

EXAMINATION OF VEHICULAR DEATH SCENE

TYPE OF VEHICLE:		AUTO <input type="checkbox"/>	TRUCK <input type="checkbox"/>	BUS <input type="checkbox"/>	OTHER <input type="checkbox"/>
DESCRIPTION OF VEHICLE:					
MAKE:		MODEL:		LICENSE #:	YEAR:
COLOR:		BODY STYLE:		REGISTERED TO:	
VIN:				TITLE #:	
LIST OWNER IF DIFFERENT THAN REGISTRANT:					
EXTERIOR DAMAGE:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, DESCRIBE:	
VEHICLE ENTERED/ EXAMINED/ SEIZED BY VIRTUE OF:			SEARCH WARRANT <input type="checkbox"/>		
			CONSENT TO SEARCH <input type="checkbox"/>		
			EXIGENT CIRCUMSTANCES <input type="checkbox"/>		
			PUBLIC ROADWAY <input type="checkbox"/>		
<u>EXTERIOR EXAMINATION</u>					
DOORS:					
LOCATION	OPEN	CLOSED	LOCKED	UNLOCKED	REMARKS
L/F					
R/F					
R/R					
L/R					
HATCHBACK					
WINDOWS:					
LOCATION	OPEN	CLOSED	REMARKS		
L/F					
R/F					
R/R					
L/R					
SUN ROOF					
OTHER					

SEAT BELT AND RESTRAINS			
NUMBER:			
POSITION (S):			
OPERABLE <input type="checkbox"/>		USED <input type="checkbox"/>	
NOT USED <input type="checkbox"/>			
TRUNK COMPARTMENT:			
TRUNK LID:	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	REMARKS
INVENTORY OF ITEMS IN TRUNK:			
ENGINE COMPARTMENT:			
HOOD:	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	REMARKS
TIRES:			
LOCATION	INFLATED	DEFLATED	REMARKS
L/F			
R/F			
L/R			
R/R			
SPARE			
VEHICLE UNDERCARRIAGE			
EXAMINED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DAMAGED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
TRACE EVIDENCE:			
INTERIOR EXAMINATION			
(PASSENGER COMPARTMENT)			
IS THE KEY IN THE IGNITION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IGNITION POSITION>	ON <input type="checkbox"/>	OFF <input type="checkbox"/>	
ODOMETER READING:		FUEL GAUGE READING:	
TRANSMISSION TYPE	AUTOMATIC <input type="checkbox"/>		STANDARD <input type="checkbox"/>
TRANSMISSION POSITION	NEUTRAL <input type="checkbox"/>	FORWARD <input type="checkbox"/>	REVERSE <input type="checkbox"/>

WINDSHIELD WIPERS:	ON <input type="checkbox"/>	OFF <input type="checkbox"/>	
RADIO:	ON <input type="checkbox"/>	OFF <input type="checkbox"/>	N/A <input type="checkbox"/>
HEATER:	ON <input type="checkbox"/>	OFF <input type="checkbox"/>	
AIR CONDITIONER:	ON <input type="checkbox"/>	OFF <input type="checkbox"/>	N/A <input type="checkbox"/>
EMERGENCY BRAKE:	ON <input type="checkbox"/>	OFF <input type="checkbox"/>	
HEADLIGHT SWITCH:	ON <input type="checkbox"/>	OFF <input type="checkbox"/>	
DIMMER SWITCH:	ON <input type="checkbox"/>	OFF <input type="checkbox"/>	
ASHTRAYS:	FRONT: <input type="checkbox"/>	REMARKS:	
	REAR <input type="checkbox"/>	REMARKS:	
SEAT POSITION:			
IS THE VEHICLE OPERABLE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		UNKNOWN <input type="checkbox"/>	
LIST ITEMS OF EVIDENCE YOU WANT TO HAVE COLLECTED FROM <u>VEHICLE</u> :			
DESCRIPTION OF ITEM (S)	LOCATION OF ITEM (S)	REMARKS	
REMEMBER			
MAINTAIN SECURITY OF THE VEHICLE UNTIL AFTER THE AUTOPSY IS COMPLETED.			
ADDITIONAL COMMENTS AND OBSERVATIONS:			
VEHICLE IMPOUNDED/ STORED AS EVIDENCE?			
STORE LOCATION:			
ADDRESS:			