CORONER
Dotti Owens, MA, D-ABMDI

CHIEF DEPUTY
Brett E. Harding, MBA, F-ABMDI

OFFICE MANAGER
Tonia Fleming

ADA COUNTY CORONER
5550 Morris Hill Road
Boise, Idaho 83706

PHONE: (208) 287-5556
FAX: (208) 287-5579

ADMONITION OPPOSING AUTOPSY

Decedent Name:_____

Coroner Case No.:_____

I hereby certify that I am the legal next of kin to the person named above, or other person authorized by law to receive the remains, and I have full authority to act on his/her behalf.

The death of the above named has come under investigation by the Ada County Coroner's Office. I hereby state that I oppose and admonish the Coroner's Office from the performance of an autopsy. This admonition is rendered to avoid irreparable harm to the surviving next-of-kin as listed above. Since no criminality is at issue in this death, it is hereby agreed that the undersigned next-of-kin/personal representative shall save and hold harmless and indemnify Ada County and its employees and agents agains any and all claims and causes of action arising from thie admonition.

Printed Name: _____

Signature: _____

Date: _____

Relationship tothe Deceased:_____

Witness:

Printed Name: _____

Signature: _____

Date: _____

BODY DIAGRAM

DECEDENT NAME _____

CASE # _____

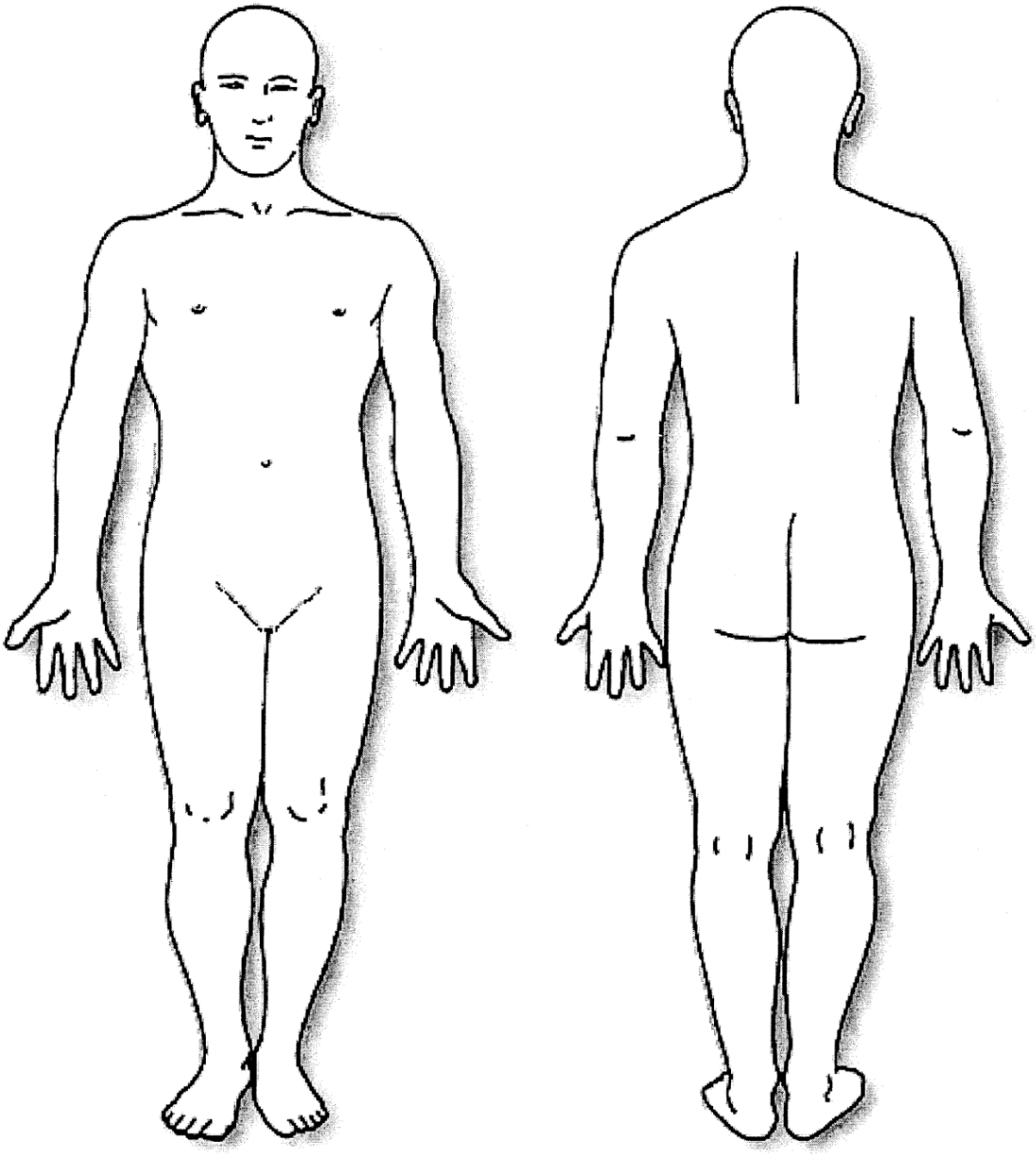
INVESTIGATOR / COUNTY _____

AGE_____ LENGTH_____ WEIGHT_____

Intake Time _____

Start Time _____

Body Lock #_____



Hair_____

Eyes_____

Gallbladder + / -

Appendix + / -

Uterus + / -

Ovaries L / R / -

Gastric_____ cc

Desc_____

Heart_____

R Lung_____

L Lung_____

Liver_____

Spleen_____

R Kidney_____

L Kidney_____

Brain_____

Urine _____

[STICKER]

Attending:

_____

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Transport Contact Info:

_____

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PROPERTY:

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ADA COUNTY CORONER'S OFFICE

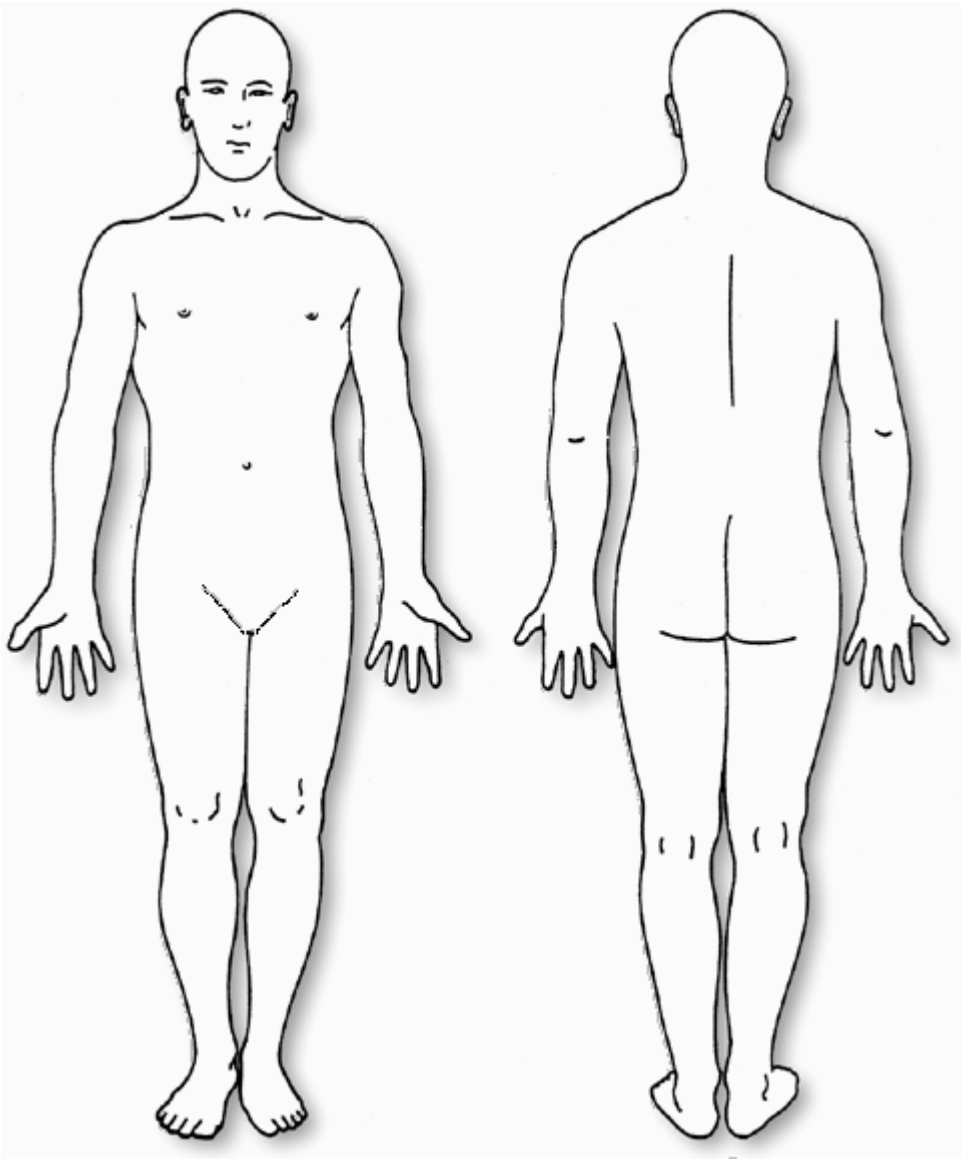
Case #	Deputy:	Call Received: Called By:	Arrival Time:	
Date:	Hour:	DOD:	Time of Death:	Pronounced:
Name First:	Name Last:		SSN: Male Female	
AKA:	Occupation:	Single Married Widowed Divorced	Surviving Spouse:	
DOB:	Age:	HT: Hair: Wt: Eyes:	ID Made by: Relative/friend ID Other:	Found By:
Place of Death:	Residence:			
Next of Kin:	Relationship:	Address:	Phone:	
Physician:	Phone:	Police Agency:	DR #:	
NJR? Yes NO Will Physician Sign DC? Y N ?	Fire EMS	Police EMS Fire Name:		

Description of Circumstances:

Meds:

History and Physical:

Body Position: Face Up Face Down L Side R Side Hanging Seated Other:			
Body Condition: Well Preserved Slightly Decomposed Severely Decomposed Skeletal Burned Other:			
Clothing: Fully Clothed Partially Clothed Unclothed Evidence of Sexual Assault:			
Rigor Mortis: None Complete Head Neck Arms legs Out Progressing Receding			
Livor Mortis: None Front Back Localized:			
Blood Absent Present Primary Source:			
Scars:	Tattoos:		
Injury:	Bruises/Marks:		
Place of Injury:	Date:	Time:	
Address of Injury:			
Weapon /Method:	Caliber:	Serial Number:	Model Type/ Manufacturer:



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Clear Form

Coroner Donation/Funeral Home Information Form

Decedent Name: _____

Social Security Number: _____

Date of Birth: _____

Date of Death: _____

Time of Death: _____

Date Pronounced: _____

Time Pronounced: _____

Location of Death:

_____

_____

Date Last Known Alive: _____

Time Last Known Alive: _____

Date Found: _____

Time Found: _____

Race: _____

Biological Sex: _____

Decedent Residence:

_____

_____

Next of Kin Notified: Yes ☐ No ☐

Next of Kin Name: _____

Relation: _____

Next of Kin Contact Info: _____

Donation Discussed: Yes ☐ No ☐

Subject on Hold: Yes ☐ No ☐

Decedent Disposition: _____

Refrigeration Time (if known): _____

Signing Physician: _____

Suspected COD: _____

Brief Description of Circumstances:

_____

_____

Past Medical History:

_____

_____

_____

Alcohol/Drug Hx (if yes then describe):

_____

_____

_____

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Clear Form

CPS Notification Information Form

Decedent Name: _____

Date of Birth: _____

Date of Death: _____

Time of Death: _____

Location of Death:

_____

_____

Date Last Known Alive: _____

Time Last Known Alive: _____

Date Found: _____

Time Found: _____

Race: _____

Biological Sex: _____

Decedent Residence:

_____

_____

Next of Kin Notified: Yes ☐ No ☐

Next of Kin Name: _____

Relation: _____

Next of Kin Contact Info: _____

Suspected COD: _____

Brief Description of Circumstances:

_____

_____

Past Medical History:

_____

_____

_____

Alcohol/Drug Hx (if yes then describe):

_____

_____

_____

Psychological Autopsy Semi-Structured Interview Format

The interviewer will NOT be asking these questions verbatim. Interviewers will be trained to conduct the interview in a manner that is sensitive and professional. Interviewees who do not speak English will be interviewed with the help of a translator.

Case Initials: Click or tap here to enter text. Date of Birth: Click or tap here to enter text. Date of Death: Click or tap here to enter text. Age at time of death: Click or tap here to enter text. Method used for suicide: Click or tap here to enter text.	Interview date: Click or tap here to enter text. Interviewer: Click or tap here to enter text. Interview venue: Click or tap here to enter text.
Relationship of respondent to decedent: ☐ Spouse ☐ Father/Mother/Brother/Sister ☐ Aunt/Uncle ☐ Child ☐ Other Relative ☐ Friend ☐ Work Colleague/Employer ☐ Classmate ☐ Teacher ☐ Other ☐ Specify: Click or tap here to enter text.	Any comments on respondent's cooperation/questions/reactions regarding the validity of responses: Click or tap here to enter text.
Comments: Click or tap here to enter text.	Time Interview Started: Click or tap here to enter text. Time Interview Ended: Click or tap here to enter text.

Demographic Information of Decedent:

1. Place of birth (city, state, county):	Click or tap here to enter text.
2. Tribal nation:	Click or tap here to enter text.
3. Was the decedent a US citizen?	☐ Yes ☐ No – Specify status in US: Click or tap here to enter text. ☐ Don't know
4. Primary language:	Click or tap here to enter text.
5. Gender:	Click or tap here to enter text.
6. Race/Ethnicity:	☐ White ☐ Black ☐ Hispanic ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Pacific Islander ☐ Don't know ☐ Other – Specify: Click or tap here to enter text.
7. Education status:	☐ Never attended ☐ Elementary school ☐ Junior high school ☐ High school ☐ Some college ☐ College degree ☐ Graduate or professional school ☐ GED ☐ Don't know ☐ Other – Specify: Click or tap here to enter text.
8. Raised by:	☐ Adoptive parents ☐ Foster parents ☐ Don't know ☐ Other – Specify: Click or tap here to enter text.

	☐ Biological parents
9. If teen was a member of a minority group, did the teen have a strong/weak attachment to their cultural/ethnic traditions and identity?	☐ Yes ☐ No Explain: Click or tap here to enter text.
10. Marital status at the time of death: Feelings about marital status?	☐ Married ☐ Divorced – When: Click or tap here to enter text. How many times: Click or tap here to enter text. ☐ Living together ☐ Separated – When: Click or tap here to enter text. ☐ Never married ☐ Widowed – When: Click or tap here to enter text.

School History

11. School status at time of death:	☐ Full time Grade level: Click or tap here to enter text. ☐ Part time
12. General school satisfaction:	☐ Happy ☐ No strong feelings ☐ Unhappy ☐ Don't know
13. Any negative school changes in past 6 months?	☐ Suspension; patterns of detention ☐ Academic stress (big tests or projects, applying to college, failing classes, etc.) ☐ Peer issues (relationship breakup, fallout with friend, bullying, teasing, etc.) ☐ Health issues ☐ Family distress ☐ Issues with sports/clubs
14. Did teen have any special abilities or talents?	Specify: Click or tap here to enter text. Did these create any special problems or opportunities for her/him? Click or tap here to enter text.
15. Father present/employed: Mother present/employed:	Occupation: Click or tap here to enter text. Occupation: Click or tap here to enter text.

Occupation and Employment

16. Employment status at time of death:	☐ Full time ☐ Unemployed ☐ Part time ☐ Self employed ☐ Retired
17. Occupation:	☐ Laborer ☐ Homemaker ☐ Agriculture ☐ Subsistence ☐ Professional ☐ Railroad ☐ Service industry ☐ Other – Specify: Click or tap here to enter text. ☐ Government ☐ Don't know
18. Tenure at last job:	☐ Less than one year ☐ 20 – 30 years ☐ 1 – 5 years ☐ 30 years or more ☐ 10 – 20 years ☐ Don't know

19. Job satisfaction:	☐ Happy ☐ Unhappy	☐ No strong feelings ☐ Don't know
20. Any major negative job change in past 6 months:	☐ Fired or laid off ☐ Demoted ☐ Pay cut ☐ Seasonal	☐ Health issues ☐ Other – Specify: Click or tap here to enter text. ☐ None ☐ Don't know
21. Main source of income:	☐ Job ☐ Savings/retirement ☐ Public assistance ☐ Social Security ☐ Spouse	☐ Parents ☐ Other family members ☐ Friends ☐ Other – Specify: Click or tap here to enter text. ☐ Don't know
22. Financial situation:	☐ No financial pressure ☐ Lived paycheck to paycheck ☐ Significant debt	☐ Don't know ☐ Other – Specify: Click or tap here to enter text.

Religion/Spirituality

23. Religion/Spirituality:	Click or tap here to enter text.	
24. Was he/she active in his/her spirituality?	☐ Very active ☐ Somewhat active	☐ Not active ☐ Don't know
25. Family expectations for spirituality practice:	☐ Expected ☐ Optional	☐ Other – Specify: Click or tap here to enter text. ☐ Don't know
26. Attended spirituality services:	☐ Daily ☐ Once/week ☐ Monthly	☐ Rarely ☐ Don't know
27. Change in participation in spirituality activities over the past year:	☐ Increase ☐ Decrease	☐ Remained the same ☐ Don't know

Suicidal Desire/Symptoms

28. Symptoms or behaviors in weeks preceding death – Check all that apply:	☐ Appeared sad, tearful, or moody ☐ Displayed symptoms of depression: Describe: Click or tap here to enter text. ☐ Expressed suicidal ideation or thoughts of dying: Describe: Click or tap here to enter text. ☐ Appeared to have made a change for the better ☐ Appeared anxious or complained of anxiety or panic attacks ☐ Appeared agitated ☐ Behaved impulsively ☐ Displayed uncontrolled rage or aggressive behavior ☐ Demonstrated constricted thinking or "tunnel vision" ☐ Disclosed feelings of guilt or shame ☐ Appeared confused, disoriented, or psychotic ☐ Expressed feelings of hopelessness, helplessness, or worthlessness ☐ Showed an inflated sense of self or signs of magical thinking

	☐ Engaged in excessive risk-taking behaviors ☐ Preparations for own death (e.g. updating will, insurance policies) ☐ Expressed wish to be reunited with a deceased one or to be reborn
29. Mental status: Did decedent exhibit any of these in the last year of life?	☐ Impaired memory ☐ Poor comprehension ☐ Poor judgement ☐ Hallucinations or delusions ☐ Difficulty recognizing friends or family members
30. Precipitants to death – Check all that apply:	☐ Significant loss(es) – relationships, jobs, finances, prestige, self-concept, family member(s), moving, anything else important to deceased individual ☐ Disruption of a primary relationship (real or perceived) ☐ Legal troubles ☐ Difficulties with police ☐ Traumatic event ☐ Significant life changes (negative as well as positive) ☐ Suicide or suicide attempts by family member or loved one ☐ Anniversary of a significant loss ☐ Exposure to suicide of another (e.g. celebrity) through media or personal acquaintance

Physical Health

31. Any major health problems during his/her life?	☐ Yes – Specify: Click or tap here to enter text. ☐ No ☐ Don't know
32. Seeing a doctor for any health problem in 6 months prior to death?	☐ Yes – Specify: Click or tap here to enter text. ☐ No ☐ Don't know

Emotional Reactivity

33. Over the course of his/her life, how many times did the decedent:	Never	Once	Few times	Many times	Too many times	Don't know
a. Throw a temper tantrum (screaming, slamming doors)	☐	☐	☐	☐	☐	☐
b. Get into physical fights with people	☐	☐	☐	☐	☐	☐
c. Get into verbal arguments with people	☐	☐	☐	☐	☐	☐
d. Deliberately hit another person or animal	☐	☐	☐	☐	☐	☐
e. Have discipline problems resulting in suspensions or expulsions	☐	☐	☐	☐	☐	☐
f. Have fights with bosses or supervisors that led to reprimands, demotions, or firing from job	☐	☐	☐	☐	☐	☐
g. Have difficulties with police that resulted in a warning, arrest, or	☐	☐	☐	☐	☐	☐

conviction for a misdemeanor or felony						
h. Do something that caused someone to complain to the police or to other family members	☐	☐	☐	☐	☐	☐

Lifestyle/Character

34. Would you describe the decedent as a perfectionist?	☐ Yes ☐ Don't know ☐ No
35. Would you describe the decedent as rigid or very strict?	☐ Yes ☐ Don't know ☐ No
36. Safety belt use during the last year of life:	☐ Always ☐ Didn't ride or drive in past year ☐ Sometimes ☐ Don't know ☐ Never
37. Compared with most drivers, did the decedent drive:	☐ A lot faster ☐ A little slower ☐ A little faster ☐ A lot slower ☐ About the same speed ☐ Don't know
38. Any motor vehicle accidents in year prior to the decedent's death?	Describe: Click or tap here to enter text.
39. Smoking behavior at time of death:	☐ Yes – Specify how many packs each day: Click or tap here to enter text. ☐ No ☐ Don't know
40. Duration of smoking behavior:	☐ 0 – 4 years ☐ 15 years or more ☐ 5 – 9 years ☐ Don't know ☐ 10 – 14 years
41. Was decedent trying to quit smoking at time of death?	☐ Yes ☐ Don't know ☐ No
42. Did decedent ride a motorcycle, ATV, or snow mobile?	☐Yes ☐ Don't know ☐No
43. Did decedent ever crash while riding a motorcycle, ATV, or snow mobile?	☐ Yes – Specify when/how many times: Click or tap here to enter text. ☐ No ☐ Don't know
44. Did decedent ever wear helmet while riding a motorcycle, ATV, or snow mobile?	☐ Never ☐ Always ☐ Sometimes ☐ Don't know ☐ Most of the time
45. In the last 30 days of life, how often did decedent drive a car when he/she had been drinking alcohol?	☐ Never ☐ 5 or more times ☐ Once ☐ Don't know ☐ 2 – 4 times
46. Would you describe the decedent as impulsive?	☐ Yes ☐ Don't know ☐ No
47. Gambling behavior:	☐ Never ☐ Often ☐ Sometimes ☐ Don't know

Suicidal Capability/Psychiatric History

48. Prior suicidal attempts:	☐ Yes – Describe each attempt (method, date of attempt, any medical attention or hospitalization): Click or tap here to enter text. ☐ No ☐ Don't know
49. Hospitalization in psychiatric setting:	☐ Yes – Describe where, when, diagnosis: Click or tap here to enter text. ☐ No ☐ Don't know

Substance Abuse

50. Did he/she ever drink alcohol?	☐ Yes ☐ No ☐ Don't know If yes: ☐ Daily ☐ Weekly ☐ Monthly ☐ Other – Specify: Click or tap here to enter text.
51. Binge drinking in the month prior to death:	☐ Yes ☐ Don't know ☐ No
52. History of drinking problems:	☐Yes ☐Don't know ☐No
53. History of drug use (non-medication):	☐ Yes – Specify which drug(s): Click or tap here to enter text. ☐ No ☐ Don't know
54. History of "accidental overdose":	☐ Yes – Specify when, which drug(s): Click or tap here to enter text. ☐ No ☐ Don't know
55. Under influence of alcohol or other drug(s) at time of death:	☐ Yes – Specify which drug(s): Click or tap here to enter text. ☐ No ☐ Don't know
56. History of blackouts after drinking:	☐ Yes – Describe how often: Click or tap here to enter text. ☐ No ☐ Don't know
57. History of arrests due to drinking or drug abuse:	☐ Yes – Specify when, which drug(s), how often: Click or tap here to enter text. ☐ No ☐ Don't know

Family History

58. Raised by either biological parent:	☐ Yes – Specify: Both parents or single parent: Click or tap here to enter text. Mother or father: Click or tap here to enter text. ☐ No ☐ Don't know
59. Family birth order:	☐ Only child ☐ First born ☐ Fourth born ☐ Other – Specify: Click or tap here to enter text.

	☐ Second born ☐ Multiple births – Specify: Click or tap here to enter text. ☐ Third born ☐ Don't know
60. Number of biological siblings:	Number: Click or tap here to enter text. ☐ Don't know
61. Number of siblings dead:	Number: Click or tap here to enter text. ☐ Don't know
62. Manner of sibling(s) death: Click or tap here to enter text.	

Sibling	Natural	Accident	Suicide	Homicide	Undetermined	Other
#1	☐	☐	☐	☐	☐	☐
#2	☐	☐	☐	☐	☐	☐
#3	☐	☐	☐	☐	☐	☐
#4	☐	☐	☐	☐	☐	☐

63. Has decedent's mother, father, or caregiver died?	☐ Yes ☐ Don't know ☐ No
64. Manner of parents'/caregivers' death: Click or tap here to enter text.	
63. Has decedent's mother, father, or caregiver died?	☐ Yes ☐ Don't know ☐ No
64. Manner of parents'/caregivers' death: Click or tap here to enter text.	

Parent	Natural	Accident	Suicide	Homicide	Undetermined	Other
Mother	☐	☐	☐	☐	☐	☐
Father	☐	☐	☐	☐	☐	☐
Caregiver 1	☐	☐	☐	☐	☐	☐
Caregiver 2	☐	☐	☐	☐	☐	☐

65. Family history of suicide:	☐ Yes – Specify how many, who, method: Click or tap here to enter text. ☐ No ☐ Don't know
66. Family history of mental illness:	☐ Yes – Specify who, diagnosis: Click or tap here to enter text. ☐ No ☐ Don't know

Firearm History

67. Did the decedent have access to or own a firearm?	☐ Yes – Specify when obtained: Click or tap here to enter text. ☐ No ☐ Don't know
68. Were any guns kept in or around the decedent's home in the year prior to his/her death?	☐ Yes ☐ Don't know ☐ No
69. What types of guns did the decedent have access to? (Check all that apply.)	☐ Handgun ☐ Other – Specify: Click or tap here to enter text. ☐ Shotgun ☐ Don't know ☐ Rifle
70. Were the guns kept locked up?	☐ Yes ☐ Don't know

	☐ No
71. Did the firearms have a locking mechanism such as a trigger lock?	☐ Yes ☐ Don't know ☐ No
72. Did the decedent have access to ammunition for the firearm?	☐ Yes ☐ Don't know ☐ No
73. How familiar was the decedent with firearms?	☐ Very familiar ☐ Not familiar at all ☐ Somewhat familiar ☐ Don't know

Suicidal Intent/Method of Death

74. Would the decedent have had knowledge and/or capability of assessing the degree of lethality of such an act?	☐ Yes ☐ Don't know ☐ No
75. Distance of railroad from decedent's residence:	Click or tap here to enter text.
76. Presence of barriers to access train tracks:	☐ Yes – Specify kind of barrier: Click or tap here to enter text. ☐ No
77. Was suicide rehearsed or planned?	☐ Yes ☐ Don't know ☐ No
78. Did decedent give any opportunity to be rescued?	☐ Yes – Specify: Click or tap here to enter text. ☐ No ☐ Don't know
79. Did decedent have any relationship to the site of death?	☐ Yes – Specify: Click or tap here to enter text. ☐ No ☐ Don't know
80. Did decedent leave a suicide note?	☐ Yes ☐ Don't know ☐ No
81. Did decedent tell anyone that he/she was going to commit suicide?	☐ Yes – Specify whom: Click or tap here to enter text. ☐ No ☐ Don't know

Buffers/Connectedness

Access to Care

82. Received counseling in last year:	☐ Yes – Specify from whom: Click or tap here to enter text. ☐ No ☐ Don't know	
83. Seen a therapist in last year:	☐ Yes ☐ No ☐ Don't know	If yes: ☐ Psychologist ☐ Psychiatrist ☐ Social Worker ☐ School counselor ☐ Other – Specify:
84. In therapy at the time of death:	☐ Yes ☐ No – Specify, stopped when: Click or tap here to enter text. ☐ Don't know	
85. Receiving needed medical health care:	☐ Yes ☐ No ☐ Don't know	If no, why? ☐ Didn't believe in counseling or seeking help ☐ Difficulty finding or getting into a facility ☐ Difficulty finding or getting treatment

		☐ Problems getting help at home ☐ Problems paying bills ☐ Problems with transportation ☐ No insurance coverage ☐ Did not want help ☐ Don't know ☐ Other – Specify: Click or tap here to enter text.
86. Did you seek help for the deceased individual?	☐ Yes ☐ No	

Access to Medications

87. Any prescription medications used:	☐ Yes – Specify which medications, dosage: Click or tap here to enter text. ☐ No ☐ Don't know
88. Medications taken regularly:	☐ Took as prescribed ☐ Frequently missed doses ☐ Occasionally missed doses ☐ Don't know
89. Medications covered by insurance:	☐ Yes ☐ Don't know ☐ No
90. Trouble paying for medications:	☐ Yes ☐ Don't know ☐ No
91. Ease of obtaining medications:	☐ Easily ☐ Other – Specify: Click or tap here to enter text. ☐ Difficult ☐ Don't know

Social Supports/Attachments

92. Number of close friends or relatives to talk freely to:	Click or tap here to enter text.
93. Who could the decedent count on to help him/her feel better when under pressure?	☐ No one ☐ Relationship: Click or tap here to enter text.
94. Did the decedent have a confidante?	☐ Yes – Specify: Click or tap here to enter text. ☐ No ☐ Don't know
95. Who accepted the decedent totally (best and worst points)?	☐ No one ☐ Relationship
96. Who would help with daily chores if the decedent was sick?	☐ No one ☐ Relationship