

**Death Investigation
Preliminary Findings
CJ Skills Medical Examiner**

Phone: (555)555-5555 Fax (555)555-5550

Date: _____ Time: _____ Case Number: _____

Location: _____

Victim's Name: _____

Race: _____ Sex: _____ DOB: _____ Social Security Number: _____

Witness/finder's name: _____

Address: _____ Phone: _____

Spouse _____ Family _____ Acquaintance _____ Stranger _____ Police _____ Other _____

How 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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Medical History: Unknown _____ None _____ Information not asked for _____

___ Heart Disease	___ Mental Illness	Doctor's Name _____
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() Prior MI's	() Alzheimer's	Phone Number _____
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___ Hypertension	___ Stroke	Fax Number _____
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___ Emphysema	___ Renal Disease	Medications
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___ Asthma	___ Terminal Illness	_____
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___ Diabetes	___ Cancer	_____
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() Insulin	Primary site _____	_____
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() No Insulin	___ Allergies	_____
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___ Seizures	___ Drug Abuse	_____
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() Unknown Cause	___ Chronic Alcohol	_____
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() Alcohol Related	___ Recent Fall	_____
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() Trauma Related	___ Recent Injury	_____
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() Birth related	___ Old injury	_____
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() Since Childhood	___ Other Illness	_____
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