

DEATH SCENE INVESTIGATIVE CHECKLIST

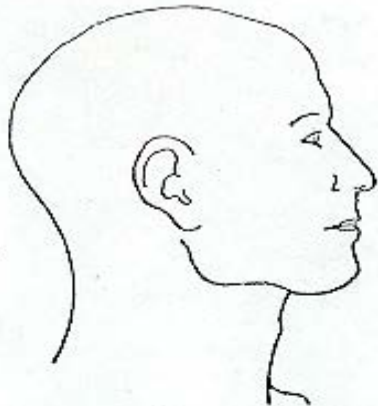
DCI CASE #	SO CASE #	PD CASE #
OTHER AGENCY CASE #		WSCL CASE #
ARRIVAL AT SCENE		
INVESTIGATOR COMPLETING THIS FORM:		
TIME:		DATE:
TYPE OF SCENE: INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> VEHICLE <input type="checkbox"/> COMBINATION <input type="checkbox"/>		
OUTSIDE TEMPERATURE:	WEATHER CONDITIONS:	
DESCRIBE LOCATION:		
WITHIN JURISDICTION OF:		
BODIES FOUND BY:		
NUMBER OF BODIES:		TIME FOUND:
FIRST OFFICER AT THE SCENE IDENTIFIED AS:		
NAMES OF ALL PERSONS KNOWN TO HAVE ENTERED DEATH SCENE PRIOR TO YOUR ARRIVAL:		
HAS THE DEATH SCENE BEEN CLEARED AND SECURED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, BY WHOM?		
SCENE ENTRY LOG INITIATED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, BY WHOM?		
HAS THE BODY BEEN CHECKED FOR SIGNS OF LIFE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, BY WHOM?		

EXAMINATION OF THE BODY AT THE DEATH SCENE

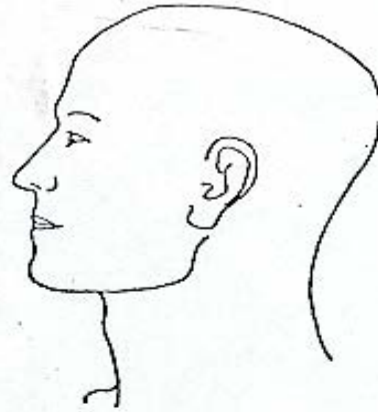
(Prepare a separate worksheet for each victim)

HAS THE VICTIM BEEN IDENTIFIED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW OR BY WHOM?			
NAME OF DECEASED:			
LOCATION OF BODY WITHIN THE SCENE:			
ROOM TEMPERATURE:			
STATE OF DECOMPOSITION:	NONE <input type="checkbox"/>	SLIGHT <input type="checkbox"/>	
	ADVANCED <input type="checkbox"/>	SKELETAL <input type="checkbox"/>	
<u>WITHOUT MOVING THE BODY</u> , COMPLETE AS MUCH OF THE FOLLOWING AS POSSIBLE:			
DESCRIPTION OF THE BODY:			
SEX:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
RACE:	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	OTHER <input type="checkbox"/>
HAIR COLOR:	BROWN <input type="checkbox"/>	BLACK <input type="checkbox"/>	BLONDE <input type="checkbox"/>
EYE COLOR:	BROWN <input type="checkbox"/>	BLUE <input type="checkbox"/>	GRAY <input type="checkbox"/>
			RED <input type="checkbox"/>
			GREEN <input type="checkbox"/>
			UNKNOWN <input type="checkbox"/>
ESTIMATED AGE:	ESTIMATED HEIGHT:	ESTIMATED WEIGHT:	
EYES: OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	MOUTH: OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	COLOR OF SKIN:	
COLOR AND CONDITION OF HANDS/FINGERNAILS:			
PRESENCE OF BLOOD, SALIVA, LUNG PURGE, DIRECTION FLOW, ETC.:			
CYANOSIS (DEGREE AND LOCATION):			
CADAVERIC SPASM PRESENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
PETECHIAL HEMORRHAGES (DEGREE AND LOCATION):			
GLASSES, HEARING AID, OTHER PROSTHETIC DEVICES:			

NATURAL PHYSICAL DEFORMITY OR ODDITY:		
OCCUPATION MARKS:		
DESCRIPTION OF CLOTHING: (INCLUDING CONDITION)		
ANY IDENTIFIABLE MARKS OR TATTOOS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, DESCRIBE:		
DESCRIBE ANY JEWELRY WORN BY THE DECEASED:		
DESCRIBE THE <u>POSITION</u> OF THE BODY: (A STICK FIGURE CAN BE USED TO SUPPLEMENT THE NARRATIVE ACCOUNT)		
DESCRIBE ANY APPARENT INJURIES TO THE FOLLOWING BODY PARTS: (A BODY DIAGRAM CAN BE USED TO SUPPLEMENT THE NARRATIVE ACCOUNT)		
HEAD:		
FACE:		
FRONT TORSO:		
BACK:		
RIGHT LEG:		
LEFT LEG:		
RIGHT FOOT:		
LEFT FOOT:		
RIGHT ARM:		
LEFT ARM:		
RIGHT HAND:		
LEFT HAND:		



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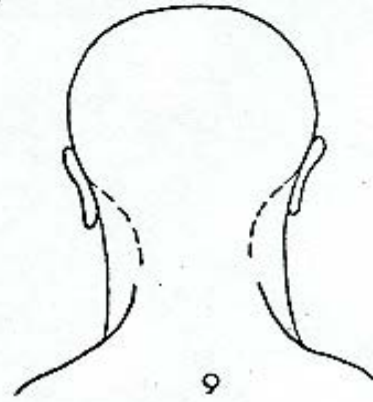
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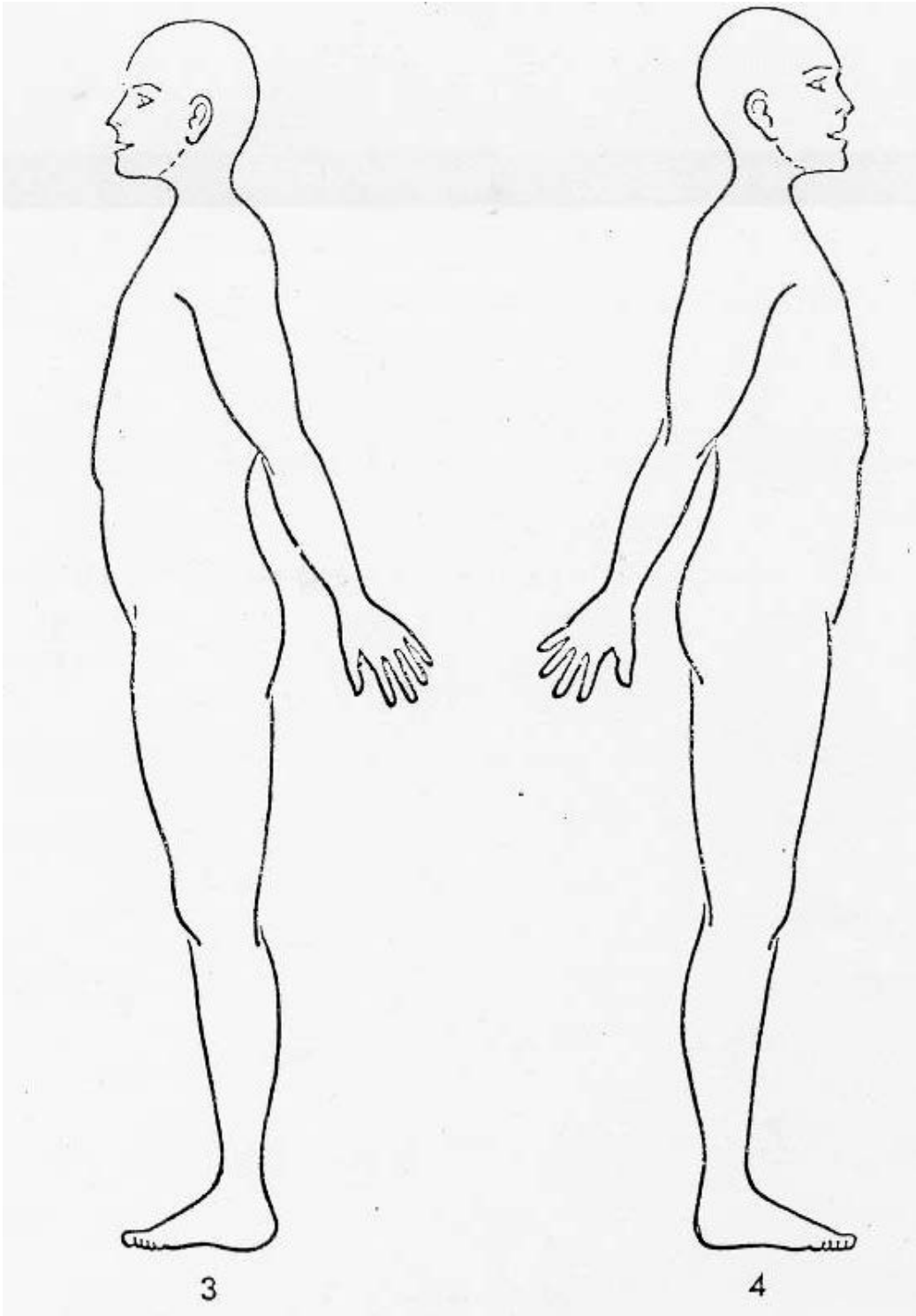
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ANATOMICAL OUTLINES

SUBJECT:

NOTES BY

DATE:

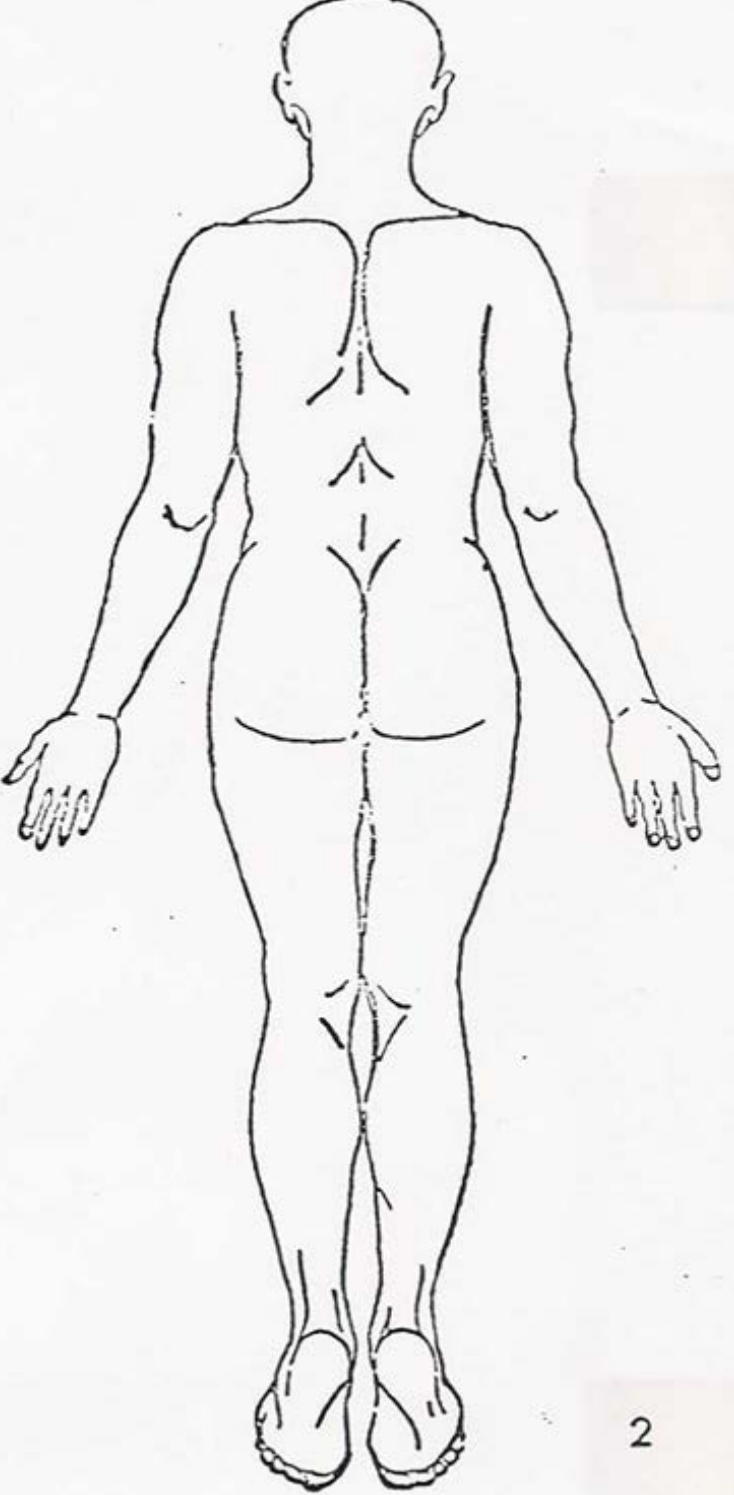
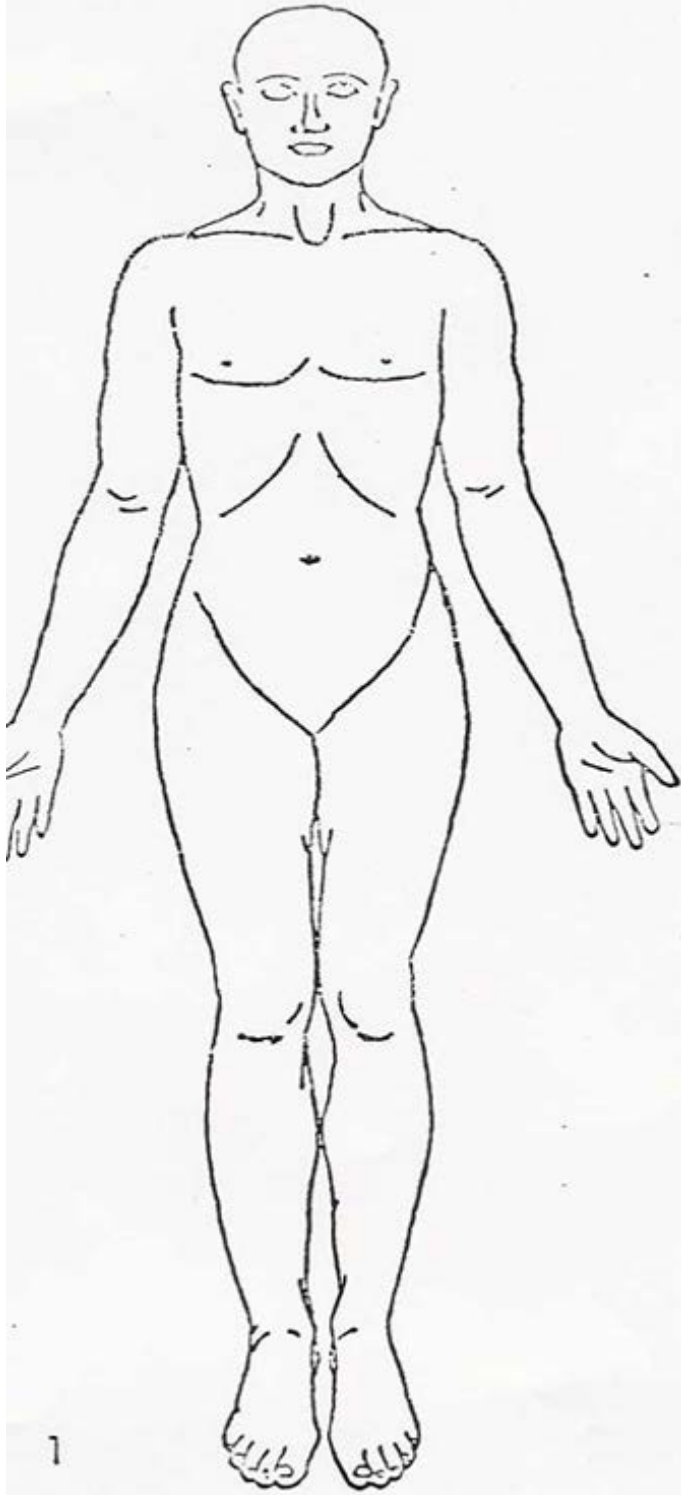


ANATOMICAL OUTLINES

SUBJECT:

NOTES BY

DATE:



ANATOMICAL OUTLINES	
SUBJECT:	
NOTES BY:	DATE:

SUSPECT IDENTIFIED

ARRESTED:	DATE:	TIME:	AGENCY:
SUSPECT:			DOB:
ADDRESS:			
TELEPHONE NUMBER:			
PHYSICAL DESCRIPTION:			
MOOD/ MENTAL STATE: (UPSET, TENSE, VIOLENT, CALM, ETC.)			
APPARENT SOBRIETY (HAS SUSPECT BEEN DRINKING, OUTDOOR INTOXICANTS, SUSPECT'S RATIONALITY, COHERENCE, ETC.)			
APPARENT PHYSICAL CONDITION (INJURED, ILL, NORMAL, ETC.)			
CLOTHING CONDITION (DISHEVELED, NEAT, WET, BLOODSTAINED, RIPPED, ETC.)			
RIGHT-HANDED:		LEFT-HANDED:	
PLACE OF EMPLOYMENT:			
RELATIVES:			
PAROLE/ PROBATION OFFICER:			
TELEPHONE NUMBER:			
PHOTOGRAPHS TAKEN: (INCLUDING MUG, PROFILE, STANDING, BUSINESS, SCRATCHES, WOUNDS)			
DATE :		TAKEN BY:	

FINGERPRINTS TAKEN BY:			
DATE :	FINGERS:	PALMS:	
FEET PRINTS:		PLASTER CASTS:	
HAIR SAMPLES: (NOTE: CONTACT DISTRICT ATTORNEY REGARDING SEARCH WARRANT)			
LOCATION:			
FIVE (5) HAIRS EACH:	HEAD	FRONT <input type="checkbox"/>	REAR <input type="checkbox"/>
		RIGHT SIDE <input type="checkbox"/>	LEFT SIDE <input type="checkbox"/>
		CHEST <input type="checkbox"/>	ARMS <input type="checkbox"/>
		LEGS <input type="checkbox"/>	PUBIC <input type="checkbox"/>
	(NOTE: Comb first to obtain transferred hair)		
FINGERNAIL SCRAPINGS	(NOTE: Use clean instrument for each nail; no cross contamination. Package in separate container and properly identify what finger.)		
	TAKEN BY:	DATE:	
	LOCATION:	TIME:	
BLOOD SAMPLE:	(REMEMBER: blood alcohol = gray tube; blood type = lavender tube.)		
	DATE:	TIME:	
	TAKEN BY:		
	LOCATION:		
URINE SAMPLE	DATE:	TIME:	
	TAKEN BY:		
	LOCATION:		
	DELIVERED TO LABORATORY BY:		
	DATE:	TIME:	
	RECEIVED BY:	LOCATION OF LAB:	
	TEST REQUESTED:		
TOOTH MARKS:	IMPRESSIONS TAKEN BY:		
	DATE:	METHOD USED:	
	DISPOSITION:		

NOTE: PACKAGE ARTICLES SEPARATELY, AIR-DRY BLOODY CLOTHING.

TRANSPORTED TO LABORATORY BY:

DATE:

TIME:

TEST REQUESTED:

SUSPECT'S PERSONAL PROPERTY BOOKED (LIST OR COPY NAMES, ADDRESSES, KEYS, ETC. CONTAINED IN PROPERTY FOR POSSIBLE INVESTIGATIVE LEADS.)

YES

NO

AUTOPSY

BASIS OF IDENTIFICATION OF VICTIM:

DECEASED TRANSPORTED BY/ TO:

DATE, TIME AND DURATION OF POST MORTEM EXAM:

AUTOPSY PHOTOGRAPHS TAKEN BY

(PHOTOGRAPHS SHOULD INCLUDE FULL FACE, ¾ FACE, FULL BODY, WOUNDS, ALL MARKS, BRUISES, TATTOOS, ETC., PREFERABLY IN COLOR.)

FINGERPRINTS TAKEN BY:

TIME:

FINGERS

PALMS

FEET

FINGERNAIL SCRAPINGS TAKEN BY:

(TAKEN WITH CLEAN INSTRUMENTS FOR EACH FINGER, PACKED SEPARATELY AND PROPERLY IDENTIFIED)

BODY FLUIDS TAKEN BY:

(LAB PREFERS NO PRESERVATIVES IN BLOOD SAMPLE IF REFRIGERATED AND DELIVERED WITHIN ONE DAY.)

BLOOD ALCOHOL CONTENT:

PRESENCE OF CONTROLLED OR OTHER SUBSTANCES:

URINE:

SALIVA:

VAGINAL SMEAR:

ANAL SMEAR:

OTHERS:

RAPE CASE: BREAST CHECKED FOR SALIVA:

(All fluids should be refrigerated.)

HAIR SAMPLES TAKEN BY:		
(COMB FIRST TO OBTAIN TRANSFERRED HAIR.)		
HEAD		
(SHOULD BE 5 FROM FRONT, 5 FROM BACK, AND 5 FROM EACH SIDE)		
PUBIC:	CHEST:	ARMS:
OTHERS:		
BLOOD SCRAPINGS FROM EXTERNAL PORTION OF BODY TAKEN BY:		
DIAGRAM AND MEASUREMENTS TAKEN OF ALL WOUNDS, BRUISES AND OTHER TRAUMA BY:		
BODY X-RAY:	TAKEN BY:	
GUNSHOT RESIDUE TEST (GSR):	TAKEN BY:	
EYES AND HAIRY SURFACES CHECKED FOR WOUNDS:		
IN STABBING CASES, HAS BODY BEEN X-RAY FOR POSSIBLE BROKEN TIP WEAPON WHERE APPLICABLE?		
<u>INJURIES SHOWN</u>		
ANTE MORTEM	POST MORTEM	
DEFENSE WOUNDS NOTED:		
PHOTOGRAPHED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EVIDENCE OF BODY BEING DRAGGED OR DUMPED:		
GUNSHOT WOUNDS, EVIDENCE OF TATTOOING:		
SMUDGING:		

VICTIM'S CLOTHING SEIZED BY:
DESCRIPTION OF CLOTHING:
(Clothing should be packaged separately; if bloody, should be air dried before packaging.)
ALL SHEETINGS, COVERINGS, ETC. USED TO TRANSPORT BODY, SEIZED FOR POSSIBLE TRANSFER OF FIBERS AND OTHER EVIDENCE FROM VICTIM'S CLOTHING:
COPY OF DEATH CERTIFICATE IN FILE:
<u>UNIDENTIFIED VICTIM:</u>
INCLUDE:
ODONTOLOGY:
BLOOD GROUPINGS:
MISSING ORGANS FROM PRIOR OPERATIONS:
FULL X-RAY FOR OLD FRACTURES OR ABNORMALITIES:
OLD SURGICAL SCARS:
OCCUPATIONAL MARKS:
IF BODY BURNED, SIFT ASHES FOR POSSIBLE TEETH, BONES, ETC.

