

ROBERT L. EDGE, JR.
HORRY COUNTY CORONER

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CORONER'S REPORT

DATE _____ **PLACE OF BIRTH** _____
City _____ State _____
NAME: Last _____ First _____ MI _____
ADDRESS _____
City/St _____ ZIP CODE: _____-_____
RACE: _____ SEX: M/F _____ AGE: _____ DOB: ____/____/____
SOCIAL SECURITY #: _____-_____-_____ DRIVER'S LICENSE #: _____

PLACE OF OCCURRENCE	DATE	TIME
_____	____	____
PLACE OF DEATH	DATE	TIME
_____	____	____
PRONOUNCED	____	____

AMBULANCE SERVICE: _____
FUNERAL HOME: _____

ORGAN DONATION: Y/N ____ AGENCY: _____
CAUSE OF DEATH: _____

Other Significant Conditions: _____

MANNER OF DEATH: _____

DEATH CERTIFICATE DISPOSITION: _____

BRT PERMIT ISSUED BY: _____ PERMIT #: _____

AUTOPSY PERFORMED: Y/N ____ AGENCY: _____

Doctor: _____

Report Received: ____/____/____

PHOTOGRAPHS TAKEN: Y/N ____ AGENCY: _____

STATEMENT TAKEN: Y/N ____ DATE: ____/____/____

BLOOD DRAWN: Y/N ____ Where? _____

When? ____/____/____ Time? _____

Labeled, packaged & sealed? Y/N ____ Report received: ____/____/____

MEDICINE BOTTLES present or near deceased? Y/N ____ Open? Y/N ____

ALCOHOL present or near deceased? Y/N ____

Can or bottle present? Y/N ____

Description: _____

MEDICAL

Treatment in the past year? Y/N ____

Where? _____

Doctor? _____

Notified? ___/___/___ Time: _____

Consulted: ___/___/___ Time: _____

Medical History _____

PERSCRPTIONS

Type _____

Date Perscribed? ___/___/___ By Doctor(s): _____

Pharmacy: _____

DECEASED FOUND LYING:	On Back?	Y/N ____
	In Bed Frame?	Y/N ____
	On Right Side?	Y/N ____
	On Left Side?	Y/N ____
	On Abdomen?	Y/N ____

BLOOD COMING FROM:	Nose?	Y/N ____
	Mouth?	Y/N ____
	Ears?	Y/N ____

DECEASED FOUND IN:	Bathroom ?	Y/N ____
	Kitchen?	Y/N ____
	Workshop?	Y/N ____
	Bed?	Y/N ____
	Vehicle?	Y/N ____
	Outside near road?	Y/N ____
	Other? _____	

Electrical Wires/Fixtures near deceased? Y/N ____

Was deceased barefooted? Y/N ____

Near water on floor/ground? Y/N ____

Any unusual odor? Y/N ____ Smells like _____

NARRATIVE:

NARRATIVE CONT'D: _____

ATTENDING PHYSICIAN/(DEPUTY) CORONER: _____

NEXT OF KIN:

Address: _____
City/State/Zip Code _____
Phone Number: () _____-____ () _____-____
Relationship: _____

LAW ENFORCEMENT

Agency _____
Resp./Inv. Officers _____

HIGHWAY PATROL REPORT RECEIVED: ___/___/___

WHO SAW DECEASED LAST?

Address _____
Ct/St/ZC _____
Phone #: () _____-____
Date: ___/___/___ Time: _____
Place _____
Doing what? _____
In what condition? _____

WHO FOUND DECEASED?

Address _____
Ct/St/ZC _____
Phone #: () _____-____
Date: ___/___/___ Time: _____
Place _____
Doing what? _____
In what condition? _____

WITNESS

Last name: _____ First name: _____
Address: _____
City/St _____ Zip Code: _____-____
Age: _____ Race: _____ Sex: M/F _____

SUSPECT

Last name: _____ First name: _____
Address: _____
City/St _____ Zip Code: _____-____
Age: _____ Race: _____ Sex: M/F _____