Appendix 2

Coroner’s General Death Investigation Protocol

CORONER: __________________________

DATE: ____________________   DAY: ___________   TIME: ___________   AM/PM

NOTIFIED BY: __________________________

DEPT: ______________________   PHONE: ______________________

REPORT# ______________________   TIME CALL RECEIVED ___________   AM/PM

DEMOGRAPHIC DATA:

DECEDENT’S NAME: _________________________________________________

AGE: _______   DOB: __/__/____   RACE: _______________   SEX: ________   SSAN: ______________________

ADDRESS: _______________________________________________________________________

CITY: __________________________   STATE: ___________   ZIP: ___________

MARITAL STATUS: _________________________   HOME PHONE: ________________

EMPLOYER: _________________________

POSITION: _____________________________

IDENTIFIED BY WHAT MEANS: ____________________________

BY (NAME): ____________________________

PHONE: _____________________________

ADDRESS: _______________________________________________________________________

CITY: __________________________   STATE: ___________   ZIP: ___________

TIME: ______________________   AM/PM   DATE: ______________________

LOCATION: _______________________________________________________________________

NEXT OF KIN: _____________________________

RELATIONSHIP: _____________________________

NOTIFIED AT: ______________________   AM/PM   DATE: ______________________

PHONE: _____________________________

ADDRESS: _______________________________________________________________________

CITY: __________________________   STATE: ___________   ZIP: ___________

PRONOUNCEMENT OF DEATH:

TIME: ______________________   AM/PM   DATE: ______________________

BY: _____________________________

LOCATION: _______________________________________________________________________

SCENE INFORMATION:

CORONER’S ARRIVAL TIME ___________   AM/PM   DATE: ______________________

DISTANCE TO SCENE: ___________

LOCATION (ADDRESS): ___________________________________________________________

GENERAL AREA DESCRIPTION

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

OFFICERS/OFFICIALS AT SCENE (name, rank): ___________________

DEPARTMENT: _____________________________

____________________________________________________________________________________

____________________________________________________________________________________

WEATHER CONDITIONS:
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DAWN: _____  DAYLIGHT: _____  DUSK: _____  NIGHT: ________
CLEAR: _____  OVERCAST: _____  RAIN: _____  SNOW: _____  SLEET: _____
TEMPERATURE: OUTSIDE: _____  INSIDE: _____  
(If inside a dwelling or business; was the AC or FURNACE operating?)  YES: _____ NO: _____

LOCATION OF DECEDENT AT SCENE:

EXACT LOCATION (Example: On floor next to kitchen sink on North wall):

____________________________________________________________________________

____________________________________________________________________________

BODY POSITION (DIRECTION): HEAD: ___________________  FEET: ___________________
LYING: FACE DOWN: __________  FACE UP: __________  LEFT SIDE: _________  RIGHT SIDE: _______
OTHER: ____________________________________________
SURFACE TYPE DECEDENT’S BODY LYING ON: ______________________

____________________________________________________________________________

EXAMINATION OF THE DECEDENT’S BODY:

BODY TEMPERATURE (If taken): __________  TIME TAKEN: __________ AM/PM
If a body temperature was not taken, how did the body feel as compared to the environment when touched:
Warm  Cool  Cold
WAS LIVOR MORTIS PRESENT: YES: _____ NO: ______
IF YES, AREA OF THE BODY: ______________________________
WAS RIGOR MORTIS PRESENT: YES: _____ NO: ______
IF YES, AREA OF THE BODY: ______________________________
IS BODY FRESH?  YES: ______ NO: _____  BEGINNING TO BREAKDOWN: YES: ______ NO: ______
BODY DECOMPOSED: YES: ______ NO: _____
INSECTS PRESENT: YES _____ NO: _____ (Describe time and body location where insect samples were taken for analysis.
Collect multiple samples of the various insects (and insect stages) present and place in a 75-80% alcohol solution. Insure the
samples are properly labeled.)
TIME: __________ AM/PM  LOCATION ON BODY: __________________________

THE ENTIRE BODY SHOULD BE INSPECTED (DO NOT REMOVE ANY CLOTHING TO DO THIS.) TO CHECK FOR
BODY INJURIES OR ANYTHING UNUSUAL. THIS IS TO DIFFERENTIATE FROM ANY INJURIES/DAMAGE THAT
MAY OCCUR IN TRANSPORTING THE BODY FROM THE SCENE TO THE MORGUE OR PLACE WHERE AUTOPSY
WILL BE PERFORMED.

HEAD: ______________________________________

FACE: ______________________________________

NECK: ______________________________________

CHEST: ______________________________________

BACK: ______________________________________

BUTTOCK/PELVIS REGION: _______________________

UPPER EXTREMITIES: ___________________________

FINGERTIP TO AXILLA LENGTH (If applicable in S/I GSWs): __________________________

HANDS: ______________________________________

LOWER EXTREMITIES: __________________________
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FEET:________________________________________________________________________________

OTHER: (Be sure to note if any of decedent’s clothing was removed, or altered, by medical personnel to include EMTs at the scene.)  ______________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

____

CAUTION: REMEMBER DO NOT ALLOW ANY CLOTHING TO BE REMOVED (UNLESS IT IS PART OF A LIFE SAVING PROCEDURE) OR ANY CRIMINALISTICS PROCEDURES (e.g.; GUNSHOT RESIDUE TESTING) TO BE DONE PRIOR TO THE BODY BEING EXAMINED BY A PATHOLOGIST.

SPECIFIC MARKS OF VIOLENCE ON THE BODY:

1. LOCATION ON BODY:____________________________________________________________________
   SIZE : MEASURED:____________________ ESTIMATE:_____________________________
   SHAPE:_____________________________________________________________________
   DESCRIBE CLOTHING (If any.) INVOLVED:_____________________________________
   _______________________________________________________________________

2. LOCATION ON BODY:__________________________________________________________________
   SIZE : MEASURED:____________________ ESTIMATE:_____________________________
   SHAPE:_____________________________________________________________________
   DESCRIBE CLOTHING (If any.) INVOLVED:_____________________________________
   _______________________________________________________________________

3. LOCATION ON BODY:___________________________________________________________________
   SIZE : MEASURED:____________________ ESTIMATE:_____________________________
   SHAPE:_____________________________________________________________________
   DESCRIBE CLOTHING (If any.) INVOLVED:_____________________________________
   _______________________________________________________________________

4. LOCATION ON BODY:___________________________________________________________________
   SIZE : MEASURED:____________________ ESTIMATE:_____________________________
   SHAPE:_____________________________________________________________________
   DESCRIBE CLOTHING (If any.) INVOLVED:_____________________________________
   _______________________________________________________________________

HANDS: ANY INJURY:_____________     BROKEN NAILS: YES:_____NO:_____
REMARKS:________________________________________________________________________

_____________________________________________________________________________________

FEET: ANY INJURY:__________________        BLOOD: YES:_____NO:______
REMARKS:__________________________________________________________________________

_____________________________________________________________________________________

NOTE: WHEN NECESSARY, HANDS AND FEET SHOULD BE PLACED IN PAPER BAGS FOR EVIDENCE PRESERVATION. EACH HAND AND FOOT SHOULD BE BAGGED SEPARATELY. YOU MAY ALSO PLACE THE HEAD IN A PAPER BAG IF IT IS SERIOUSLY DAMAGED (SUCH AS A GUNSHOT WOUND). THE ENTIRE BODY SHOULD BE WRAPPED IN A CLEAN SHEET OR BODY BAG TO PRESERVE TRACE EVIDENCE THAT CAN BE RETRIEVED BY THE PATHOLOGIST DURING THE AUTOPSY.

CAUTION: NEVER USE PLASTIC BAGS TO WRAP HANDS, FEET OR THE BODY AS IT CAN CREATE MoISTURE PROBLEMS WHICH MAY CONTAMINATE OR DESTROY POTENTIAL EVIDENCE.

SCENE ENVIRONMENT:

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DESCRIBE ANY DISARRAY: ____________________________________________________________

________________________________________________________________________________

IF A BUILDING/DWELLING: WAS LOCATION SECURE: YES:______NO:_____
DESCRIBE LOCKS ON DOORS/WINDOWS: ____________________________________________

________________________________________________________________________________

ANY WEAPONS THAT MIGHT HAVE CAUSED INJURY/DEATH: YES:______NO:_____
DESCRIBE WEAPONS AND INDICATE LOCATION FOUND: __________________________________

________________________________________________________________________________

OTHER OBSERVATIONS: _____________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

IF BLOOD FOUND AT THE SCENE:

BENEATH WHAT BODY AREA:
SURFACE WHERE BLOOD FOUND(concrete, carpet, ground):
QUANTITY OF BLOOD(SIZE OF STAIN):
CONDITION OF BLOOD/BLOODSTAINS: WET:____ DAMP:____ DRIED:____ POOLED:____ OTHER:____

OTHER OBSERVATIONS OF THE SCENE:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

NOTE: PHOTOGRAPH ALL BLOOD/BLOODSTAINS FOR POSSIBLE FUTURE USE IN RECREATING THE EVENT OR FOR USE AT A CRIMINAL PROCEEDING. BE SURE TO PLACE A MEASURING DEVICE AND LOCATION NOTE IN THE PHOTOGRAPH. ALSO, INCLUDE THIS DATA IN YOUR SKETCH OF THE SCENE.

DECEDENT’S PERSONAL EFFECTS:
CLOTHING:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

WAS CLOTHING IN DISARRAY?
YES:____ NO:____ DESCRIBE: ______________________________________________________
________________________________________________________________________________
________________________________________________________________________________

JEWELRY -
GIVEN TO FAMILY AT SCENE:_____
TAKEN BY POLICE:_____
LEFT ON BODY AND TRANSPORTED TO MORGUE:_____

IF NONE OF THE ABOVE: (Explain jewelry location):
________________________________________________________________________________

DESCRIBE VALUABLES FOUND ON BODY (IN DETAIL) INCLUDING CREDIT CARD NUMBERS, CHECK NUMBERS, CASH, COINS:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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JEWELRY AND VALUABLES GIVEN TO RELATIVE AT SCENE: (IDENTIFY PERSON RECEIVING VALUABLES)
NAME: ___________________________________      RELATIONSHIP TO DECEDENT?: ____________________________
ADDRESS: ___________________________________________________ TELEPHONE: ________________________
DATE: ____________ TIME: ________ AM/PM
LOCATION: __________________________________________________
WITNESSED BY: ______________________________________________

PRESENCE OF ALCOHOL OR DRUGS AT SCENE:
WHERE DRUGS/ALCOHOL FOUND AT THE SCENE?: YES_____NO:_____
IF YES: WHAT KIND OF ALCOHOL/DRUGS? (DESCRIBE ALL DRUGS/ALCOHOL FOUND AT SCENE):
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

IF POSSIBLE SELF-INFLICTED INJURY:
ANY NOTES/LETTERS FOUND AT THE SCENE: YES:_____NO:_____
DATED: YES:_____NO:_____ DATE ON NOTE/LETTER(S): ______________
LOCATION FOUND: ____________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

MEDICAL TREATMENT AT THE SCENE:
ANY RESUSCITATION ATTEMPTS?: YES_____NO:_____
IF SO, DESCRIBE RESUSCITATION PROCEDURES (IN DETAIL):
______________________________________________________________________________________________________
______________________________________________________________________________________________________
(NOTE: This can be extremely important to the pathologist in separating post-mortem trauma from the ante-mortem trauma related to the death event.)

CAUTION: IF OXYGEN GIVEN TO A FIRE/ARSON VICTIM, DETERMINE THE LENGTH OF TIME ADMINISTERED. THIS MAY EFFECT THE DECEDENT’S POST-MORTEM CARBON MONOXIDE LEVEL.
______________________________________________________________________________________________________
______________________________________________________________________________________________________

MORGUE CONVEYANCE:
NOTE: Be sure body is properly tagged. If indicated, place in secure packaging prior to transport.
TIME CALLED: __________________ AM/PM SCENE ARRIVAL TIME: ________________________ AM/PM
CONVEYANCE: __________________________
CONVEYANCE ATTENDANTS: __________________________
JEWELRY OR VALUABLES LEFT ON BODY BEING TRANSPORTED TO MORGUE: YES:_____NO:_____
IF YES, DESCRIBE JEWELRY: __________________________________________
______________________________________________________________________________________________________
ARRIVAL TIME AT MORGUE: ________________________ AM/PM
DO JEWELRY AND VALUABLE ITEMS RECEIVED BY MORGUE PERSONNEL AGREE WITH THOSE LEFT ON BODY WHEN IT LEFT SCENE?: YES:_____NO:_____

NOTE: IF THERE IS A DISCREPANCY IN THE JEWELRY THAT LEFT THE SCENE AND THAT RECEIVED AT THE MORGUE IMMEDIATELY NOTIFY APPROPRIATE PERSONNEL TO CORRECT THE PROBLEM.
INVESTIGATOR’S OBSERVATIONS: (Note any observations made that are not covered by this protocol):
NOTES:
NOTE 1: ENSURE NECESSARY SEARCH WARRANTS ARE OBTAINED BEFORE CONDUCTING A SEARCH.
NOTE 2: BE SURE TO OBTAIN COPIES OF ALL CHAIN-OF-CUSTODY RECEIPTS COMPLETED AT THE SCENE.
NOTE 3: ENSURE ALL NECESSARY NOTIFICATIONS ARE MADE.