

RANDALL K. GAYLORD
SAN JUAN COUNTY PROSECUTING ATTORNEY/CORONER
350 COURT STREET – P. O. BOX 760
FRIDAY HARBOR, WA 98250
TEL: 360-378-4101 FAX: 360-378-3180
EMAIL: randyg@sanjuanco.com

San Juan County Uniform Death Report

METS Case Number: ____SJ____

INSTRUCTIONS:

On the day a death is reported, and before the end of a shift, all applicable sections of this report should be faxed to the

SAN JUAN COUNTY CORONER/PROSECUTOR – FAX 360-378-3180

AND emailed to Tamara Greene at tamarag@sanjuanco.com.

Follow-up reports may be sent as an amended Uniform Death Report by memorandum or by e-mail.

Information only needs to be provided one time. Where it is duplicated, you may indicate "Same as section # _____."

SECTION 1 DISPATCH

SHERIFF CASE #		CASE TYPE Choose an item.		CALL TYPE Choose an item.		CALL CLASS Choose an item.		
CALL DATE (MM/DD/YYYY) Click here to	TIME	ARRIVAL DATE Click here to	TIME	DEATH AREA <input type="checkbox"/> Lopez Island <input type="checkbox"/> Orcas Island <input type="checkbox"/> San Juan County <input type="checkbox"/> San Juan Island <input type="checkbox"/> Shaw Island				
REPORTED BY		INSTITUTION / ADDRESS				PHONE		
DEATH DATE Click here to	TIME	TIME APPROX Choose an	FOUND DATE Click here	BROUGHT TO MORGUE? <input type="checkbox"/>	OFFICER ARRIVAL DATE Click here to	TIME	CASE ENTRY COMPL DATE Click here to enter a	TIME
INVESTIGATOR Choose an item.		DELAY RESPONSE	DELAY REASON			INVESTIGATOR FINISHED <input type="checkbox"/>		

SECTION 2 LOCATION OF DEATH

STREET		CITY		STATE		ZIP		CITY LIMITS <input type="checkbox"/>
DEATH PLACE Choose an item.			FACILITY TYPE Choose an item.			FACILITY Choose an item.		
HOSPITAL		HOSP. AREA		PLACE COMMENT				

SECTION 3 DECEASED (Proper name entry only – not all capitalized)

DECEASED LAST NAME		FIRST		MIDDLE		JOHN DOE <input type="checkbox"/>			
ALIAS LAST NAME		FIRST		MIDDLE		SSN			
BIRTH DATE	AGE	MOS	IF UNDER 1 YEAR		DAYS		CPS NOTIFIED <input type="checkbox"/>		
STREET		CITY		STATE		COUNTY		ZIP	CITY LIMITS <input type="checkbox"/>

SECTION 4 DECEASED INFORMATION

GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE Choose an item	SERVED IN MILITARY <input type="checkbox"/>	BRANCH	STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> DISCHARGED <input type="checkbox"/> NAT GUARD <input type="checkbox"/> NONE <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED			
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNK				SPOUSE LAST NAME		FIRST	MIDDLE
BIRTH CITY		BIRTH STATE		EDUCATION		JOB	KIND OF BUSINESS

SECTION 5 INCIDENT / INJURY

INCIDENT DATE Click here to enter	DATE KNOWN <input type="checkbox"/>	INCIDENT TIME	TIME APPROX Choose an item.	DAY OF WEEK Choose an item.	
PLACE Choose an item.	PLACE DESCRIPTION		AT WORK <input type="checkbox"/>	L&I NOTIFIED <input type="checkbox"/>	
STREET		CITY	STATE	ZIP	WEATHER
POLICE OFFICER		AGENCY		POLICE CASE NUMBER	
INJURY TYPE Choose an item.		INJURY KIND	SUICIDE NOTE <input type="checkbox"/>	TOTAL STATION #	
HOW OCCURRED		INJURY COMMENT			

SECTION 6 TRAFFIC

TRAFFIC RELATED <input type="checkbox"/>	DRIVER <input type="checkbox"/>	PASSENGER <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	OTHER <input type="checkbox"/>	EJECTED <input type="checkbox"/>	HELMET <input type="checkbox"/>	SEATBELT <input type="checkbox"/>		
NUMBER OF VEHICLES	<input type="text"/>	ROAD CONDITIONS: DRY <input type="checkbox"/>					ICE <input type="checkbox"/>	SNOW <input type="checkbox"/>	OTHER <input type="checkbox"/> _____

SECTION 7 SUMMARY NOTES

SECTION 8 IDENTIFICATION

Last Known Alive Date		Last Known Alive Time		Time Approx.
Death Witnessed By		Known By		
Deceased Found Date Click here to enter a date.	Time	Found By	ID Method: Dental <input type="checkbox"/> DNA <input type="checkbox"/> Fingerprints <input type="checkbox"/> Medical <input type="checkbox"/> Photo ID <input type="checkbox"/> Visual <input type="checkbox"/> XRAY <input type="checkbox"/>	
ID by Last Name	First	Middle	ID Date	

SECTION 9 IDENTIFICATION METHOD

Fingerprints <input type="checkbox"/>	Fingerprint Agency	Phone		
Dental Records <input type="checkbox"/>	Dentist Last Name	First	Middle	Phone
Hospital XRays <input type="checkbox"/>	Hospital/Doctor			Phone

SECTION 10 NEXT OF KIN / DISPOSITION

NOK Last Name	First	Middle	Relationship Choose an item.	
Street	City	State	Zip	Phone
NOK Notified By	Date Click here to enter a date.	Agency <input type="checkbox"/> Choose an item. <input type="checkbox"/> Other _____		
FUNERAL HOME Evans Funeral Home <input type="checkbox"/> Kern Funeral Home <input type="checkbox"/> Moles, Bellingham <input type="checkbox"/> Moles, Ferndale <input type="checkbox"/> Neptune Society <input type="checkbox"/> Other <input type="checkbox"/>	Date Click here to enter a date.	Investigator Choose an item.		
Authorized By	Body Unclaimed <input type="checkbox"/>	Date Click here to enter a date.	By Investigator Choose an item.	
Comments				

SECTION 11 PRIMARY CARE PHYSICIAN

Last Name		First	Middle		
Street		City	State	Zip	
Date Contacted <small>Click here to enter a date.</small>	Diagnosis				
Will Certify <input type="checkbox"/>					

SECTION 12 MEDICAL

Case History

Drugs						
Medication & Strength	Where Found	Doctor	Date Prescribed	Dosage	Number Prescribed	Number Now

SECTION 13 CIRCUMSTANCES OF DEATH (If more space is needed, please attach additional sheet)

Signature

Date

