

**403.2 HILLSBOROUGH COUNTY MEDICAL EXAMINER DEATH INVESTIGATION FORM**

- I. Purpose: The Hillsborough County Medical Examiner Death Investigation form will be completed for each deceased person referred to the Medical Examiner's Office (MEO). The original (white) copy of the form accompanies the body and the yellow copy is attached to the originating officer's report (See SOP 385 – Medical Examiner).
1. Law Enforcement Information Section:
    - a. "X" the TPD block;
    - b. Fill in the report number; and
    - c. Complete the investigator's name, ID number, and telephone number.
  2. Action Section:
    - a. MEO Notified: "X" appropriate box and enter date and time notified;
    - b. Pathologist @ scene: "X" appropriate box and enter date and time notified;
    - c. Police Photos: "X" appropriate box; and
    - d. EMS Responded to Scene: "X" appropriate box; if applicable, enter crew(s) name and attach run sheet (if available).
  3. Decedent Information: Complete personal information on deceased.
  4. Body Location Section:
    - a. Enter address where the deceased was located; and
    - b. Enter information pertaining to identification of deceased
  5. Next-of-Kin Information Section:
    - a. Complete the next-of-kin information;
    - b. Notified of Death: "X" appropriate box; and
    - c. Notified Body @ MEO: "X" appropriate box.

6. Body Found by Section: Complete the information on the person discovering the deceased.
7. Apparent Manner of Death Section:
  - a. “X” the appropriate box for the cause of death;
  - b. “X” the appropriate box if the death was due to a traffic crash or hit and run; if yes, complete second page of form;
  - c. Date and Time of Death: “X” appropriate box; include the name of the person who found the deceased and/or witnessed the death;
  - d. Provide date and time deceased was last known to be alive and by whom;
  - e. Expected Death: “X” appropriate box;
  - f. “X” appropriate box pertaining to History of Falls/Injuries; Long Term Effects of Injury; and Alcohol/Drug/Tobacco Use;
  - g. Injury/Crash Specifics: Date and time of injury and description of location and address, if available;
  - h. History of Diseases and Operations: Provide medical history, if available; and
  - i. Prescription/Non-prescription Drugs: List all prescription/non-prescription drugs taken, if known.
8. Personal Physician Name/Ph: List the physician’s name and telephone number. Also, “X” the appropriate box indicating whether or not the physician will sign the death certificate (DC) and the listed cause of death.
9. Body Specifics:
  - a. Position of Body: “X” the appropriate box indicating the position deceased was found in;
  - b. Signs of Decomposition: “X” the appropriate box indicating signs of decomposition; and
  - c. Signs of Death: “X” the appropriate box indicating observed signs of death.

10. Scene Specifics:
  - a. Weapons-Type/Location: Complete if applicable;
  - b. Ligature-Type/Location: Complete if applicable;
  - c. Drug Paraphernalia-Type/Location: Complete if applicable; and
  - d. Other-Type/Location: Complete if applicable.
11. Decedent's Name: Fill in appropriate information.
12. Agency Report Number: Fill in appropriate report number.
13. Description of Circumstances: Brief reconstruction of incident/crash.

**Traffic Crashes Only:**

14. Decedent Information: "X" appropriate box (es).
15. Decedent's Vehicle Type: "X" appropriate box.
16. Collision Information: "X" appropriate box.
17. Direction of Collision: "X" appropriate box.
18. Roadway: "X" appropriate box.
19. Condition of Roadway: "X" appropriate box.
20. Lighting Conditions: "X" appropriate box.
21. Type of Highway: "X" appropriate box.
22. Other Circumstances: "X" any applicable box (es).
23. Suspected Suicide: "X" appropriate box. If "yes", give details.
24. Law Enforcement Request the Following to be Retained as Evidence: "X" applicable box (es).
25. Impairments Suspected: "X" any applicable box (es).
26. Decedent's Vehicle: Complete with appropriate vehicle information.

27-29. Other Vehicle: Complete with appropriate vehicle information, if applicable.

Supersedes SOP 403.2, dated 8/22.