

Victim Identification Program



Postmortem Exam

April.2013



Site Recovery # _____

Victim

Incident _____

Incident Date _____

Site Recovery Form

Morgue Reference No. _____

Put N/A in all unused fields.

Recovery Date

MM/DD/YYYY

Classification of Remains: _____

Choices: Complete HR (C/HR), Fragmented HR (F/HR)

Time:

24 hour (00:00)

Recovery Grid #: _____

GPS of Recovery: _____

Place / Address of Recovery:

Condition: select all that apply

- | | | | | |
|---|-------------------------------------|--|---|--|
| <input type="checkbox"/> Autopsied Previously | <input type="checkbox"/> Decomposed | <input type="checkbox"/> Mummified | <input type="checkbox"/> Skeletonized-Partial | <input type="checkbox"/> Wet-Environmental |
| <input type="checkbox"/> Burned-Partial Thickness | <input type="checkbox"/> Embalmed | <input type="checkbox"/> Saponified | <input type="checkbox"/> Skeletonized-Full | |
| <input type="checkbox"/> Burned-Full Thickness | <input type="checkbox"/> Fragmented | <input type="checkbox"/> Scavenged | <input type="checkbox"/> Viewable | |
| <input type="checkbox"/> Cremains | <input type="checkbox"/> Fresh | <input type="checkbox"/> Skin Slippage | <input type="checkbox"/> Non-Viewable | |

Description of Remains: _____

Position Remains Found In: _____

Estimated Age: Baby/Child Adolescent Young Adult Middle Aged Elderly No Estimate

Estimated Sex: Female Male Unknown

Estimated Race: _____

Clothing on Remains:
(brief description)

- Yes
 No

Personal Effects on Remains:
(brief description)

- Yes
 No

Recovery Comments:

Presumptive FIELD ID:

Last

First

Middle

ID Based On:

DOB (MM/DD/YYYY)

SSN

ID# / Drivers license # / State

Recovered By:

Name and Agency (if applies)

Phone #

Date Recovered

Time Recovered

Delivered to Transport Staging:

Name and Agency (if applies)

Phone #

Date Delivered

Time Delivered

Site Recovery Report Completed by:

Name and Agency (if applies)

Phone #

Delivered to Morgue by: Agency

Phone #

Name:

Date Delivered

Time Delivered

Tracking Form

Incident _____

Incident Date _____

PM Victim Status: _____

Site Recovery # _____

Date Received at Morgue: _____

Morgue Reference # _____

Date Processed In Morgue: _____

ME/C # _____

Date/Time Exit Morgue: _____

Presumptive

ID: _____

Last Name _____

First _____

Middle _____

Suffix _____

DOB _____

Gender _____

SSN _____

Triage _____

By: _____

Date/Time Morgue Processing Starts: _____

Station Leader **MUST** mark below when processing completed.

"Yes" = Completed,

"No" = nothing performed

Tracker's Name: _____

Morgue Station:	Start Time	Station Leader's Name	Signature	Completed:
Radiology	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Pathology	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Personal Effects	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Photography	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Fingerprints	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Odontology	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Anthropology	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
DNA	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Embalming	<input type="checkbox"/>	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Exit	_____	_____	_____	

From Site Recovery Description of Remains: _____

Tracking Form Comments:

Barcode
Number: _____This Bag Also Produced
Morgue Reference No's: _____

Place Barcode Sticker Here.

Data Entered By: _____

Data Audited By: _____

Examining Pathologist _____

Pathology 1

Incident _____

Scribe _____

1 of 3

Incident Date _____

Exam Date: _____

Morgue Reference No. _____

Gender: Male Undetermined
 Female

Estimated Age: 0-2 6-10 21-30 41-50 71+
 3-5 11-20 31-40 51-70

Estimated Race: Caucasian Asian Hispanic Other - specify
 Black American Indian Undetermined

Classification of Remains:

Build Small/Gracile Large/Robust
 Medium/Intermediate Undetermined

Condition of Remains: check all that apply

Lividity: Fixed Unfixed

- Autopsied Previously
- Burned-Partial Thickness
- Burned-Full Thickness
- Cremains
- Decomposed
- Embalmed
- Fragmented
- Fresh
- Mummified
- Saponified
- Scavenged
- Skin Slippage
- Skeletonized-Partial
- Skeletonized-Full
- Viewable
- Non-Viewable
- Wet-Environmental

Location of Lividity - required

Rigor - check all that apply

- Absent
- Complete, all muscles
- Hands, Feet
- Fingers, Toes
- Jaw/Face Only
- Large Extremities
- Resolving

Height inches: _____ cm: _____ Estimated Weight lbs: _____ kg: _____

Hair Info Color: Auburn Blonde Gray Salt & Pepper Other - specify

Black Brown Red White

Length: Short Medium Long

If measured: cm _____
inches _____

Shaved Male Pattern Baldness
 Bald Undetermined

Description: Curly Wavy Straight N/A Other - specify

Accessory: Extension Hair Piece Hair Transplant Wig N/A Other

Facial Hair: Yes No

Facial Hair Type: Clean Shaven Beard & Moustache Goatee Sideburns Other - specify
 Moustache Beard Stubble Lower Lip

Facial Hair Color: Auburn Blond Gray Salt & Pepper NA
 Black Brown Red White Other - Specify

Eyes Info Color: Blue Green Hazel Other - specify

Brown Grey Undetermined

Condition: Both Intact Missing-Right Glass-Right Cataract-Right
 Missing-Left Glass-Left Cataract-Left Other - specify

Aids: None Glasses Corneal Implant-Left Other - specify
 Contacts Corneal Implant-Right

Dental Present: Yes No Dentures: Yes No Upper Engraved/Labeled
 Lower Engraved/Labeled

Appliance: Yes No Type and location: _____
Type and location: _____

Examining Pathologist _____

Pathology 2 2 of 3

Incident _____

Incident Date _____

Scribe _____

Morgue Reference No. _____

Exam Date: _____

**N
a
i
l
s**

Fingernails Type Natural Artificial Not known

Color _____

Length Extra Long Long Medium Short

Description _____

Toenails Color _____

Description _____

External Genitalia

(check all that apply)

Female

Circumcised

Circumcision Undetermined

Male

Uncircumcised

No Identifiable External Genitalia

Evidence of Possible Surgery: As Indicated By Scars, Sutures, etc.

Yes No

(check all that apply)

Specify Other Surgeries here:

Amputation

Gall Bladder

Other - Specify

Appendectomy

Laparotomy

Brain

Mastectomy

Caesarean

Reconstructive

Cardiac

Tracheotomy

Scars, Amputation, Birth Marks, Deformities:

Category	Location	Side	Description
Scars:			
Amputation:			
Birth Mark:			
Deformity:			

Category	Location	Side	Description
Scars:			
Amputation:			
Birth Mark:			
Deformity:			

Category	Location	Side	Description
Scars:			
Amputation:			
Birth Mark:			
Deformity:			

Category	Location	Side	Description
Scars:			
Amputation:			
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Category	Location	Side	Description
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Category	Location	Side	Description
Scars:			
Amputation:			
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Deformity:			

Category	Location	Side	Description
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Category	Location	Side	Description
Scars:			
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Deformity:			

Category	Location	Side	Description
Scars:			
Amputation:			
Birth Mark:			
Deformity:			

Category	Location	Side	Description
Scars:			
Amputation:			
Birth Mark:			
Deformity:			

Examining Pathologist _____

Pathology 3

Incident _____

Scribe _____

3 of 3

Incident Date _____

Exam Date: _____

Morgue Reference No. _____

Body Diagram Used Yes No

Referred for Autopsy Yes No

Tox Collected Yes No

Pathology Narrative:

Body Piercing and Tattoos

Body Piercing(s) Yes No

Tattoo(s) Yes No

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Objects / Implants / Prosthetics / Orthopedics In Body

Foreign Object Present: Yes No

Type:

Type Other:

Position:

Location:

Pacemaker Prosthetic Other - Specify

Description:

Removed from Body:

Yes No

Type:

Type Other:

Position:

Location:

Pacemaker Prosthetic Other - Specify

Description:

Removed from Body:

Yes No

Type:

Type Other:

Position:

Location:

Pacemaker Prosthetic Other - Specify

Description:

Removed from Body:

Yes No

PE Section Leader

Photographer

Exam Date:

Clothing
Page ___ of ___

Incident

Incident Date

Morgue Reference No.

CLOTHING INVENTORY: For additional items add pages.

Clothing Item	Color	Description	Size	Unique Features

Clothing Item	Color	Description	Size	Unique Features

Clothing Item	Color	Description	Size	Unique Features

Clothing Item	Color	Description	Size	Unique Features

Clothing Item	Color	Description	Size	Unique Features

Clothing Item	Color	Description	Size	Unique Features

Anything Handwritten On Clothing Or Tags? (location and description)

Associated Personal Effects (found on the body): Yes No

- Backpack Cellphone Fanny Pack Jewelry Wallet Other-Specify in box below.
- Book Bag Coin Purse ID Bracelet Money Clip Purse

Other PE:

Description of Item(s):

Monetary Items: (cash, coin, travelers checks, foreign money)

Identification Sources: (credit cards, checkbook, Id's, etc.)

Unassociated Personal Effects (with but not on the body): Yes No

Other Personal Effects:

PE Section Leader _____

Photographer _____

Exam Date: _____

Jewelry
Page ___ of ___

Incident _____

Incident Date _____

Morgue Reference No. _____

Jewelry Inventory

Watch

Type

Make

Band Material

Face Color

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry

Jewelry/Type

Style

Material Color

Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type

Style

Material Color

Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type

Style

Material Color

Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type

Style

Material Color

Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type

Style

Material Color

Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type

Style

Material Color

Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Use this Space for Additional Info Regarding Jewelry add extra jewelry items on back of sheet:
