



Mississippi Bureau of Narcotics

Post Office Box 720519
Byram, Mississippi 39272-0519



To: MBN Director of Intelligence
From: Coroner / Law Enforcement Officer / Health Care Provider / Medical Examiner
Subject: **OVERDOSE**

TITLE 41. PUBLIC HEALTH
CHAPTER 29. POISONS, DRUGS AND OTHER CONTROLLED SUBSTANCES
ARTICLE 3. UNIFORM CONTROLLED SUBSTANCES LAW
Miss. Code Ann. § 41-29-159 (2012)

(d) Agents of the bureau are authorized to investigate the circumstances of deaths which are caused by drug overdose or which are believed to be caused by drug overdose, and health-care providers, coroners and law enforcement officers shall notify the bureau of any death caused by a drug overdose within twenty-four (24) hours.

TITLE 41. PUBLIC HEALTH
CHAPTER 61. STATE MEDICAL EXAMINER
MISSISSIPPI MEDICAL EXAMINER ACT OF 1986
Miss. Code Ann. § 41-61-59 (2012)

The appropriate medical examiner shall notify the Mississippi Bureau of Narcotics within twenty-four (24) hours of receipt of the body in cases of death as described in subsection (2) (m) or (n) of this section. (m) Death that is caused by drug overdose or which is believed to be caused by drug overdose. (n) When a stillborn fetus is delivered and the cause of the demise is medically believed to be from the use by the mother of any controlled substance as defined in Section 41-29-105.

In the event of an overdose death or suspected overdose death, please provide the following initial information to MBN at email address: mbnoddeath@mbn.ms.gov, or you may fax to (601) 664-2582. MBN also needs follow-up documentation, to include ME Report, Toxicology, and Death Certificate, to accurately record and/or investigate these occurrences.

Coroner Name / Law Enforcement Officer / Health Care Provider: _____

Phone Number: _____ County: _____

SUBJECT NAME / DECEASED: _____

Street Address _____

City, State, Zip _____

SSN: _____ DOB: _____

RACE: _____ SEX: _____

Date of Overdose/Death: _____ Time of overdose/death: _____

Location of Overdose: _____

Type/Name of Drug(s) involved: _____

MS Crime Lab No. (if available): _____

Medical Examiner's Report Case No. (if available): _____

Date reported to MBN: _____ Time reported: _____