



STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL

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REPORT OF DEATH

BACKGROUND INFORMATION

Victim's Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Age: _____ Sex: _____ Race: _____ Ethnicity: _____

DEATH INFORMATION

Time Notified: _____ Time Arrived: _____ Time Departed: _____

Officers Present: _____ Agency: _____

Agency Case Number: _____

Location of Incident: _____

Time of Incident: _____ Date of Incident: _____

Death Location: _____

Time of Death: _____ Date of Death: _____

Pronounced By: _____ Time Pronounced: _____ Date Pronounced: _____

Recent Attending Physician: _____ Date: _____

AUTOPSY INFORMATION

Autopsy Performed: YES / NO (circle one) Conducted By: _____

Autopsy Number: _____ County Coroner: _____

County Jurisdiction: _____ Body Removed To: _____

Mortuary Name/Address: _____

IDENTIFICATION INFORMATION

Information By: _____ Informant Address: _____

Identified By: _____ Identification Method: _____

Next-of-Kin Name: _____

Next-of-Kin Address: _____

Next-of-Kin Phone Number(s): _____

NARRATIVE (Description of circumstances of death, medical history and statements of witnesses.)

INVESTIGATOR NOTES

Disposition of the Body: _____

Toxicological Requests: _____ Lab: _____

DIAGNOSIS

Provisional Diagnosis: _____

Final Diagnosis: _____

Manner of Death: _____

REPORT BY

Investigator: _____ Date: _____

Coroner/Certifying Physician: _____ Date: _____