REPORT OF INVESTIGATION

ME-102 (new 7/99)

State of Connecticut

M.E. CASE NO.

OFFICE OF THE CHIEF MEDICAL EXAMINER

11 Shuttle Road, Farmington, Connecticut 06032 (860) 679-3980																	
DECEASED	N	ame (Firs	t, Midd	le or Maiden				Age	Race			Sexfema	ale				
	L	Last Residence (No.,Street) Town											State CT	•	Zip Code		
INJURY (if any)	P	Place of Injury												Date of	Injury		
DEATH	P	lace of De				Town			State CT								
	R	Reported By (Name)											Affiliation				
		eath Repo	orted	Time				Examiner Notified Date Time				O.C.M.E	E. Notif	ried Time			
	A	Arrival at Scene Date Time				Departure fr Date		From Scene Time		Death Determi	rmined By			Date Time			
		Deceased Identified By (Name) Address (Street, Town, Sta												1111	ie		
INFORMAN	L O	ther Infor	mants (Names)													
CIRCUMSTA	NCE	S OF D	EATH	(Include wh	nen dece	ased last	seen aliv	e and perti	nent medi	cal and occupation	onal hist	tory)					
EXTERNAL Deceased Examined At														On (I	Date)		
EXAMINATION Briefly describe position of body, estimated height & weight, eye color, hair characteristics, scars, tattoos, blemishes, & signs of injury or disease. Note signs of dea															ote signs of death,		
including rigor m											C	3 7					
AUTOPSY	Perfor	med	If "YE	S" thorized	Cor	nsent	Date Pe	erformed	At (H	ospital Name)			Ву	(Name)		
CREMATION		rformed Yes]No			Cre	mation	Certifica	ate Issu	ed 🗌			•				
CAUSE OF				eath should be sy, if perform		as on Cer	tificate o	f Death and	d should l	be based on circu	mstance	es of death	, past r	nedical	history, external		
DEATH		,															
GED THE CO					n exter	nal exa	minatio	n of the	decease	d on the date	shown	and tha	it the	cause	of death is as		
CERTIFICATION stated above. Date Name of Assistant Medical Examiner Signed																	