Ector County Medical Examiner's Office
Death Investigation - Scene Report

Case # _____ **Date:** _____

Name of Decedent: _____

Place of Death:

☐On Scene ☐Emergency Room ☐In Surgery ☐In Patient _____

Location of onset of Fatal Events:

☐Witness Present ☐Indoors ☐At own home ☐In Vehicle Describe Type of place: _____

☐No Witnesses ☐Outdoors ☐Not own home ☐Driving

☐At work/On job ☐On public road ☐On private road/private drive

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Position of body:

☐Sitting ☐Hanging ☐On left side ☐On right side ☐In bed ☐On floor/ground

☐Lying supine ☐Lying prone ☐On chair/seat/couch ☐Other: _____

Body Decomposition: ☐Yes ☐No ☐Early (Partially discolored abdomen)

☐Bloating ☐Blistering ☐Purging ☐Fully discolored Abdomen ☐Advanced ☐Marbling

☐Skin slippage ☐Adiopocere ☐Tache Noire ☐Dry/Mummification ☐Tardieu Spots

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Livor Mortis? ☐Yes ☐No Contact Pallor? ☐Yes ☐No Consistent with body position? ☐Yes ☐No

Location: ☐Posterior ☐Anterior ☐Blanchable ☐Fully developed ☐Set/fixed

☐Superior ☐Inferior

Rigor Mortis? ☐Yes ☐No ☐Early ☐Moderate ☐Increasing ☐Fully developed ☐Decreasing

Rated as: ☐1 ☐2 ☐3 ☐4

Body Temperature: Trunk of Body - ☐Warm ☐Cool ☐Cold

Extremities - ☐Warm ☐Cool ☐Cold

Clothing on body: _____

Clothing released to: ☐Law Enforcement ☐Family ☐Funeral Home ☐Hospital Security

☐Medical Examiner ☐Disposed of/Contaminated ☐No clothing

Valuables/Property On body: _____

Valuables Released to: ☐Law Enforcement ☐Family ☐Funeral Home ☐Hospital Security

☐Medical Examiner ☐Left at scene ☐No valuables

Preliminary opinion of investigator on Manner of Death:

☐Homicide ☐Suicide ☐Accident ☐Natural ☐Undetermined

Medical therapy in place

☐ET Tube ☐OG Tube ☐NG Tube ☐Tube Tamer ☐C-Collar ☐Mechanical Vent ☐BP cuff
☐EKG tabs ☐Combo pads ☐Foley catheter ☐Temp sensor ☐Pulse/Ox ☐Hypothermic treatments
☐Heel saver boots ☐calf compression sleeves ☐ICP sensor ☐Bair hugger warmer
☐Pacemaker/magnet ☐Colostomy bag ☐right chest tube ☐left chest tube ☐Gastric feeding tube
☐Other

☐IV –Location(s):

☐PICC line Location(s):
☐Central Line ☐Right IJ ☐Left IJ ☐Right SC ☐Left SC ☐Right Femoral ☐Left femoral
☐ IO IV: ☐Right tib/fib/ankle ☐Left tib/fib/ankle ☐Right humerus ☐Left humerus ☐Sternum
Other:

Was decedent recently involved in an accident? ☐Yes ☐No Describe accident, injury, date and location:

Recent travel to a foreign country? ☐Yes ☐No Where and when
Agonal Medical Treatment ☐None ☐CPR ☐Transfusion ☐IV/Meds ☐Surgery ☐Defibrillation

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Medical Conditions/History: ☐ **Not found** ☐ **No past problems** ☐ **Past medical problems**
Medical Information Source: ☐ **Physician** ☐ **Medical records** ☐ **Health Provider** ☐ **Family** ☐ **Other**
☐Alcohol ☐Alzheimer's ☐Anemia ☐Aneurysm ☐Asthma ☐Atrial Fib ☐Bronchitis ☐CABG
☐CAD ☐Cancer ☐CHF ☐Cirrhosis ☐COPD/Emph ☐Dementia ☐Depression
☐DM ☐GERD ☐Hepatitis ☐Drugs
☐Kidney Injury ☐HIV/AIDS ☐HLD ☐HTN ☐Hypotension
☐M.I. ☐MRSA/VRE ☐Obesity ☐Pacemaker/Defib ☐Pneumonia
☐PE ☐Resp. Failure ☐Seizures ☐Sepsis ☐Sleep Apnea ☐Smoker ☐Stroke/CVA
☐Mental Illness
☐Suicide attempts or ideations:

Medication located/collected: ☐Yes ☐No Medication Log attached: ☐ Yes ☐ No MR#

Other:

Toxicology Drawn? ☐Yes ☐No Shipped to: Date: Time:

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