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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

Follow-up reports may be sent as an amended Uniform Death Report. *Information only needs to be provided one time. Where it is duplicated, you may indicate “Same as section #*

”

SECTION 1 DISPATCH

SHERIFF CASE #				
CALL DATE (MM/DD/YYYY)	TIME	ARRIVAL DATE	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:
CORONER/INVESTIGATOR				

SECTION 2 LOCATION AND TIME OF DEATH

STREET		CITY	STATE	ZIP	CITY LIMITS <input type="checkbox"/>
DEATH PLACE		FACILITY TYPE		FACILITY	
DEATH DATE		TIME:	TIME APPROX		
LAST KNOWN ALIVE DATE:		WITNESSED BY:		TIME:	
ID METHOD:					

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"/>
ADDRESS (If different than place of death)		CITY	STATE	COUNTY	ZIP CITY LIMITS <input type="checkbox"/>

SECTION 4 DECEASED INFORMATION

GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	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 NEXT OF KIN / DISPOSITION

NOK Last Name	First	Middle	Relationship
Street	City	State	Zip Phone
NOK Notified By	Date 3T Time	Agency <input type="checkbox"/>	<input type="checkbox"/> Other _____

SECTION 6 PRIMARY CARE PHYSICIAN

Last Name	First	PHONE:
ADDRESS/CLINIC	City	State Zip

SECTION 7 MEDICAL

Case History

Drugs

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

SECTION 8 PROPERTY FOUND ON PERSON/EVIDENCE

PROPERTY ON PERSON YES NO EVIDENCE? YES NO

ITEM #	QUANTITY	DESCRIPTION

SECTION 9 PHOTO LOG

PHOTO #	DESCRIPTION
PHOTO #	DESCRIPTION
PHOTO #	DESCRIPTION

SECTION 10 NARRATIVE