

## EXAMINATION OF INDOOR DEATH SCENE

TYPE OF STRUCTURE						
HOME <input type="checkbox"/>		APARTMENT <input type="checkbox"/>		STORE <input type="checkbox"/>		OFFICE <input type="checkbox"/>
				BARN <input type="checkbox"/>		OTHER <input type="checkbox"/>
DESCRIPTION OF STRUCTURE						
STRUCTURE OWNED BY:						
RENTED BY:				OCCUPIED BY:		
STRUCTURED ENTERED BY VIRTUE OF:						
				SEARCH WARRANT <input type="checkbox"/>		
				CONSENT TO SEARCH <input type="checkbox"/>		
				EXIGENT CIRCUMSTANCES <input type="checkbox"/>		
IF BY CONSENT, WHO GAVE CONSENT?						
NOTE AND RECORD THE FOLLOWING:						
DOORS:						
FRONT:	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	LOCKED <input type="checkbox"/>	UNLOCKED <input type="checkbox"/>	REMARKS:	
REAR:	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	LOCKED <input type="checkbox"/>	UNLOCKED <input type="checkbox"/>	REMARKS:	
GARAGE:	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	LOCKED <input type="checkbox"/>	UNLOCKED <input type="checkbox"/>	REMARKS:	
OTHER:	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	LOCKED <input type="checkbox"/>	UNLOCKED <input type="checkbox"/>	REMARKS:	
WINDOWS:						
LOCATION	OPEN	CLOSED	LOCKED	UNLOCKED	SHADES	REMARKS
LIGHTS:						
IDENTIFY ANY INTERIOR OR EXTERIOR LIGHTS FOUND <u>ON</u> . GIVE ROOM AND LOCATION OF LIGHT SOURCE.						
EXTERIOR:	LIGHT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, LOCATION:		
INTERIOR:	ROOM:				LOCATION:	

NUMBER OF BEDROOMS:			
BEDS:			
LOCATION	MADE	UNMADE	REMARKS
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
SINKS/SHOWERS/BATHTUBS:			
LOCATION	MADE	UNMADE	REMARKS
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
APPLIANCES			
ITEM	ON	OFF	REMARKS
TELEVISION	<input type="checkbox"/>	<input type="checkbox"/>	
RADIO	<input type="checkbox"/>	<input type="checkbox"/>	
WASHER	<input type="checkbox"/>	<input type="checkbox"/>	
DRYER	<input type="checkbox"/>	<input type="checkbox"/>	
STOVE	<input type="checkbox"/>	<input type="checkbox"/>	
FURNACE	<input type="checkbox"/>	<input type="checkbox"/>	
DEHUMIDIFIER	<input type="checkbox"/>	<input type="checkbox"/>	
MICROWAVE	<input type="checkbox"/>	<input type="checkbox"/>	
VCR	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	
THERMOSTAT:			
SETTING:		READING:	
TELEPHONE:			
LOCATION			REMARKS
PERSONAL PHONE BOOK:		LOCATION	REMARKS
PERSONAL TELEPHONE DIRECTORIES:			
PHONE ANSWERING MACHINE:			
PHONE ANSWERING MACHINE AUDIOTAPE:			
AUTOMATIC RE-DIAL EXCHANGES (LIST EXCHANGES)			
<b>NOTE: You need consent of any surviving other to listen to the contents of an audiotape of an electronic communication</b>			



