

Cleaning Gun

Gun Defect/Malfunction

Celebratory Firing

Other (See Narrative)

Motor Vehicle Crash

Passenger

Driver

Pedestrian

Lap Belt Used

Shoulder Belt Used

Helmet Worn

Airbag Deployed

Hit-Run

Non Highway

Vehicle Type:

NATURAL:

Nursing Home/Hospice

SIDS/SUIDS

Smoker

Diabetes

Heart

OVERDOSE:

Drug Paraphernalia (If Present Please List): _____

Witnesses Present

Previous Overdose

Drug Abuse Problem

Alcohol Abuse Problem

Treatment For Substance Abuse

Naloxone/Opioid Antagonist Administered

Chronic Pain

Current Pain Treatment

History Of Incarceration

Currently Incarcerated

Recent Release (<1 Month)

Previous

Current Depressed Mood

Current Mental Health Problem

Diagnosed Mental Health Problem: _____

Treatment For Mental Illness (Current, Ever)

