



Investigator Information Form

Case # _____ AJ / DJ / NA County _____

Name: _____
(last, first, mi)

Age: _____ Race: _____ Sex: _____ DOB: _____

Home Address _____ Zip Code _____

Report Date _____ Report Time _____ PD _____ PD Case # _____

Reported By (person) _____ (agency) _____ (phone) _____

INCIDENT DATE _____ **TIME** _____ witnessed ___ found ___ On Job? ___

ADDRESS _____

Witness/finder's Name _____

Address _____ Phone _____

spouse ___ family ___ acquaintance ___ stranger ___ police ___ other _____

If found: dead ___ unconscious ___ conscious **Last known alive/alert** _____

LKA by: witness ___ spouse ___ family ___ acq ___ stranger ___ police ___ other ___

LKA how: was seen ___ was heard ___ was talked to _____

Relative/Contact _____

Name	Address	Phone
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HOSPITAL _____ **Known Injuries** _____

PRONOUNCED: Emergency Room ___ Inpatient/In Surgery ___ On Scene ___

Admission Date _____ Time _____ Pronounce Date _____ Time _____

Surgery Date _____ Time _____ Female-Pregnant last 90 days? Y ___ N ___

MEDICAL HISTORY: _____ Unknown _____ None _____ Information Not Asked For

_____ heart disease	_____ mental illness	DOCTOR'S NAME _____
() prior MI's	() Alzheimer's	PHONE # _____
_____ hypertension	_____ stroke	FAX # _____
_____ emphysema	_____ renal disease	
_____ asthma	_____ terminal illness	MEDICATIONS:
_____ diabetes	_____ cancer	_____
() insulin	() primary site _____	_____
() no insulin	_____ allergies	_____
_____ seizures	_____ drug abuse	_____
() unknown cause	_____ chronic alcohol abuse	_____
() alcohol related	_____ recent fall	_____
() trauma related	_____ recent injury	_____
() birth related	_____ old injury	_____
() since childhood	_____ other illness	_____

Identified By: visual recognition ___ photo ___ prints ___ dental ___ other _____

LOCATION OF INCIDENT OR WHERE BODY FOUND

___Residential	___Temp Habitat	___Business	___In Water	___Health Care
() single family home	() rooming house	() restaurant	() ditch	() hospital
() apartment	() hotel/motel	() fast-food	() lake	() nursing home
() multi-unit dwelling	() vacant bldg	() liquor store	() river	() care home
() rooming house	() shelter	() bar/club	() pool	() med clinic
() trailer	() jail	() grocery store	() creek	() dental clinic (
) yard		() other store		

TRAFFIC CASES: () interstate () state hwy () county road () city street () not on a road

Electricity, chemicals, venoms, or poisons involved in this death? _____

NARRATIVE: _____

Scene Photos-Y___N___ ID Photo-Y___N___ Blood Drawn-Y___N___ X-Ray-Y___N___

INVESTIGATOR'S OPINION: Homicide ___ Suicide ___ Accident ___ Natural ___

Traffic ___ Undetermined ___ **INVESTIGATOR:** _____

ACCEPT JURISDICTION: Violent ___ Suspicious ___ Inmate ___ Sudden ___

Unattended ___ Doctor Won't Sign ___ Doctor Can't Be Reached ___

DECLINE JURISDICTION: Subject Matter ___ Geographical ___>>County _____

DISPOSITION OF BODY: ___Released from site ___To morgue for exam ___To morgue for claim

FUNERAL HOME: _____

Phone # _____