

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:

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: \_\_\_\_\_  
 TIME: \_\_\_\_\_ AM/PM LOCATION ON BODY: \_\_\_\_\_  
 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: \_\_\_\_\_

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:**

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**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.**