



Alabama Department of Forensic Sciences
Report of Death Investigation

CASE NUMBER

DATE

COUNTY

District Attorney

Judicial Circuit

Coroner

DECEDENT INFORMATION

FIRST		MIDDLE		LAST		AGE	RACE	SEX	DATE OF BIRTH
SOCIAL SECURITY NUMBER		ADULT / JUVENILE	MARITAL STATUS	OCCUPATION		EMPLOYER			

HOME ADDRESS

NUMBER AND STREET	CITY, STATE OR COUNTY	ZIP CODE
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NEXT OF KIN INFORMATION

NEXT OF KIN	RELATIONSHIP	PHONE NUMBER	ALT. PHONE NUMBER
ADDRESS	DATE NOTIFIED	BY	

DATE PRONOUNCED DEAD	DEATH CERTIFICATE DFS	M.D. / CORONER SIGNING DEATH CERTIFICATE	FUNERAL HOME
TIME PRONOUNCED DEAD			

TYPE OF DEATH (N, A, S, H, U) ↓	SUDDEN IN APPARENT GOOD HEALTH	<input type="checkbox"/>	VIOLENT OR UNNATURAL	<input type="checkbox"/>	IN PRISON, JAIL OR POLICE CUSTODY	<input type="checkbox"/>
	UNATTENDED BY PHYSICIAN	<input type="checkbox"/>	SUSPICIOUS	<input type="checkbox"/>	UNUSUAL	<input type="checkbox"/>

DOMESTIC VIOLENCE RELATED DEATH	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	HISTORY OF TOBACCO USE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
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DATE	LAST SEEN OR HEARD ALIVE	INJURY / ILLNESS	DEATH / FOUND	DOA	DFS NOTIFIED	POLICE NOTIFIED	VEHICLE INDICATE	
							DRIVER <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
TIME							WHERE SEATED <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>

LOCATION	ADDRESS	CITY, STATE OR COUNTY	PREMISES (HOME, WORK, STREET, ETC.)
INJURY OR ILLNESS			
DEATH			
BODY FOUND			

INVESTIGATING AGENCY

1. Agency	Investigator	Case Number	Phone Number
2. Agency	Investigator	Case Number	Phone Number

MEDICAL HISTORY (operations, illnesses, alcoholism, drug abuse, suicide attempts, etc.: birth records (infants))

Physician / Institution	Address	Diagnosis	Phone Number	Date
Physician / Institution	Address	Diagnosis	Phone Number	Date
Physician / Institution	Address	Diagnosis	Phone Number	Date

IDENTIFICATION

Identification made by	Notification of Eye Bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Source of Information / Official Title, Relationship to Decedent:	ANY ANATOMICAL DONATION			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	<input type="checkbox"/>

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SCENE INFORMATION

DFS at Scene		At		Hours	DFS left scene at		Hours	First Officer at Scene	
Photos		By		Scene Temp.		Humidity		Weather	
Resuscitation Attempted		By EMT		ER		of		Drugs given	
Person removing body from scene					Body now (to be picked up at)				

DESCRIPTION OF BODY

Clothed		Unclothed		Partly clothed		Sitting		Body heat		ARMS:	Straight		Flexed	
Body Position		On Back		On Front		R side		L side		LEGS:	Straight		Flexed	
Describe:										NECK:	Straight		Flexed	

MEANS/WEAPONS

Revolver		Semi-auto		Shotgun		Rifle		Shots Fired		Knife		Blade Length	
Cal / Gauge / Make / Model					Found		Where						
VEHICLE: (color/year/make/model/damage)									Other weapon(s)				

NARRATIVE

DFS Notified by		Official Title	
Narrative summary of circumstances surrounding death:			

Report Prepared by:	
Signature	<hr/> (Signed Copy in Case File)