PALM BEACH COUNTY MEDICAL EXAMINER OFFICE
DEATH INVESTIGATION REPORT
(Print of Type Only)

CASE #: _____

LOCATION OF INCIDENT:_____

NAME OF DECEASED: _____ RACE:_____ SEX:_____ DOB:_____/_____/_____

HOME ADDRESS:_____

CITY / STATE / ZIP CODE:_____ S.S.#: _____

NEXT OF KIN:_____ _____ RACE:_____ SEX:_____ DOB: _____/_____/_____

NEXT OF KIND HOME ADDRESS: _____RELATIONSHIP: _____

CITY / STATE / ZIP CODE: _____PHONE #:(_____)_____

DISCOVERER OF BODY:_____ RACE:_____ SEX: _____DOB:_____/_____/_____

HOME ADDRESS: _____

CITY / STATE / ZIP CODE: _____PHONE#:(_____)_____

BODY I.D. BY:_____ RACE:_____ SEX:_____DOB:_____/_____/_____

ADDRESS_____

CITY / STATE / ZIP CODE: _____PHONE #: (_____)_____

POLICE AGENCY: _____OFFICER:_____ I.D.# _____

SUPERVISOR OR DETECTIVE ON SCENE:_____ I.D.# _____

WHERE BODY FOUND:□ RES. □ HOSP □ OTHER ADDRESS: _____**DATE/TIME OF DEATH**:_____

OFFICER VIEWED BODY AT: □RES. □ HOSP □ SCENE □ OTHER _____

EMS: □ PBCFR □ OTHER _____ RUN #: _____

BODY RELEASED TO: □ ME REMOVAL SERVICE: _____□ FUNERAL HOME:_____ DATE:_____

DOCTOR EXPECTED TO SIGN DEATH CERTIFICATE: _____

ADDRESS: _____

CITY / STATE / ZIP CODE: _____PHONE #: (_____)_____

NEXT OF KIN NOTIFIED: □ YES □ NO BY WHOM: _____

MEDICAL HISTORY: _____

MEDICATIONS:_____

DATE AND TIME LAST SEEN ALIVE: _____BY WHOM: _____

WAS DEATH WITNESSED: □ YES □ NO IF YES, BY WHOM: _____

TYPE OF DEATH: □ APPARENT NATURAL □ APPARENT SUICIDE □ HOMICIDE □ ACCIDENT □ OTHER

NARRATIVE: _____

_____

_____

_____

_____

Officers NAME (PRINT):_____ I.D.#:_____

Officer's SIGNATURE:_____ DISTRICT / DIVISION/ UNIT: _____

INFORMATION TO BE FAXED TO MEDICAL EXAMINER (561) 688-4592