

REPORT OF DEATH (CALL MEDICAL EXAMINER'S OFFICE 484-861-3898)

MEO Case: # _____

PRISON INCIDENT REPORT: NAME & DATE OF INCIDENT: _____

Report Date: _____ Report Time: _____

CORRECTIONAL EMPLOYEE NAME/ RANK: _____ **EMPLOYEE#** _____
CONTACT PHONE # _____

Name of Decedent: _____ **DOB:** _____
INMATE: # _____

Race: W B H A O Sex: M F Marital Status: S M W D Sep

Decedent's Home Address _____ City/St/ Zip _____ Ph#: _____

Date of Death: _____ Time of Death: _____ Pronouncing Medic/ Physician: _____

Transport to: (Hospital) _____ By Medic Company: _____ Date/Time _____

Time of 911 call: _____ Assigned CID Detective: _____ Badge#: _____

Last Known Alive: Date: _____ Time: _____ By Whom: _____

Housing block # _____ Cell#: _____ Name of Cell mate: _____

Location of Body: _____ Position of Body: _____

Evidence of Trauma or Suspicious Activity? _____

Post Mortem Changes? _____

Recent Complaints of Illness or Trauma (covid): _____

Social History (Drug use), Psychological History, and Medical History

Rx meds prescribed:

Circumstances (Brief):

PCP: Dr. Phillips _____ Phone: _____

NOK: _____ Relationship to Decedent: _____

NOK phone: _____ Was next of kin notified? Y or N