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**San Juan County Uniform Death Report**

METS case number: \_\_\_\_\_ S J \_\_\_\_\_

## Instructions:

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

**San Juan County Coroner/Prosecutor at Fax: (360) 378-3180**

**AND TO**

**San Juan County Sheriff at Fax: (360) 378-7125**

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

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

SECTION 1 DISPATCH					
CASE #	CASE TYPE	CONTACT METHOD PHONE PERSON		DEPUTY/INVESTIGATOR	
CALL DATE (MM/DD/YYYY)	TIME (HRS)	ARRIVAL DATE (MM/DD/YYYY)	TIME (HRS)	DEATH AREA LOPEZ ISLAND ORCAS ISLAND SAN JUAN ISLAND SHAW ISLAND OTHER_____	
REPORTED BY	ADDRESS / INSTITUTION			PHONE	
DEATH DATE KNOWN YES NO	DATE (MM/DD/YYYY)	TIME (HRS)	APPROXIMATE TIME	DATE PROSECUTOR NOTIFIED TIME (HRS)	
PA NOTIFIED SCME0 YES NO	DATE (MM/DD/YYYY)	TIME (HRS)			

SECTION 2 DECEASED INFORMATION					
NAME (LAST, FIRST, MI)		SSN	BIRTHDATE (MM/DD/YYYY)	AGE	
CPS NOTIFIED YES NO	ALIAS	GENDER MALE FEMALE	RACE		
STREET	CITY	STATE	ZIP	TOWN LIMITS YES NO	
MARITAL STATUS	EDUCATION	ACTIVE MILITARY YES NO	BRANCH	UNIT	
SPOUSE'S NAME (LAST, FIRST, MI)		BIRTH CITY	BIRTH STATE/COUNTRY	JOB	
KIND OF BUSINESS (IF RETIRED, INDICATE WHEN WORKING)					

SECTION 3 LOCATION OF DEATH						
PLACE CODE	STREET OR LANDMARK	CITY	STATE	ZIP	WEATHER CONDITIONS	°F WHERE FOUND

SECTION 4 INCIDENT					
INCIDENT DATE (MM/DD/YYYY)	DATE KNOWN YES NO	INCIDENT TIME (HRS)	APPROXIMATE TIME	DURING WORK YES NO	
PLACE	STREET	CITY	STATE	ZIP	
BRIEFLY DESCRIBE SEQUENCE OF EVENTS LEADING TO DEATH IN THE SPACE BELOW					

SECTION 5 IDENTIFICATION			
LAST KNOWN ALIVE DATE		LAST KNOWN ALIVE TIME (HRS)	APPROXIMATE TIME
DEATH WITNESSED BY		RELATIONSHIP TO DECEASED	
WITNESS ADDRESS (STREET, CITY, STATE ZIP)		PHONE	
FOUND DATE (MM/DD/YYYY)	TIME (HRS)	FOUND BY	
ID DATE (MM/DD/YYYY)	ID BY	RELATIONSHIP	WRITTEN CONF OF ID OBTAINED YES NO

SECTION 6 OTHER IDENTIFICATION (WHEN APPLICABLE)			
FINGERPRINTS AVAILABLE YES NO	FINGERPRINT AGENCY		PHONE
DENTAL RECORDS AVAILABLE YES NO	DENTIST		PHONE
HOSPITAL X-RAYS AVAILABLE YES NO	HOSPITAL/DOCTOR		PHONE

SECTION 7 NOK/DISPOSITION				
NEXT OF KIN NAME (LAST, FIRST, MI)			RELATIONSHIP	
STREET	CITY	STATE / COUNTRY	ZIP	PHONE
NEXT OF KIN NOTIFIED BY	AGENCY	NOTIFICATION DATE (MM/DD/YYYY)	TIME (HRS)	METHOD
FUNERAL HOME	AUTHORIZED BY		DATE NOTIFIED (MM/DD/YYYY)	TIME NOTIFIED (HRS)

SECTION 8 MEDICAL HISTORY			
HEALTH CARE PROVIDER	PHONE	DATE CONTACTED (MM/DD/YYYY)	WILL CERTIFY YES NO
MEDICAL HISTORY (INDICATE SOURCE)			

SECTION 9 TOXICOLOGY / MEDICATION CHART						
TRAFFIC RELATED INCIDENT	Y N	NUMBER OF VEHICLES INVOLVED _____	DECEASED WAS:	DRIVER PEDESTRIAN	PASSENGER OTHER	POSSIBLE DRUG OVERDOSE Y N
MEDICATION AND STRENGTH	WHERE FOUND	DOCTOR	DATE PRESCRIBED	DOSAGE	NUMBER PRESCRIBED	NUMBER NOW

SECTION 10 CASE DISPOSITION (TO BE COMPLETED BY THE PROSECUTOR/CORONER)					
CASE DISPOSITION:	JURISDICTION ACCEPTED	NJA	AUTOPSY	INSPECTION	FLUID SAMPLES ONLY
BODY DISPOSITION:	EXAMINED	RELEASED TO NOK	DATE RELEASED _____	TIME RELEASED (HRS) _____	
WHO WILL SIGN DEATH CERTIFICATE?	DOCTOR _____		MEDICAL EXAMINER	CORONER	
TRANSPORT AGENT: _____		FUNERAL HOME: _____			
PHOTOGRAPHS TAKEN: (INDICATE NUMBER)	POLOROID _____	35MM _____	DIGITAL _____		
ADDITIONAL REPORTS COMPLETED FOR:	FIREARMS	DROWNING	SIDS	AIRCRAFT	



PLEASE NOTE: THIS FORM MUST BE PRINTED AS IT WILL **NOT** SAVE ANY ENTERED INFORMATION WHEN CLOSED.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

CHECK HERE IF ADDITIONAL PAGE(S) ATTACHED.