
SECTION A -- DECEDENT INFORMATION

1. Age at death [012] [] [] [] years
888 [] Unknown
999 [] Not stated

2. Gender [013] 1 [] Male
2 [] Female
8 [] Unknown
9 [] Not stated

3. Race *Mark (X) only one box.* [014] 01 [] White
02 [] Black
03 [] Indian (American)
04 [] Eskimo
05 [] Aleut
06 [] Chinese
07 [] Filipino
08 [] Hawaiian
09 [] Korean
10 [] Vietnamese
11 [] Japanese
12 [] Asian Indian
13 [] Samoan
14 [] Guamanian
15 [] Other Asian/Pacific Islander

Specify.
16 [] Other race

Specify.
88 [] Unknown
99 [] Not stated

4. Hispanic origin [015] 1 [] Yes
2 [] No *Skip to question 6*
8 [] Unknown *Skip to question 6*
9 [] Not stated *Skip to question 6*

5. Hispanic national origin/ancestry [016] 1 [] Puerto Rican
2 [] Cuban
3 [] Mexican/Mexicano
4 [] Mexican American
5 [] Chicano
6 [] Other Latin american
7 [] Other Spanish
8 [] Unknown
9 [] Not stated

SECTION A -- DECEDENT INFORMATION (CONTINUED)

6. Marital status [017] 1 Married
2 Widowed
3 Divorced
4 Separated
5 Never married
8 Unknown
9 Not stated
-

SECTION B -- TIME AND LOCATION OF EVENTS SURROUNDING DEATH/FATAL INJURY

1. Last seen alive 2. Occurance of fatal injury 3. Discovery of body

DATE: (month/day/year) **DATE:** (month/day/year) **DATE:** (month/day/year)

[018] [][]/[][]/[][] [023] [][]/[][]/[][] [027] [][]/[][]/[][]

88/88/88 Unknown 88/88/88 Unknown 88/88/88 Unknown
99/99/99 Not stated 99/99/99 Not stated 99/99/99 Not stated

TIME: Mark (X) am/pm below **TIME:** Mark (X) am/pm below **TIME:** Mark (X) am/pm below

[019] [][]:[][] [024] [][]:[][] [028] [][]:[][]

88:88 Unknown 88:88 Unknown 88:88 Unknown
99:99 Not stated 99:99 Not stated 99:99 Not stated

[020] 1 AM [025] 1 AM [029] 1 AM
2 PM 2 PM 2 PM

LOCATION: Enter code **LOCATION:** Enter code **LOCATION:** Enter code

[022] [][] [026] [][] [030] [][]

4. Occurrence of death. 5. Pronouncement of death 6. Number of deaths resulting fatal event.

DATE: (month/day/year) **DATE:** (month/day/year)

[031] [][]/[][]/[][] [000] [][]/[][]/[][]

88/88/88 Unknown 88/88/88 Unknown
99/99/99 Not stated 99/99/99 Not stated

TIME: Mark (X) am/pm below **TIME:** Mark (X) am/pm below

[032] [][]:[][] [000] [][]:[][]

88:88 Unknown 88:88 Unknown
99:99 Not stated 99:99 Not stated

[033] 1 AM [000] 1 AM
2 PM 2 PM

LOCATION: Enter code **LOCATION:** Enter code

[034] [][] [000] [][]

[035] 01 Decedent only
[][] Number
88 Unknown
99 Not stated

SECTION B -- TIME AND LOCATION OF EVENTS SURROUNDING DEATH/FATAL INJURY (CON'T)

7 Briefly describe circumstances of death.

SECTION C -- DECEDENT'S ACTIVITY AND IMPAIRMENTS

- | | | | |
|---|------------|--------|---|
| 1. Decedent's activity at time of death/fatal injury. | [036] | 00 [] | Eating |
| | | 01 [] | Alleged criminal activity |
| | | 02 [] | Athletics, sports, exercise |
| | | 03 [] | Cleaning/household chores |
| | | 04 [] | Health related |
| | | 05 [] | Paid work |
| | | 06 [] | Play/leisure activity |
| | | 07 [] | Preparing meals |
| | | 08 [] | Property maintenance, inside |
| | | 09 [] | Property maintenance, outside |
| | | 10 [] | Running errand |
| | | 11 [] | School/education |
| | | 12 [] | Unpaid/volunteer work |
| 13 [] | Other | | |
| 88 [] | Unknown | | |
| 99 [] | Not stated | | |
| <hr/> | | | |
| 2. Decedent's pattern of movement. | [037] | 01 [] | Conveyance by motor vehicle |
| | | 02 [] | Conveyance by non-motor vehicle |
| | | 03 [] | Getting up, sitting down |
| | | 04 [] | Handling tools, machinery, materials, objects |
| | | 05 [] | Lifting, carrying, pulling, pushing |
| | | 06 [] | Standing, sitting, lying |
| | | 07 [] | Swimming, diving |
| | | 08 [] | Walking, running, jumping |
| | | 09 [] | Other movement |
| | | 88 [] | Unknown |
| | | 99 [] | Not stated |
-

NOTES:

SECTION C -- DECEDENT'S ACTIVITY AND IMPAIRMENTS (CONTINUED)

3. Decedent's impairment(s) at time of death/fatal injury. [038] 01 [] Physical disability
[039] 02 [] Psychiatric/emotional/mental disability

Mark (X) all that apply.

Presence of:

- [040] 03 [] Alcohol
[041] 04 [] Drug
[042] 05 [] Other

Health condition:

- [043] 06 [] Alzheimer's
[044] 07 [] Arthritis
[045] 08 [] Cancer
[046] 09 [] COPD
[047] 10 [] Diabetes
[048] 11 [] Heart disease
[049] 12 [] HIV/AIDS
[050] 13 [] Hypertension
[051] 14 [] Organic brain syndrome, dementia, senility
[052] 15 [] Osteoporoses
[053] 16 [] Stroke
[054] 17 [] Other

[055] 88 [] Unknown
[056] 99 [] Not stated
-

SECTION D -- FIREARM RELATED DEATH/FATAL INJURY

1. Fatal event resulted from discharge of firearm. [057] 1 [] Yes
2 [] No
8 [] Unknown *Skip to section E.*
9 [] Not stated
-

2. Type of firearm [058] 1 [] Revolver
2 [] Pistol
3 [] Handgun, unspecified
4 [] Shotgun
5 [] Rifle
6 [] Machine gun
7 [] Other
8 [] Unknown
9 [] Not stated
-

3. Caliber or gauge [059] [][][][] Caliber
[060] [][][][] Gauge

8888 [] Unknown
9999 [] Not stated

SECTION D -- FIREARM RELATED DEATH/FATAL INJURY (CONTINUED)

4. Relationship of decedent to person discharging firearm.
- [061] 00 [] Unknown by decedent
01 [] Self (decedent)
02 [] Present spouse
03 [] Former spouse
04 [] Present companion
05 [] Former companion
06 [] Father/step father
07 [] Mother/step mother
08 [] Son/step son
09 [] Daughter/step daughter
10 [] Brother/step brother
11 [] Sister/step sister
12 [] Other relative
13 [] Friend
14 [] Co-worker/colleague
15 [] Law enforcement official
16 [] Other
88 [] Unknown
99 [] Not stated
-

5. Circumstances related to firearm discharge.
- Mark (X) all that apply.*
- [062] 01 [] Abduction
[063] 02 [] Assault, sexual
[064] 03 [] Assault, other
[065] 04 [] Cleaning or working on firearm
[066] 05 [] Dispute/argument, domestic
[067] 06 [] Dispute/argument, non-domestic
[068] 07 [] Drive-by shooting
[069] 08 [] Drug activity
[070] 09 [] Gang activity
[071] 10 [] Homicide
[072] 11 [] Hunting incident
[073] 12 [] Legal intervention
[074] 13 [] Playing with firearm
[075] 14 [] Random shooting
[076] 15 [] Robbery
[077] 16 [] Suicide
[078] 17 [] Other
[079] 88 [] Unknown
[080] 99 [] Not stated
-

SECTION E -- MANNER OF DEATH

1. Manner of death
- [081] 1 [] Transport accident *Go to Section F.*
2 [] Non-transport accident *Skip to Section G.*
3 [] Homicide *Skip to Section H.*
4 [] Suicide *Skip to Section I.*
5 [] Undetermined *Skip to Section J.*
6 [] Natural *Skip to Section K.*
-

SECTION F -- TRANSPORT ACCIDENT

2. Number of vehicles involved [082] [] [] Number

88 [] Unknown
99 [] Not stated

3. Type of vehicle(s) involved

Mark (X) all that apply.

[083] 01 [] Airplane
[084] 02 [] Bicycle
[085] 03 [] Boat
[086] 04 [] Bus
[087] 05 [] Farm equipment
[088] 06 [] Motorcycle, motor scooter
[089] 07 [] Passenger car
[090] 08 [] Train
[091] 09 [] Truck, heavy (semi, tractor-trailer/cargo)
[092] 10 [] Truck, light (van, pickup, multipurpose)
[093] 11 [] Other
[094] 88 [] Unknown
[095] 99 [] Not stated

4. Decedent's role in fatal event.

[096] 1 [] Driver/pilot, sole occupant
2 [] Driver/pilot, occupants present
3 [] Passenger, front
4 [] Passenger, rear
5 [] Passenger, unspecified
6 [] Pedestrian
7 [] Other
8 [] Unknown
9 [] Not stated

5. Safety equipment used/worn by decedent.

Mark (X) all that apply.

[097] 1 [] Helmet
[098] 2 [] Seat belt
[099] 3 [] Other
[100] 8 [] Unknown
[101] 9 [] Not stated

6. Safety equipment on decedent's vehicle.

Mark (X) all that apply.

[102] 1 [] Driver seat belt
[103] 2 [] Passenger seat belt(s)
[104] 3 [] Driver air bag
[105] 4 [] Passenger air bag
[106] 5 [] Other
[107] 8 [] Unknown
[108] 9 [] Not stated

NOTES:

SECTION F -- TRANSPORT ACCIDENT (CONTINUED)

7. Roadway. [109] 1 [] On roadway
2 [] Shoulder
Skip to Section K. 3 [] Median
4 [] Roadside
5 [] Off roadway (i.e., trail)
6 [] Other
8 [] Unknown
9 [] Not stated
-

SECTION G -- NON-TRANSPORT ACCIDENT

1. Manner of fatal injury. [110] 1 [] Drowning *Go to question 2.*
2 [] Fall *Skip to question 3.*
3 [] Fire/flames *Skip to question 5.*
4 [] Natural/environmental *Skip to question 7.*
5 [] Poisoning *Skip to question 8.*
6 [] Other *Skip to Section L.*
-

2. Water source. [111] 01 [] Bathtub or shower
02 [] Bay or estuary
Skip to Section K. 03 [] Harbor or marina
04 [] Lake or pond
05 [] Ocean
06 [] River
- Swimming pool:**
07 [] Public, in-ground
08 [] Public, above ground
09 [] Private, in-ground
10 [] Private, above ground
11 [] Swimming pool, unspecified
- 12 [] Other
88 [] Unknown
99 [] Not stated
-

3. Cause of fall. [112] 01 [] Collision with person/animal
02 [] Collision with moving object
03 [] Collision with static object
04 [] Fall on/down escalator
05 [] Fall on/down stairs or steps
06 [] Fall/jump/dive from height
07 [] Slipping/tripping on same level
08 [] Stumbling on same level
09 [] Other
88 [] Unknown
99 [] Not stated
-

SECTION G -- NON-TRANSPORT ACCIDENT (CONTINUED)

4. Fell from or into:

Skip to Section K.

[113]

From:

- 01 [] Building
- 02 [] Chair or bed
- 03 [] Cliff
- 04 [] Ladder
- 05 [] Playground equipment
- 06 [] Same level
- 07 [] Scaffolding
- 08 [] Vehicle
- 09 [] Other

Into:

- 10 [] Storm drain or manhole
- 11 [] Swimming pool
- 12 [] Well
- 13 [] Other hole or opening in surface

- 88 [] Unknown
- 99 [] Not stated

5. Type of fire/flame fatal injury.

[114]

- 01 [] Burns from ignition of clothing
- 02 [] Burns from ignition of inflammable material
- 03 [] Burns from household/building fire
- 04 [] Burns, other/unspecified source
- 05 [] Inhalation, polyvinylchloride (PVC)
- 06 [] Inhalation, other smoke/fumes
- 07 [] Inhalation, unspecified source
- 08 [] Other
- 88 [] Unknown
- 99 [] Not stated

6. Fire resulted from:

Skip to Section K.

[115]

- 1 [] Arson
- 2 [] Cooking
- 3 [] Electrical problem
- 4 [] Explosion
- 5 [] Heating
- 6 [] Smoking
- 7 [] Other
- 8 [] Unknown
- 9 [] Not stated

7. Fatal injury resulted from:

Skip to Section K.

[116]

- 1 [] Earth surface movements/eruptions
- 2 [] Excessive heat
- 3 [] Excessive cold
- 4 [] Neglect, hunger, thirst, exposure
- 5 [] Lightning
- 6 [] Storm/flood
- 7 [] Other
- 8 [] Unknown
- 9 [] Not stated

SECTION G -- NON-TRANSPORT ACCIDENT (CONTINUED)

8. Method of poisoning [117] 1 [] Exposure
2 [] Ingestion
3 [] Inhalation
4 [] Injection
5 [] Other
8 [] Unknown
9 [] Not stated
-

9. Form of poisoning agent [118] 1 [] Gas
2 [] Liquid
3 [] Solid
4 [] Other
8 [] Unknown
9 [] Not stated
-

10. Poisoning agent
Drug(s)

Skip to Section K.

[119] [] [] [] [] [] [] [] [] [] [] Code(s)

Other substances:

- [120] 01 Agricultural/horticultural chemicals
02 Alcoholic beverages
03 Alcohol, other
04 Cleansing and polishing agents
05 Disinfectants
06 Foodstuffs/poisonous plants
07 Motor vehicle exhaust
08 Paints/varnishes
09 Petroleum products, *Excluding paint*
10 Other
88 Unknown
99 Not stated
-

SECTION H -- HOMICIDE

1. Method of homicide [121] 01 [] Asphyxia
02 [] Beating
03 [] Burning
04 [] Firearm
06 [] Hit and run (vehicle)
07 [] Hurling against fixed object
08 [] Hurling into moving vehicle
09 [] Poisoning
10 [] Pushed/thrown from height
11 [] Stabbing/cutting/piercing
12 [] Strangulation/smothering/hanging
13 [] Struck with blunt object
14 [] Submersion (drowning)
15 [] Other
88 [] Unknown
99 [] Not stated
-

SECTION H -- HOMICIDE (CONTINUED)

2. Number of alleged perpetrators [122] [] [] Number
- 88 [] Unknown
99 [] Not stated
-
3. Relationship of decedent to alleged perpetrator. [123]
- Skip to Section K*
- 00 [] Roommate
01 [] Unknown by decedent
02 [] Present spouse
03 [] Former spouse
04 [] Present companion
05 [] Former companion
06 [] Father/step father
07 [] Mother/step mother
08 [] Son/step son
09 [] Daughter/step daughter
10 [] Brother/step brother
11 [] Sister/step sister
12 [] Other family member
13 [] Other relative
14 [] Friend
15 [] Co-worker/colleague
16 [] Law enforcement official
17 [] Other
88 [] Unknown
99 [] Not stated
-

SECTION I -- SUICIDE

1. Method of suicide [124]
- 01 [] Asphyxia
Carbon monoxide poisoning from:
02 [] Motor vehicle exhaust
03 [] Other source
- 04 [] Collision with vehicle
05 [] Drug/substance overdose
06 [] Firearm
07 [] Hanging
08 [] Jumping from height
09 [] Poisoning, other than carbon monoxide
10 [] Stabbing/cutting/piercing
11 [] Submersion (drowning)
12 [] Vehicular collision
13 [] Other
88 [] Unknown
99 [] Not stated
-
2. Decedent made previous suicide threat(s). [125]
- 1 [] Yes
2 [] No
8 [] Unknown
9 [] Not stated
-

SECTION I -- SUICIDE (CONTINUED)

3. Decedent made previous suicide attempt(s). [126] 1 [] Yes
2 [] No
8 [] Unknown
9 [] Not stated
-

4. Contributing factors. [127] 01 [] Depression
Mark (X) all that apply.
[128] 02 [] Financial problems
[129] 03 [] Illness of decedent
[130] 04 [] Legal problems
[131] 05 [] Loss/death of loved one
[132] 06 [] Marital/relationship/family problems
[133] 07 [] Mental/psychiatric illness other than depression
[134] 08 [] Work related problems
[135] 09 [] Other factor
[136] 88 [] Unknown
[137] 99 [] Not stated
-

5. Medical history of mental/emotional problem(s). [138] 1 [] Yes
2 [] No
8 [] Unknown
Skip to Section K. 9 [] Not state
-

SECTION J -- UNDETERMINED

1. Statement which **BEST** describes the circumstances surrounding the undetermined manner of death. [139] 1 [] Asphyxiation
2 [] Exposure to elements
3 [] Ill-defined/unknown cause
4 [] Sudden death
5 [] Unattended death
6 [] Unspecified means of injury
7 [] Other
9 [] Not stated
10 [] Drug overdose
11 [] Alcohol overdose
12 [] Drug and alcohol overdose
-

NOTES:

SECTION K -- EXAMINATION OF BODY

1. Type of examination [140] 1 External examination only *Skip to question 4.*
2 Autopsy
8 Unknown *Skip to Section L.*
9 Not stated
-

2. Date and time of autopsy. **DATE:** (month/day/year)
[141] [][]/[][]/[][]

88/88/88 Unknown
99/99/99 Not stated

TIME: Mark (X) am/pm below.
[142] [][]:[][]

88:88 Unknown
99:99 Not stated

[143] 1 AM
2 PM
-

3. Date and time specimen was taken **DATE:** (month/day/year)
[141] [][]/[][]/[][]

88/88/88 Unknown
99/99/99 Not stated

TIME: Mark (X) am/pm below.
[142] [][]:[][]

88:88 Unknown
99:99 Not stated

[143] 1 AM
2 PM
-

SECTION K -- EXAMINATION OF BODY (CONTINUED)

3. For each body site given below, enter all relevant injury codes based on **INTERNAL** examination.

Type of injury

- | | | | |
|----------------|---------------|------------------------|-----------------|
| 01 Avulsion | 05 Fracture | 09 Stab, pierce, cut | 99 Not stated |
| 02 Contusion | 06 Gunshot | 10 Hemorrhage | |
| 03 Crushing | 07 Hematoma | 11 Other | 12 Organ absent |
| 04 Dislocation | 08 Laceration | 98 Normal/unremarkable | |

OFFICE USE ONLY

Body site:	<i>Enter all relevant injury codes below.</i>											code	Source Injury code	
Head:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[144]	[]	
Brain.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[145]	[]	
Skull.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[146]	[]	
Cerebral arteries.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[147]	[]	
Face:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[148]	[]	
Neck:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[149]	[]	
Trachea.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[150]	[]	
Esophagus.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[151]	[]	
Carotid arteries...	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[152]	[]	
Thorax:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[153]	[]	
Trachea/bronchi..	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[154]	[]	
Esophagus.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[155]	[]	
Lung.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[156]	[]	
Heart, atria.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[157]	[]	
Heart, ventricles.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[158]	[]	
Carotid arteries..	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[159]	[]	
Thoracic aorta....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[160]	[]	
Coronary vessel..	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[161]	[]	
Superior vena cava	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[162]	[]
Ribs.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[163]	[]	

SECTION K -- EXAMINATION OF BODY (CONTINUED)

Type of injury

- 01 Avulsion 05 Fracture 09 Stab, pierce, cut 99 Not stated
 02 Contusion 06 Gunshot 10 Hemorrhage
 03 Crushing 07 Hematoma 11 Other
 04 Dislocation 08 Laceration 98 Normal/unremarkable

OFFICE USE ONLY

Body site:	<i>Enter all relevant injury codes below.</i>											code	Source Injury code	
Abdomen:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[164]	[]	[]
Liver.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[165]	[]	[]
Stomach.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[166]	[]	[]
Pancreas.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[167]	[]	[]
Kidneys.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[168]	[]	[]
Spleen.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[169]	[]	[]
Small intestine....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[170]	[]	[]
Large intestine....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[171]	[]	[]
Inferior vena cava	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[172]	[]	[]
Abdominal aorta.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[173]	[]	[]
Spine:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[174]	[]	[]
Cervical spine.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[175]	[]	[]
Thoracic spine....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[176]	[]	[]
Lumbar spine.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[177]	[]	[]
Pelvis:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[178]	[]	[]
Bladder.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[179]	[]	[]
Upper extremity: ...	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[180]	[]	[]
Long bones.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[181]	[]	[]
Major vessels....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[182]	[]	[]
Lower extremity: ..	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[183]	[]	[]
Long bones.....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[184]	[]	[]
Major vessels....	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[185]	[]	[]

SECTION K -- EXAMINATION OF BODY (CONTINUED)

4. Date and time of external examination.

DATE: (month/day/year)
 [186] [][]/[][]/[][]
 88/88/88 [] Unknown
 99/99/99 [] Not stated

TIME: Mark (X) am/pm below.
 [187] [][]:[][]
 88:88 [] Unknown
 99:99 [] Not stated

[188] 1 [] AM
 2 [] PM

5. Signs of drug use [189] 1 [] Yes
 (needle tracks, eroded 2 [] No
 nasal septum, etc.) 8 [] Unknown
 9 [] Not stated

6. For each body site given below, enter all relevant injury codes based on **EXTERNAL** examination
 Type of injury

- | | | | |
|---------------------|------------------|----------------|------------------------|
| 01 Abrasion | 06 Burn, thermal | 11 Dislocation | 16 Stab, pierce, cut |
| 02 Amputation | 07 Burn, other | 12 Fracture | 17 Memorrhage |
| 03 Avulsion | 08 Contusion | 13 Gunshot | 18 Other |
| 04 Burn, chemical | 09 Crushing | 14 Hematoma | 98 Normal/unremarkable |
| 05 Burn, electrical | 10 Degloving | 15 Laceration | 99 Not stated |

OFFICE USE ONLY

Body site:	Enter all relevant injury codes below													code	Source Injury code
Head/skull.....	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[190]	[][]
Face.....	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[191]	[][]
Neck.....	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[192]	[][]
Thorax..... [][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[193]	[][]
Abdomen... [][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[194]	[][]
Spine.....	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[195]	[][]
Pelvis.....	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[196]	[][]
Upper extremity..	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[197]	[][]
Lower extremity.	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[198]	[][]

SECTION L -- ORGAN AND TISSUE DONATION

1. Decedent designated as an organ/tissue donor. [199] 1 Yes
2 No
8 Unknown
9 Not stated
-

2. Decedent actually donated an organ/tissue. [200] 1 Yes
2 No
8 Unknown *Skip to Section M.*
9 Not stated
-

3. Organ/tissue/bone donated. [201] 1 Bone
[202] 2 Cornea
Mark (X) all that apply. [203] 3 Heart
[204] 4 Kidney
[205] 5 Liver
[206] 6 Other
7 Unknown
8 Not stated
-

4. Permission to donate given by: [207] 1 Decedent
[208] 2 Family/relative
[209] 3 Other person
[210] 9 Not stated
-

NOTES:

SECTION M -- TOXICOLOGICAL FINDINGS

Drug	[211]	[]	[]	[]	[]	[]							
Specimen	[212]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[213]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#2	[214]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#3	[215]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#4	[216]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

Drug	[233]	[]	[]	[]	[]	[]							
Specimen	[234]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[235]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#2	[236]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#3	[237]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#4	[238]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

Drug	[255]	[]	[]	[]	[]	[]							
Specimen	[256]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[257]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#2	[258]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#3	[259]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#4	[260]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

Drug	[277]	[]	[]	[]	[]	[]							
Specimen	[278]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[279]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#2	[280]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#3	[281]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
#4	[282]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

SECTION M -- TOXICOLOGICAL FINDINGS (CONTINUED)

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

SECTION M -- TOXICOLOGICAL FINDINGS (CONTINUED)

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

SECTION M -- TOXICOLOGICAL FINDINGS (CONTINUED)

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

SECTION M -- TOXICOLOGICAL FINDINGS (CONTINUED)

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	

Drug	[0000]	[]	[]	[]	[]	[]							
Specimen	[0000]	[]	[]	[]									
	Test/method		Amount specified				Units			Only trace reported		Only +/- reported	
#1	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#2	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#3	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	
#4	[0000]	[]	[]	[]	[]	[]	[0000]	_____	[0000]	[]	[0000]	[]	