DEATH INVESTIGATION REPORT		Ector County Medical Examiner's Office 200-A W. 3rd Odessa, Texas 79761	
ECME Case #		Investigator:	Carl Rogers

Decedent's Name:									
Last		First		Middle					
DOB		SSN		DL #/ST					
Age		Race	Choose One	Ethnicity	Choose One	Sex	Choose One		
Decedent's Address:		City		County		State		Zip	

Marital Status	☐ Single	☐ Married	☐ Divorced	☐ Separated	☐ Widow(er)	☐ Common Law	☐ Unknown
Job Status	☐ Employed	☐ Unemployed	☐ Retired	☐ Disabled	☐ Student	☐ Self Employed	☐ Unknown

Next of Kin:	Who was notified:						
Notified Date:		Notified Time:		By who:			

Name	How Related	Address	Phone #

☐ Notified of Autopsy	Who was notified:		Date:		Time:	

Doctor Signing DC	Primary Care Physician(s)

Autopsy:		Location:	Select One	Autopsy Type:		

L.E. Agency Dispatched		Case #		Lead Investigator	
Officer(s) on scene:				Dispatched		On scene	
Fire/EMS Units:		Dispatched		On Scene		Tranported	

	Date:	Time:	Location:	By whom:
ME notified				
Transport notified				
ME on scene				
Transport on scene				
Transport to Morgue				
In Morgue				
Known Alive				
Found Down				
At Hospital				
Found Dead				
Fatal Injury				
Pronounced				
Funeral Home:			Chosen By:	