



### Ross County Coroner Investigator Case Notes

Case # \_\_\_\_\_ Investigator \_\_\_\_\_

Date \_\_\_\_\_ TOC \_\_\_\_\_ EnRoute \_\_\_\_\_ On Scene \_\_\_\_\_

Starting Mileage \_\_\_\_\_ Ending Mileage \_\_\_\_\_

Notified By: \_\_\_\_\_

Location of Death \_\_\_\_\_

Decedent Name \_\_\_\_\_

Decedent Address \_\_\_\_\_

Age \_\_\_\_\_ Decedent DOB \_\_\_\_\_ Decedent SSN \_\_\_\_\_

Decedent ID By: \_\_\_\_\_

Identifying Marks \_\_\_\_\_

Location of Body \_\_\_\_\_

Time Found \_\_\_\_\_ Found By \_\_\_\_\_

Last Contact \_\_\_\_\_

Pronounced By \_\_\_\_\_ Time Pronounced \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relation \_\_\_\_\_

NOK Address & Phone \_\_\_\_\_

NOK Notified  Yes  No NOK Notified By \_\_\_\_\_

PCP \_\_\_\_\_ PCP Notified  Yes  No

Photos Taken  Yes  No

Autopsy  Yes  No

Autopsy Location \_\_\_\_\_

Body Bag Seal # \_\_\_\_\_

Signing Physician \_\_\_\_\_

Morgue Location \_\_\_\_\_

Transported By \_\_\_\_\_

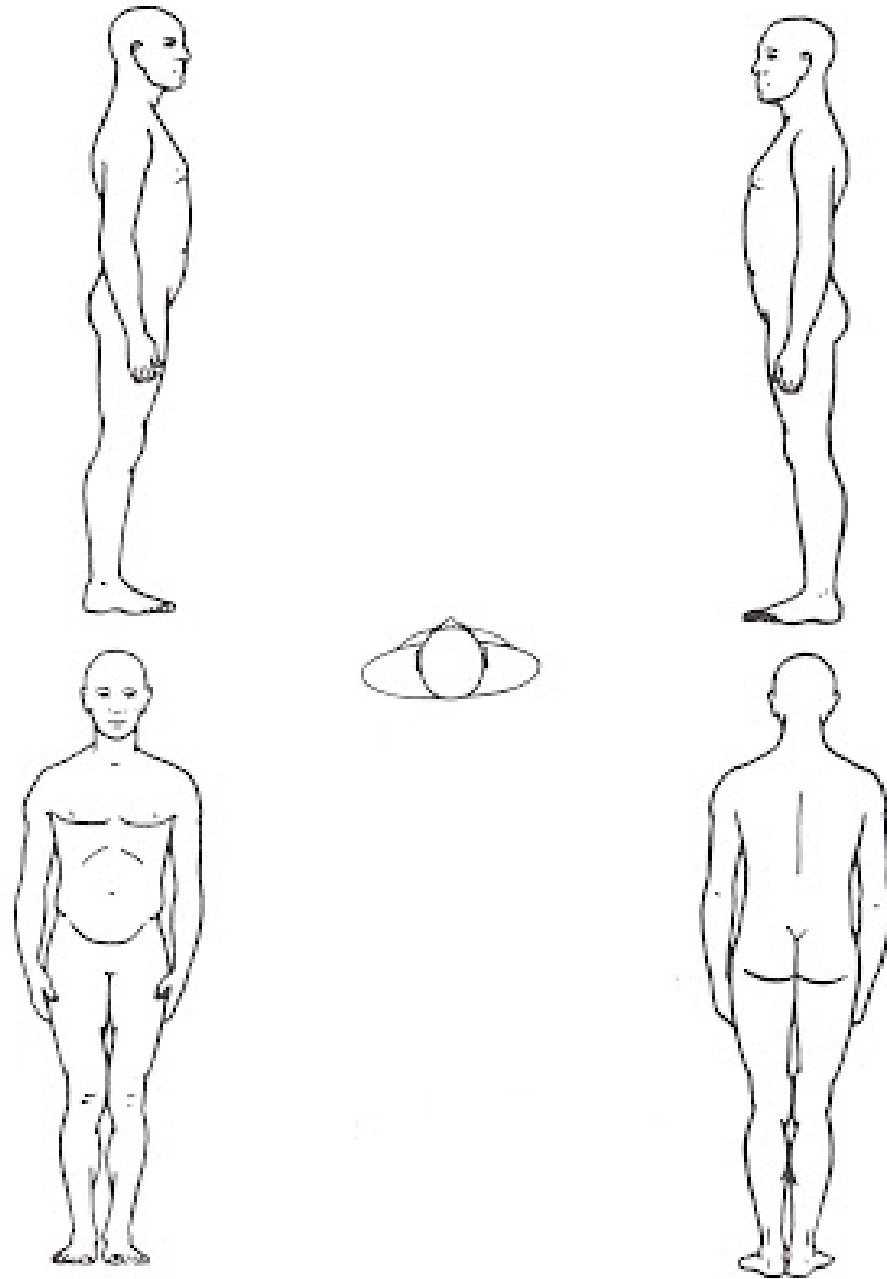
Funeral Home \_\_\_\_\_

Medical History

Medications

Comments/Additional info

Body Examination Please Identify All Wounds



Notes:

