Weber County Sheriff's Office Death Worksheet

Case Number			Agency			Responsib	le Officer	Time	e arrive	ed on Scene
	Web	er Cou	nty (First o	n scene)						
	Web	er Cou	nty - Det	ective						
	Depu	ity Me	dical Exa	miner						
	CSI	-								
	EMS									
Scene Address/GPS										
			De	ceased Info	rmation					
Name – Last, First Middle						Date of Birth				
Street		City				State		ZIP		
Sex	Height		Weight		Race Hair Color		Hair Color		Eye Color	
Phone Number	State & D)L					SSN		1	
Occupation	Place Em	nlovad					Phone			
Occupation	Place Elli	pioyeu					Priorie			
Smoker? Y/N	Y/N A			cohol? Y/N			Drug Use? Y/N			
Primary care Doctor			Address			Phone Time Notifie		e Notified		
Prescription / Drug Per Day		Day	Doctor			D	Date issued Amo		unt	Remain
Illness / Mental or Medical Condition				Doctor	Doctor			How Long?		
Next of Kin (Full Name)			Notification Information Address					Phones	:	
								, 		
Relationship			Notified by,	Date & Time	j		-			
Donor Hotline Notified	hv:				Da	te& Time:				
Ponor Hounte Nounea	υy.				l Da	CC IIIIC.				

Donor Hotline: 800-833-6667 If body is sent to the hospital send DL or intent to donate documents with body.

Weber County Sheriff's Office – Death Investigation Worksheet (page 2)

		Discove	ery of Deceased				
Found by	Dat	te & Time	Address				
l Sand by		ic & Time	Address		Phone		
Last seen alive by Da		te & Time	Address		Phone		
Last seen alive by		te & Tillie	Address		Filone		
Desition hady was found in De		ay for 911 (min)	Body Moved?		CPR Performed?		
Position body was found in De		ay ior 911 (iiiii)	Body Moved:		CPR Periorifieus		
		Scene	e Examination				
Clothing Description							
Jewelry & Money (on person)							
sewelly a Money (on person)							
Type of Location	Position	body now in		Trauma	oresent		
Lividity	Rigor			Petikia			
Drug Paraphernalia				•			
_			on Information				
Туре		Make		Model			
		Caliban		Dounds remaining			
Length		Caliber		Rounds remaining			
Owner				Rounds expended			
Owner				Rounds	s expended		
		Vehic	le Information				
Make Model		Color			Number of doors		
State			License plate				
VIN			·				
	1						

$We ber\ County\ Sheriff's\ Office-Death\ Investigation\ Worksheet-Drug\ Supplement$

Prescription / Drug	Per Day	Doctor	Date Issued	Amount	Remaining