



LAW ENFORCEMENT/INVESTIGATION INFORMATION

The following information has been obtained from preliminary investigative documents/information.
Therefore, the information being provided is subject to change.

ME Case#: _____ Date: _____

PD Case #: _____

Name of Deceased: _____

Name of Next of Kin: _____

Telephone Next of Kin: _____

Investigating Agency: _____

Investigating Detective/Agent: _____

Telephone: _____ Email: _____

State Attorney Name: _____ SA District: _____

SA contact email/phone: _____

If an Injury

Time/Approximate Time of Injury: _____

Date of Injury: _____

Type of Place of Injury (e.g., home): _____

Address of Place of Injury: _____

Circumstances (e.g., suspected self-inflicted GSW, shooting, assault) etc.):
