



Office of the Medical Examiner - Washtenaw County

2215 Hogback Road, Ann Arbor, MI 48105

Phone (734) 477-6310 Fax (734) 477-6315

Medical Examiner Scene Investigation Report

Name Dickinson, Laura Leigh
Last
First
M.I.
D.O.B. 12/15/06

Date of Investigation 12/15/06 Time of Request 1502 Time of Arrival 1532 Call Received From EMU P.D. Incident Number 06-807

Declared Dead 12/15/06 Date 1540 Time By ROGER SIMPSON

WHERE DEATH OCCURRED (Be Specific) HILL HALL #518 - EASTERN MICHIGAN UNIVERSITY, YPSILANTI (CITY)

DECEASED FULL NAME (Last, First, Middle) DICKINSON, LAURA LEIGH Sex F Race W Age 22 DOB (mo., day, yr.) 07-05-84 Marital Status [] M [] W [] S [] D [] Sep. [] Cohab. [] Unk. ADDRESS [REDACTED] Street City County State Zip Code Telephone [REDACTED] Soc. Sec. No. [REDACTED] Dr. Lic. No. [REDACTED] State MI Occupation (Type of Work)-Do Not List Retired STUDENT Dominant Hand [] R [] L [] Unk. NEXT OF KIN [REDACTED] Name Relationship Address Telephone [REDACTED] BUSINESS (Name, Address, Phone No.) EASTERN MICHIGAN UNIVERSITY

IDENTIFICATION BY: (Name, Dr. Lic. Photo, etc.) TATTOO - SECURED DORM ROOM Next of Kin Date Notified: 12/15/06 Time 1500 By EMU P.D. ID Form Signed? [] Yes [] No

Department EMU P.D. Officer in Charge DET. JEFF NESMITH Phone No. [REDACTED] Case No. 06-6894

Circumstances Resulting in Death: FOUND DEAD IN DORM ROOM - FAUL PLAY SUSPECTED

Weather Conditions [] Clear [] Dawn [] Overcast [] Daylight [] Rain [] Dusk [] Snow [] Night [] Sleet [] Fog Temperature: Inside 75° Outside 45°

SCENE Body Position Head NW Feet SE LYING: [] Other [] On back [] On stomach [] On side Surface Type (concrete, etc.) CARPETED FLOOR

Clothing [] Fully clothed [] Clothed properly for scene? [] Yes [] No (Explain in detail) [] Partially clothed [] Unclothed TANK TOP ONLY - NO OTHER CLOTHING

Preservation [] Fresh PURGE - BLOATING - BUBBS [] Decomposition (Describe) MARBLING Insects Present [] Yes [] No

Est. of Rigor [] Absent [] Firmly est. Livor [] None [] Back Consistent with body position? [] Yes [] No [] Mild [] Other Mortis [] Front [] Localized Explain

Blood [] Absent [] Large spatters [] Large pools LOCATION (Describe) [] Present (Appearance) [] Fine spatters [] Coagulated BLOODY PURGE FROM ORAL/NASAL PASSAGES

Marks of Violence/Injuries (List all noted; describe - location on body, size, shape)

Hands Any injury? [] Yes [] No Remarks Broken nails? [] Yes [] No Remarks

Feet Any injury? [] Yes [] No Remarks Dirt? [] Yes [] No Blood? [] Yes [] No Remarks

Scene Disarray? [] Yes Describe [] No Location secure? [] Yes [] No Weapon Present? [] Yes Type (Describe) [] No UNKNOWN

DECEASED PERSON'S Name PHYSICIAN UNKNOWN Specialty Office Address Telephone Last saw patient?

Past Medical History (Illness, injury, substance abuse, psych. history) [] See dictation

Medications prescribed (Drug, dosage, times/day, date prescribed, physician) [] See dictation NONE - PER FATHER

Jewelry/valuables noted on body? [] Yes [] See dictation [] No Disposition of personal property [] Left on body [] Turned over to:

Comments:

Person completing this form Roger Simpson Date 12/15/06 Time 2130



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ORDER FOR REMOVAL OF DECEASED BODY

TO: UMMC PATHOLOGY M.E. Case No.: 06-807 Date: 12-15-06

Deceased: DICKINSON, LAURA LEIGH Age: 22 Sex: F Race: W
(Last, First, Middle)

Date Declared Dead: 12-15-06 Time Declared Dead: 1540 HRS
(If known; if not, indicate unknown)

Specific Location Body Found: HILL RESIDENCE HALL - EASTERN MICHIGAN
(Address, street, field, hospital dept./unit; include city/twp.)

UNIVERSITY, CITY OF YPSILANTI

Person Ordering Removal: ROGER SIMPSON

Removal/Transport Reason: (check all that apply)

Postmortem Examination

Positive Identification

Hold for Police

Storage Only

Other _____

Comments:

Funeral Home Requested (if known):

GIRRBACH F.H., HASTINGS, MI

Phone No.: [REDACTED]

Investigating Police Agency: EMU POLICE DEPT

P.D. Case/Report No.: 06-6894 Officer to Contact: DET. JEFF NESMITH

Officer Contact No.: [REDACTED]
(Pager, office, etc.)

Removal Agency: HVA

Removal Made By: ROGER SIMPSON Date of Removal: 12-15-06
(Name)

Time of Removal: 2216 Time of Arrival at Morgue: 2229

Roger Simpson
Signature of Person Completing This Form

ROGER SIMPSON
Printed Name

[REDACTED]
Contact Phone No.