San Bernardino County Sheriff Department Coroner Division

EMS Report of Death

Time call was received: ——— Time of contact:———Time of death:———Unit #————

Name of who determined death and ICEMA #. _____

Patient's name, last, first: _____

DOB: ___/___/____

Patient's home address if different than location of call:

_____

Initial position how found:

_____

Treatment prior to determination of death: AED B L S A C L S

C/C or MOI:

_____

Signs of death: rigor mortis lividity skin temp (warm, cool, cold)

Trauma: no yes (describe)

_____

(Infants) damage to the frenulum: no yes (describe)

_____

Time Pt. last seen alive if known: _____

Medications: _____

Medical history : htn asthma cva chf copd diabetes psych seiz other: _____

Primary care physician: _____ Phone ( ) _____

Hospice: no yes D N R: no yes

Fax completed 01A form to (909) 387-2335

Legend:
AED: Automatic External Defibulator/BLS: Basic life support/ACLS: Advanced Cardiac life support/MOI: mechanism of injury/C/C: Chief complaint

Government Code 27491