

SIGNAL 45 – DECEASED PERSON (VICTIM)

*****SECURE THE SCENE*****

CASE NO. PD _____

Received: _____ **Dispatched:** _____ **Arrived:** _____

Name: _____ DOB: _____ Age: _____

Address: _____ City/ST: _____ Zip: _____

Next of Kin: _____ Relationship: _____ Phone: _____

Who found the body? _____ Date: _____ Time: _____ Relationship: _____ Phone: _____

Who last saw the deceased person alive: _____ Date: _____ Time: _____

Relationship: _____ Address: _____ City: _____ Zip: _____ Phone: _____

Who resides with the victim: _____

Medication(s): _____

Medical history: _____

Most recent treatment: _____ Date: _____

Primary Physician: _____ Address: _____ Phone: _____

Other Physician (If applicable): _____ Address: _____ Phone: _____

Will Primary Physician sign the death certificate: YES / NO Will Secondary Physician sign: YES / NO

RESCUE INFORMATION

LT/CPT (Name): _____ Alarm #: _____ Ladder/Rescue: _____

Time of Death by rescue: _____ am / pm

SCENE INFORMATION

Location of body (address/room): _____

Condition of body: _____ Any visible injuries: _____

Any signs of foul play (if applicable): _____

Name, address & phone of all persons on the scene, both civilian and officers with badge #'s, and their involvement.

Supervisor Notified: Sgt / LT: _____ Badge: _____ Unit: _____

Homicide Detective: _____ Badge: _____ Unit: _____ Would he respond: Yes / No

OTHER INFORMATION (if applicable)

Funeral Home: _____ Address: _____ Phone: _____

MD Medical Examiner's Transporter Name: _____ Time: _____ am / pm

NOTES: _____

VICTIM FIELDS:

Natural or Accidental Death:

Deceased Person Listed as a **VICTIM**

SARS: No Drive By: Yes or No

Synopsis of involvement: N/A

Prefer Charges: N/A

Extent of Injury: Fatal

Injury Type: N/A

Unclassified (Undetermined) Death:

Deceased Person to be a **VICTIM**

SARS: No Drive By: Yes or No

Synopsis of involvement: N/A

Prefer Charges: N/A

Extent of Injury: Fatal

Injury Type: N/A

Suicide:

Deceased Person to be a **VICTIM**

SARS: No Drive By: Yes or No

Synopsis of involvement: N/A

Prefer Charges: N/A

Extent of Injury: Fatal

Injury Type: How, if visible