DEATH SCENE INVESTIGATION REPORT

Investigator_____ Date of Death _____

ME _____ Case Number_____

Primary Rationale for Medical Examiner Activity (choose one):

- ☐ Accidental Death
- ☐ Natural/Sudden/Unexpected Death
- ☐ Violent Death (Homicide/Suicide)
- ☐ Suspicious Circumstances
- ☐ Prison Death
- ☐ Cause of Death Not Determinable by Attending Physician
- ☐ Cremation Authorization Permit
- ☐ No Other Physician to Sign Death Certificate
- ☐ Other (please specify):

DECEDENT IDENTIFICATION

Name: (Last) (First) (Middle) SS#:

Aliases: Date of Birth: Age:

Decedent Was Homeless: ☐ Yes ☐ No

Home Address: _____

City: _____ State: MI

County: _____ Zip Code:_____

Phone Numbers: Home: _____

Cell: _____ Work: _____

Other: _____ Other: _____

Gender:
☐ Male
☐ Female
☐ Non-human Bones
☐ Other
Specify:

Race (Check all that apply):
☐ Hispanic/Spanish/Latino
☐ White (not Hispanic)
☐ African Am. (not Hispanic)
☐ Am. Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Unknown
Details (i.e.: Tribe, Country of Origin):

Marital Status:
☐ Never Married
☐ Married
☐ Divorced
☐ Separated
☐ Widowed
☐ N/A
☐ Unknown

☐ Employed ☐ Unemployed ☐ Retired ☐ Homemaker
☐ Unknown ☐ N/A ☐ Other:

Place of Employment:
Occupation:

Pregnant at Time of Death:
☐ Yes ☐ No ☐ Unknown

Decedent Currently Under Governmental Supervision *(i.e., Foster Care, Incarceration, Mental Health, etc.)*:
☐ Yes ☐ No ☐ Unknown If Yes, Agency & ID Number:

SECONDARY PARTIES

IDENTIFIED BY

Decedent Identified By: (Last) (First)

Relationship: ☐ Family Member ☐ Police ☐ Health Care Professional ☐ Friend/Acquaintance ☐ Other:

Means Identified By: ☐ Appearance ☐ ID Card ☐ Dental Records ☐ Fingerprints ☐ DNA ☐ X-ray ☐ Photograph ☐ Presumptive ☐ Other:

Notes: ID Form Signed: ☐ Yes ☐ No

NEXT OF KIN

Notified: ☐ Yes, Kin at Scene ☐ Yes, by Agency ☐ No ☐ In Process Notifying Agency:

Relationship: ☐ Spouse ☐ Parent ☐ Sibling ☐ Child ☐ Legal Guardian ☐ Other:

Name: (Last) (First) (Middle)

Address: (Street) (City) (State) (Zip)

Phone Number: Notes:

OTHERS INVOLVED

Associated Cases:

Was this Death Potentially Caused by a Secondary Party:
☐ Yes ☐ No ☐ N/A ☐ Unknown If Yes, Relation to Decedent:

Number of Associated Fatal Injuries:
Number of Associated Non-Fatal Injuries:

Notes:

WITNESSES

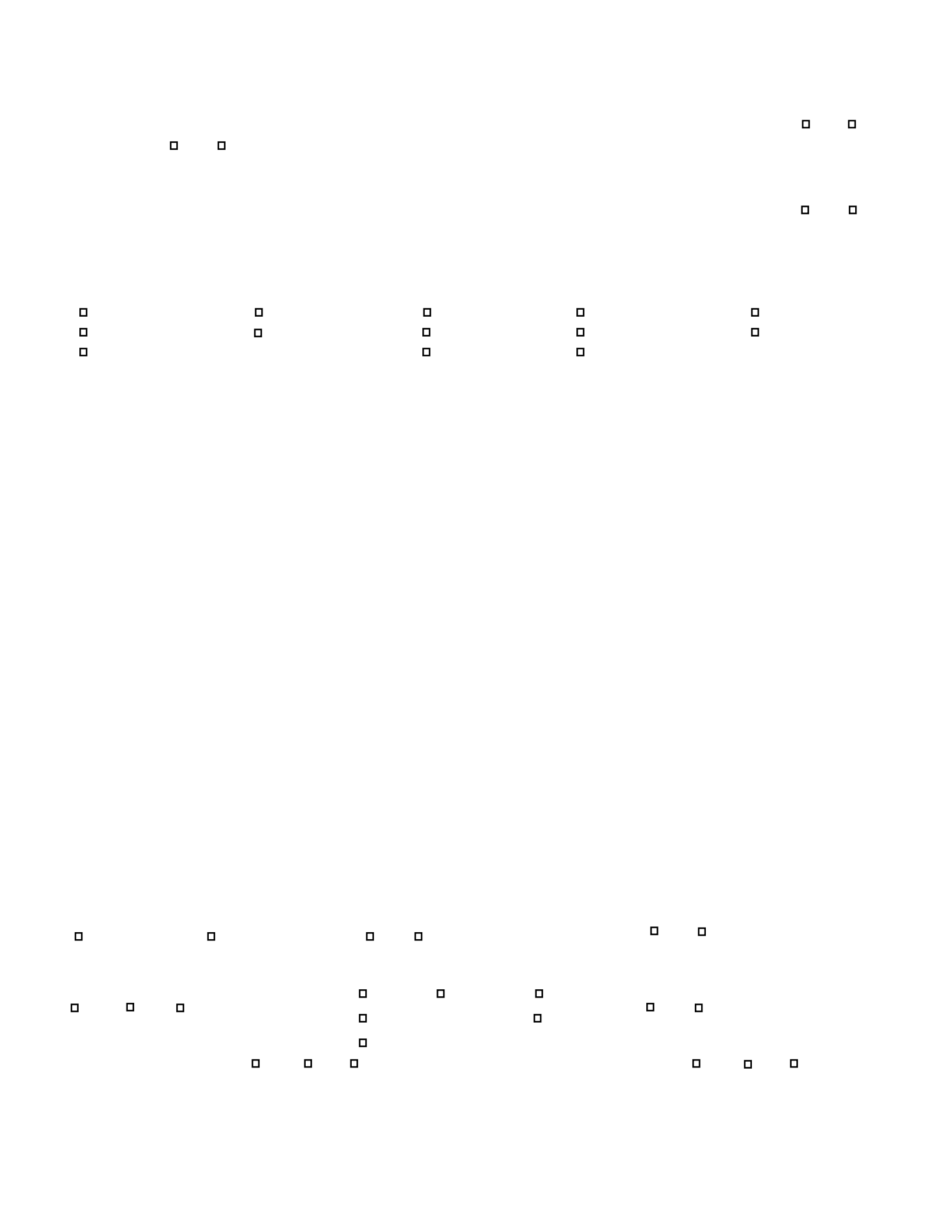
☐ Witness to Death ☐ Found Decedent ☐ N/A

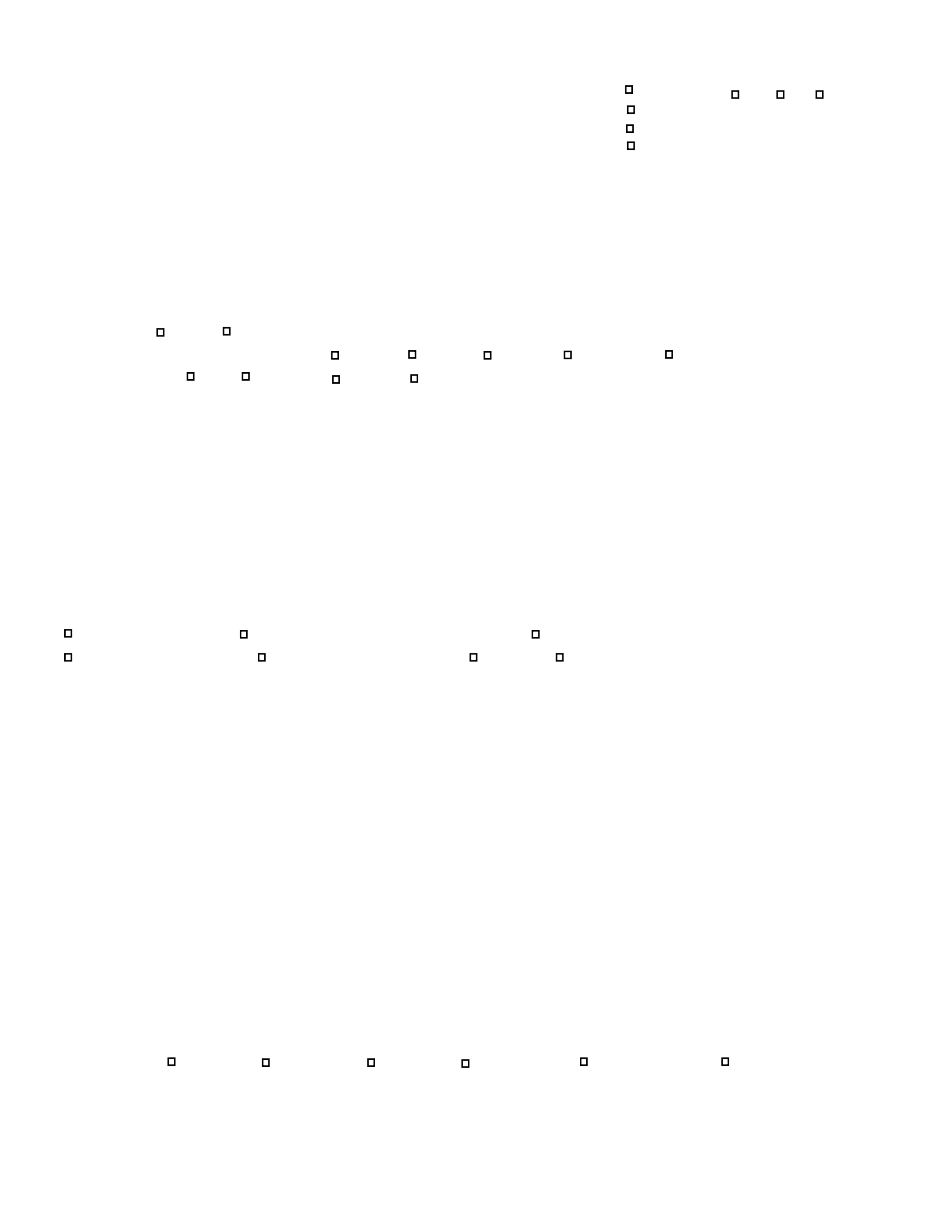
Relationship of Witness/Person Who Found Decedent to Decedent: ☐ Family Member ☐ Health Care Professional ☐ Stranger ☐ Friend/Acquaintance ☐ Other:

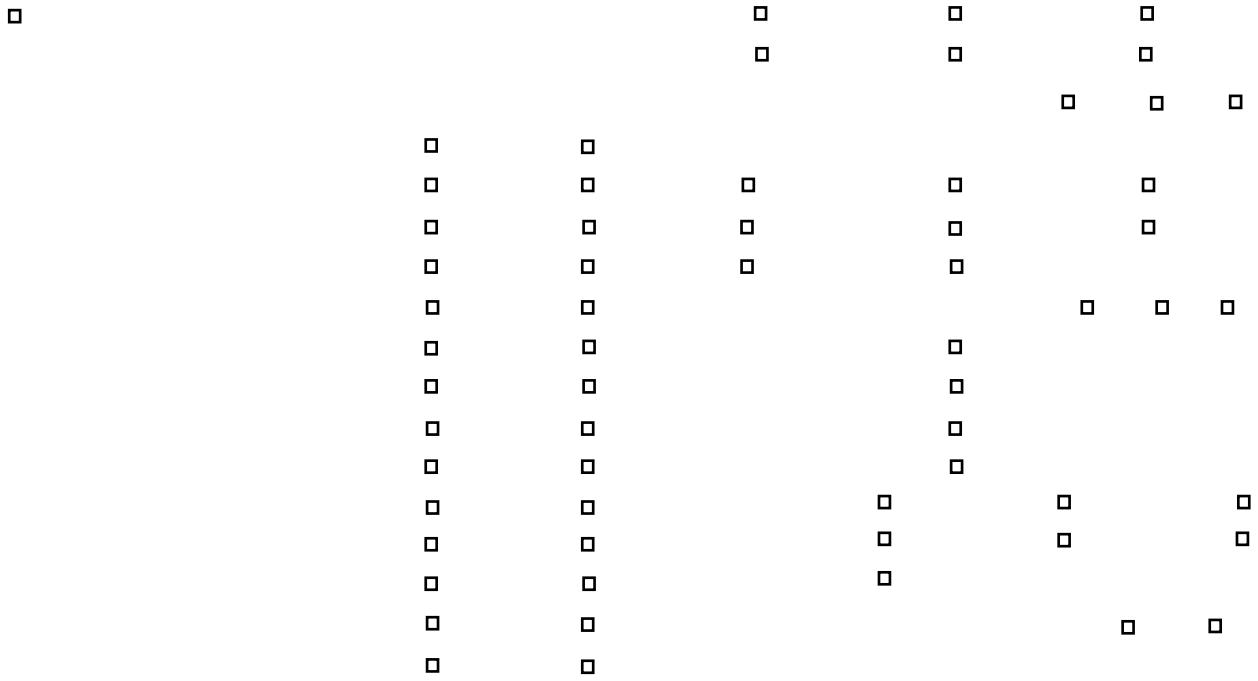
Name:

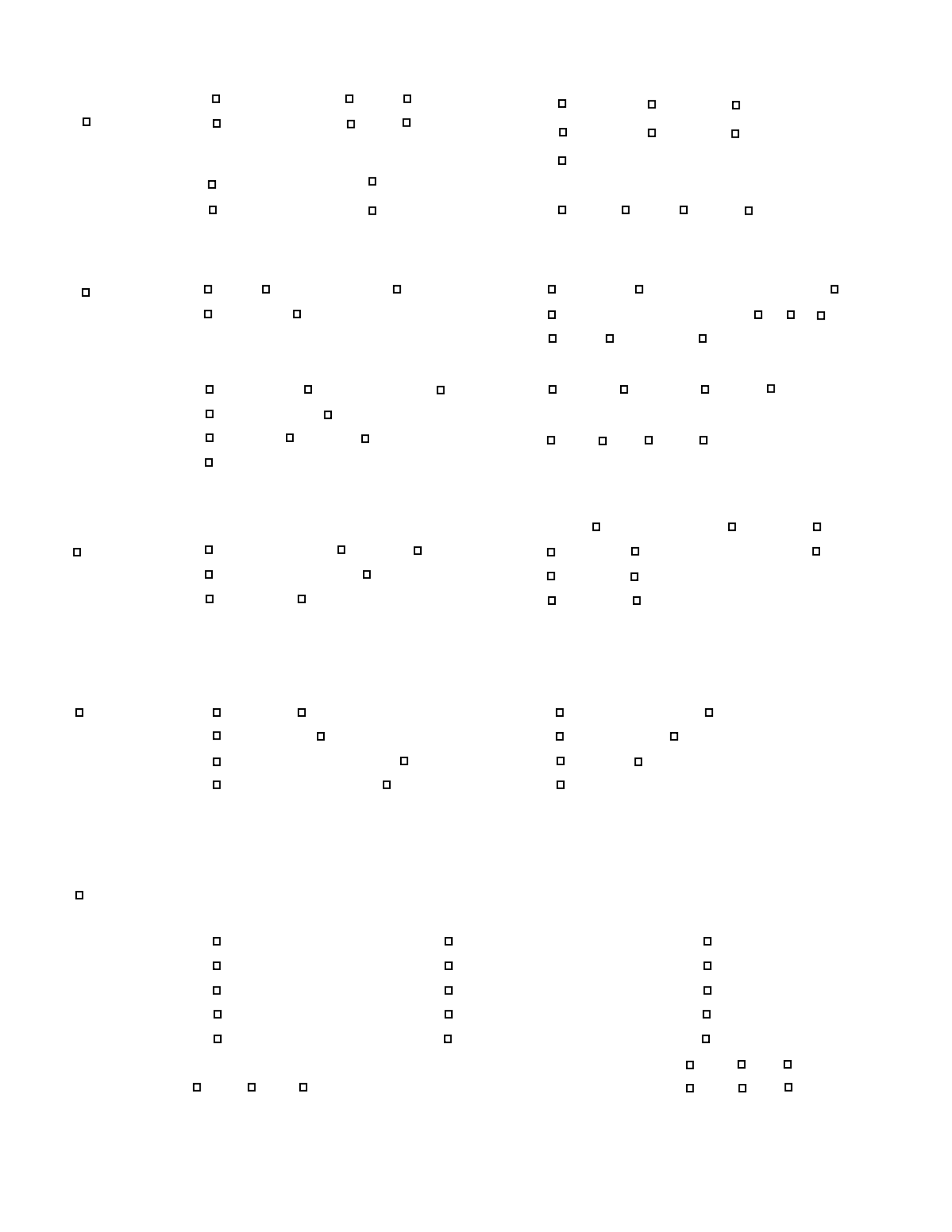
Address: (Street) (City) (State) (Zip)

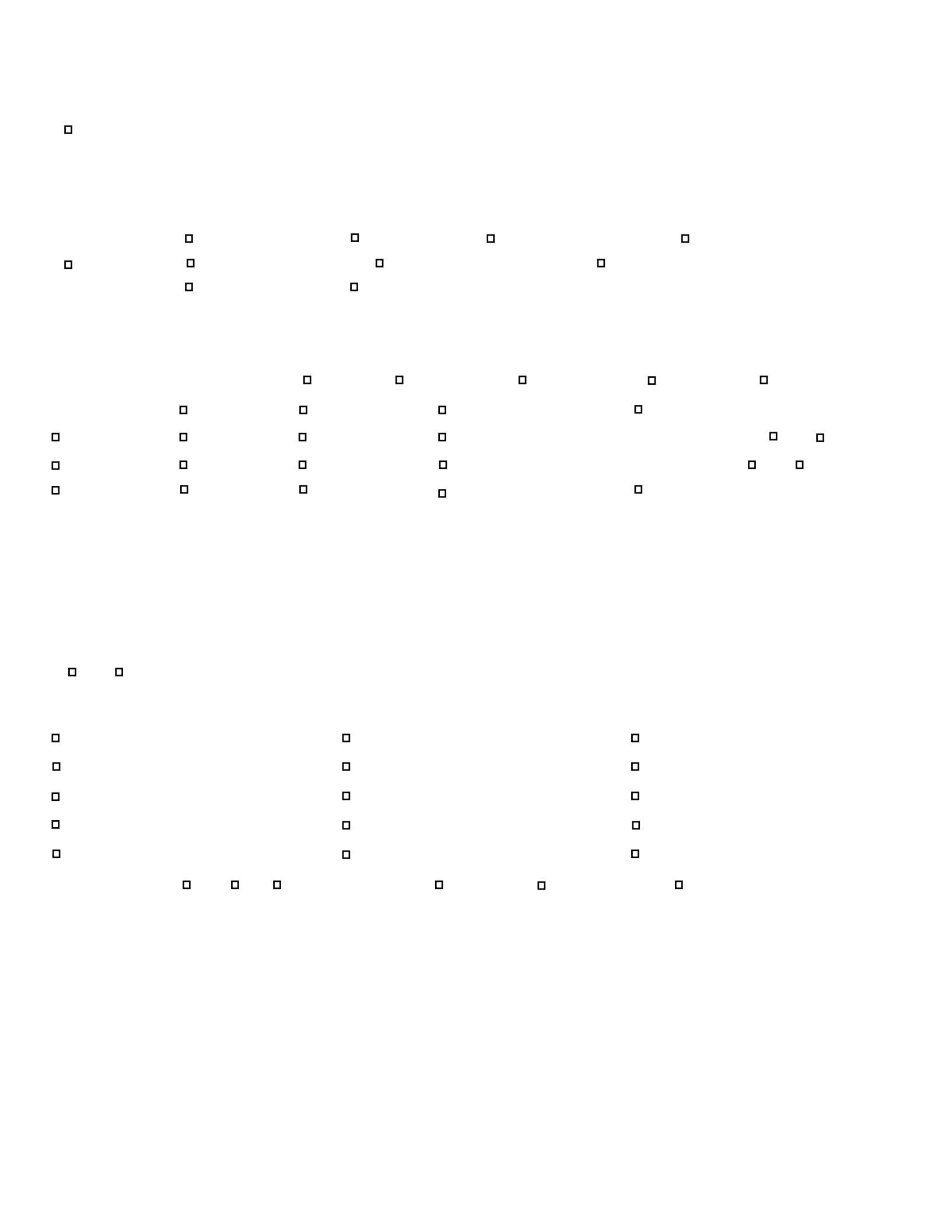
Phone Number: Notes:

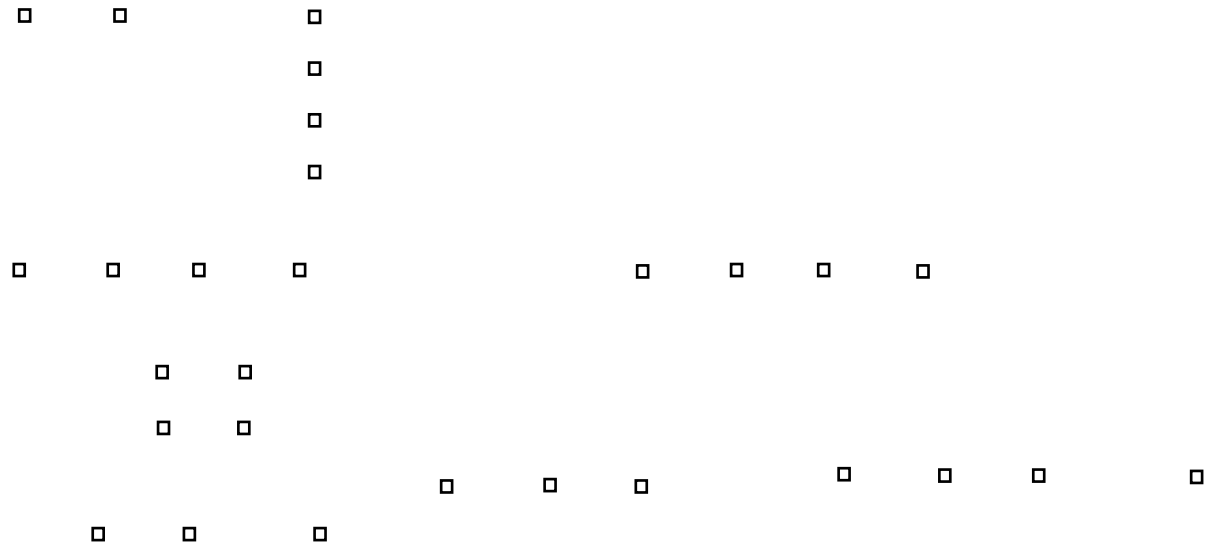


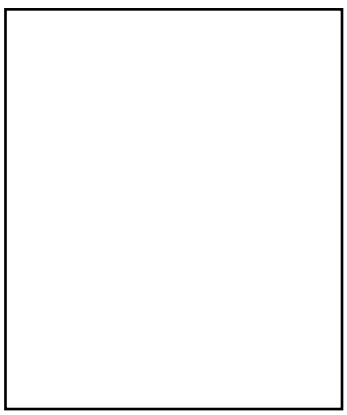












ADMINISTRATION/ACCOUNTING (FOR OFFICE USE ONLY)

Required Documents:

- ☐ Investigation Report Completed
- ☐ Death Certificate Received
- ☐ Autopsy Report Received
- ☐ Toxicology Report Received
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Not an ME Case

☐ Jurisdiction Declined

Remarks:

Body Disposition:

☐ Burial/Entombment ☐ Cremation ☐ Donation

☐ Body Not Recovered ☐ Body Removed from State

Body Transported By:

To Where:

Name of Funeral Home:

APPROVED CHARGES

Type of Charge	Description	Amount	Rate	Date
Medical Examiner				
Investigator				
Diener				
Mileage				
Autopsy				
Transport				
Cremation Permit				
Supplies				
Photos				
Lab				
Medical Imaging				
Radiology				
Toxicology				
Dentist				
Total: 0				