

Call Taken By: _____

Cuyahoga County Medical Examiner's Office
Dr. Thomas Gilson, Medical Examiner
11001 Cedar Avenue, Cleveland, Ohio 44106
216-721-5610

IN OU RR CM CA XX

CALL SHEET

CASE#: _____

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

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ DOB: _____ Sex: _____ Race: _____ Marital Status: _____ SS#: _____

Reported Date/Time: _____ Reported By: _____

Badge #: _____ Police Report #: _____

Phone/Address of reporter: _____

☐ Nursing Home ☐ Hospital ☐ Private Residence ☐ Work ☐ Outside ☐ Other: _____

Place of Death: _____ City of Death: _____

Was Next of Kin Notified?

Next of Kin: _____ Relationship: _____ Yes No

Address: _____ Phone #: _____ Cell Phone #: _____

Deceased found by: _____ Relationship: _____

Identification made by: _____ Relationship: _____

Based on: Personal recognition (Y/N) Photograph (Y/N) Other: _____

EMS/Fire: Engine # _____ Time of Call: _____

Attending MD: _____ Address/Phone: _____

Last seen by MD: _____ Last Seen: _____

Apparent Manner: ACC HOMI SUIC NATU UNKN

History of events immediately preceding death in full detail: _____

Suspected Drug Abuser: (Y/N) List: _____ Paraphernalia: _____

☐ Alcohol abuse ☐ History of Mental Illness: _____

Drug History: _____ Self Admin: (Y/N) Hospital: (Y/N) IV Drugs/Fluids: (Y/N)

Prescription Drugs: (Y/N) No. of Bottles: _____ List if <= 4: _____

Transfusions: (Y / N) # Units: _____ Hospital ID #: _____

Lifebanc#: _____ (Y / N) R/O: (Y / N)

Investigators notified? (Y/N) Name: _____ Date: ____/____/____ Time: _____ Responding: (Y/N)