CASE#: | DECEDENT (L,F,M):

County Resident ☐
Non-Resident ☐
County:

CORONER OF
LITTLE RIVER COUNTY

REPORT OF INVESTIGATION BY CORONER

DECEDENT (L,F,M):		DOB:	AGE:	RACE:	SEX: M
ADDRESS:		STATUS:	OCCUPATION:		
CITY:	STATE:	ZIP:	SSN:	EMP:	

TYPE OF DEATH: (CHECK ONE)

Emergency Room / Hospital ☐ | Suspicious ☐ | Violent / Unnatural ☐ | AT WORK
Unattended by physician ☐ | SIDS ☐ | YES ☐ NO ☐
In prison, jail, or police custody ☐ | Means / Weapon:

	Last Seen Alive	Injury/Illness	Death	M.E. Notified	View of Body	Police Notified	If Motor Vehicle Accident	
Date							Driver ☐	SeatBelt
Time							Passenger ☐	Yes ☐
Approx. Time OF Death If Unknown							Pedestrian ☐	No ☐

NOTIFICATION BY: | AGENCY:
ADDRESS:

	LOCATION	CITY OR COUNTY	TYPE OF PREMISES (E.G. HIGHWAY)
INJURY OR ONSET OF ILLNESS			
DEATH			
VIEW OF BODY BY CORONER			

Description of Body				Nose	Mouth	Ears		Rigor	Livor	Non-Fatal Wounds	
Clothed: ☐	Unclothed: ☐	Partial: ☐	Blood	☐	☐	L ☐	R ☐	Jaw: ☐	Color: None	Abrasion: ☐	Burn: ☐
Hair Color: Brown		Beard: ☐	Froth	☐	☐	L ☐	R ☐	Neck: ☐	Anterior ☐	Contusion: ☐	Stab: ☐
Eye Color: Brown		Mustache: ☐	CSF	☐	☐	L ☐	R ☐	Arms: ☐	Posterior ☐	Gunshot: ☐	Incised: ☐
Scars / Tatoos:			Other:					Complete: ☐	Lateral:	Laceration: ☐	Fracture: ☐
Clothing Description:			Weight:		Length:				Regional ☐	Distribution:	
									Complete ☐	Scalp ☐ Chest ☐ Face ☐	
										Neck ☐ Arms ☐ Back ☐	
										Abdomen ☐ Legs ☐	

FATAL WOUNDS (Gunshot, Stab, etc.)	Size / Shape	Burn / Powder	Location: Top of head / L or R Midline	Plane, Line, or Direction of Wound

CAUSE OF DEATH:	MANNER OF DEATH: (Check One)			Autopsy: Yes ☐ No ☐
	Accident: ☐	Suicide: ☐	Homicide: ☐	Authorized By:
	Natural: ☐	Undetermined: ☐	Pending ☐	Released to:
				Date: Time:

Climatic Conditions:		GPS Coord.:	Remains Transported By:		Coroner Office ☐
Outside Temp:	Inside Temp:		Crime Lab: ☐	Funeral Home: ☐	Other: ☐
Conditions:	Other:		Transported To:		

MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE:

NAME OF INSTITUTION	ADDRESS	DIAGNOSIS	DATE

CIRCUMSTANCES OF DEATH:

	NAME	Official Title or Relationship to Decedent	ADDRESS
FOUND DEAD BY			
LAST SEEN ALIVE BY			
WITNESS TO INJURY, ILLNESS, OR DEATH			
NEXT OF KIN			

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

Investigating Agency:

Officer:

Toxicology Sent:	Yes ☐	No ☐
Type: N/A		
Reason: N/A		

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with applicable state codes and laws; and that the information contained herein regarding such death is correct to the best of my knowledge and belief.

Date

Signature of Coroner's Investigator

Print Form

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH CONT:

Print Form