Victim Identification Program

Postmortem Exam

April 2013
### Site Recovery Form

**Put N/A in all unused fields.**

<table>
<thead>
<tr>
<th>Recovery Date</th>
<th>Site Recovery #</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>Morgue Reference No.</td>
</tr>
</tbody>
</table>

**Incident**

<table>
<thead>
<tr>
<th>Incident Date</th>
</tr>
</thead>
</table>

**Victim**

- **Incident**
- **Incident Date**

**Personal Effects on Remains:**

- **Brief Description**

**Recovery Grid #:**

- **Place / Address of Recovery:**

**GPS of Recovery:**

**Condition:** select all that apply

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

**Description of Remains:**

**Position Remains Found In:**

**Estimated Age:**

- [ ] Baby/Child
- [ ] Adolescent
- [ ] Young Adult
- [ ] Middle Aged
- [ ] Elderly
- [ ] No Estimate

**Estimated Sex:**

- [ ] Female
- [ ] Male
- [ ] Unknown

**Clothing on Remains:**

- **Brief Description**

- **Yes**
- [ ] No

**Personal Effects on Remains:**

- **Yes**
- [ ] No

**Recovery Comments:**

**Classification of Remains:**

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

**Presumptive FIELD ID:**

- **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**
- **Date Delivered**
- **Time Delivered**
## Tracking Form

### Incident
- **Incident:**

### PM Victim Status:

### Site Recovery #
- **Site Recovery #**

### Morgue Reference #
- **Morgue Reference #**

### ME/C #
- **ME/C #**

### Date Received at Morgue:
- **Date Received at Morgue:**

### Date Processed In Morgue:
- **Date Processed In Morgue:**

### Date/Time Exit Morgue:
- **Date/Time Exit Morgue:**

### Station Leader’s Name:
- **Station Leader’s Name**

### Presumptive ID:
- **Presumptive ID**:
  - **ID:**
  - **DOB:**
  - **Gender:**
  - **First:**
  - **Middle:**
  - **Suffix:**
  - **SSN:**

### Date/Time Morgue Processing Starts:
- **Date/Time Morgue Processing Starts:**

### Tracker’s Name:
- **Tracker’s Name**

### Tracking Form Comments:
- **Tracking Form Comments:**

### Morgue Station
- **Morgue Station:**
- **Start Time:**
- **Station Leader’s Name:**
- **Signature:**
- **Completed:**
  - **Yes**
  - **No**

<table>
<thead>
<tr>
<th>Station</th>
<th>Start Time</th>
<th>Station Leader’s Name</th>
<th>Signature</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology</td>
<td></td>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
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<tr>
<td>Personal Effects</td>
<td></td>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
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<tr>
<td>Photography</td>
<td></td>
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<td>○ Yes ○ No</td>
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<tr>
<td>Fingerprints</td>
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<td></td>
<td>○ Yes ○ No</td>
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<tr>
<td>Odontology</td>
<td></td>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Anthropology</td>
<td></td>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>DNA</td>
<td></td>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Embalming</td>
<td></td>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Exit</td>
<td></td>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
</tr>
</tbody>
</table>

### From Site Recovery Description of Remains:
- **From Site Recovery Description of Remains:**

### Tracking Form Comments:
- **Tracking Form Comments:**

### Barcode Number:
- **Barcode Number**

### This Bag Also Produced Morgue Reference No’s:
- **This Bag Also Produced Morgue Reference No’s:**

### Place Barcode Sticker Here.
- **Place Barcode Sticker Here:**

### Data Entered By:
- **Data Entered By:**

### Data Audited By:
- **Data Audited By:**

### Station Leader MUST mark below when processing completed.
- "Yes" = Completed,
- "No" = nothing performed
Classification of Remains:

Radiology 1

This is Initial X-ray Exam: ☐ This includes a Secondary X-ray Exam: ☐

Number of Initial Radiographs: _______ Number of Additional Radiographs: _______

Radiology Technologist(s): Name (list all who worked on THIS case):

Reason for Additional X-rays:

Pacemaker Present: ☐ Yes ☐ No  Implants Present: ☐ Yes ☐ No

Notable Findings Per Technologist:

Technologist notified the following person of “notable findings”:

_________ _________ ________
Name of Specialist Morgue Section Date Notified
### Assessment Done By: List Names


### Type of Forensic Specialist:
- [ ] Radiologist
- [ ] Pathologist
- [ ] Anthropologist
- [ ] Dentist

### Radiology Specific Findings:

<table>
<thead>
<tr>
<th></th>
<th>Location</th>
<th>Side</th>
<th>Type</th>
<th>Detailed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
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<td>3</td>
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<td>4</td>
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<tr>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>

### Comments:


<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
<th>Undetermined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Age:</td>
<td>0-2</td>
<td>6-10</td>
<td>21-30</td>
</tr>
<tr>
<td>Estimated Race:</td>
<td>Caucasian</td>
<td>Asian</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Build:</td>
<td>Small/Gracile</td>
<td>Large/Robust</td>
<td>Medium/Intermediate</td>
</tr>
<tr>
<td>Lividity:</td>
<td>Fixed</td>
<td>Unfixed</td>
<td></td>
</tr>
<tr>
<td>Location of Lividity - required:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rigor - check all that apply:</td>
<td>Absent</td>
<td>Jaw/Face Only</td>
<td>Complete, all muscles</td>
</tr>
<tr>
<td>Classification of Remains:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Height and Weight

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

### Build

- Small/Gracile
- Large/Robust
- Medium/Intermediate
- Undetermined

### Lividity

- Fixed
- Unfixed

### Location of Lividity - required

- Field

### Rigor - check all that apply

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

### Condition of Remains: check all that apply

- 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

### Color

- Auburn
- Blonde
- Gray
- Salt & Pepper
- White
- Undetermined

### Length:

- If measured: cm
- Shaved
- Bald
- Male Pattern Baldness
- 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
- Upper Lip
- Lower Lip

### Facial Hair Color

- Auburn
- Blond
- Gray
- Salt & Pepper
- NA
- Black
- Brown
- Red
- White
- Other - Specify

### Eyes Info

- Blue
- Green
- Hazel
- 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

### Present

- Yes
- No

### Dentures

- Upper Engraved/Labeled
- Lower Engraved/Labeled

### Appliance

- Yes
- No

### Type and location:

- Field

### Exam Date:

- Field
### Scars, Amputation, Birth Marks, Deformities:

<table>
<thead>
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<th>Category</th>
<th>Location</th>
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</tr>
<tr>
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<td></td>
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</tbody>
</table>

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

- [ ] Yes
- [ ] No

Specify Other Surgeries here:

- Amputation
- Appendectomy
- Brain
- Caesarean
- Cardiac
- Gall Bladder
- Laparotomy
- Mastectomy
- Reconstructive
- Tracheotomy
- Other - Specify

### Fingernails

- Type: [ ] Natural  [ ] Artificial  [ ] Not known
- Length: [ ] Extra Long  [ ] Long  [ ] Medium  [ ] Short

### Toenails

- Color
- Description

### External Genitalia

- (check all that apply)
  - Female
  - Male
  - Circumcised
  - Uncircumcised
  - Circumcision Undetermined
  - No Identifiable External Genitalia

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

(For each category, specify if present with a mark in the box)

- Scars
- Amputation
- Appendectomy
- Brain
- Caesarean
- Cardiac
- Gall Bladder
- Laparotomy
- Mastectomy
- Reconstructive
- Tracheotomy
- Other - Specify

### Other Surgeries

- Specify Other Surgeries here:

- Yes
- No
Body Diagram Used  ○ Yes  ○ No  Referred for Autopsy  ○ Yes  ○ No  Tox Collected  ○ Yes  ○ No
Pathology Narrative:

Body Piercing and Tattoos

<table>
<thead>
<tr>
<th>Category</th>
<th>Location</th>
<th>Position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tattoo</td>
<td></td>
<td></td>
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<tr>
<td>Piercing</td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Foreign Objects / Implants / Prosthetics / Orthopedics In Body

<table>
<thead>
<tr>
<th>Type:</th>
<th>Foreign Object Present: ○ Yes  ○ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemaker</td>
<td>Location:</td>
</tr>
<tr>
<td>Prosthetic</td>
<td>Removed from Body: ○ Yes  ○ No</td>
</tr>
<tr>
<td>Other - Specify</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
<tr>
<td>Other - Specify</td>
<td></td>
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<tr>
<td>Description:</td>
<td></td>
</tr>
</tbody>
</table>
CLOTHING INVENTORY: For additional items add pages.

<table>
<thead>
<tr>
<th>Clothing Item</th>
<th>Color</th>
<th>Description</th>
<th>Size</th>
<th>Unique Features</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

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:
## Jewelry Inventory

<table>
<thead>
<tr>
<th>Watch</th>
<th>Jewelry/Type</th>
<th>Material Color</th>
<th>Stone Color</th>
<th>Size</th>
<th>Description</th>
<th>Inscription</th>
<th>Photo taken:</th>
<th>Photo taken:</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
**Classification of Remains:**

---

**Condition of Hands:** (burned, decomposed, skeletonized, scavenged, etc.)

<table>
<thead>
<tr>
<th>Condition of Right Hand:</th>
<th>Condition of Left Hand:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Fingers Printed**

- [ ] Yes
- [x] No

If not printed, why?

(Concerns all fingers printed below)

<table>
<thead>
<tr>
<th>Right Hand</th>
<th>Describe Condition if Needed:</th>
<th>Left Hand</th>
<th>Describe Condition if Needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thumb 1</td>
<td></td>
<td>Thumb 6</td>
<td></td>
</tr>
<tr>
<td>Index 2</td>
<td></td>
<td>Index 7</td>
<td></td>
</tr>
<tr>
<td>Middle 3</td>
<td></td>
<td>Middle 8</td>
<td></td>
</tr>
<tr>
<td>Fourth 4</td>
<td></td>
<td>Fourth 9</td>
<td></td>
</tr>
<tr>
<td>Little 5</td>
<td></td>
<td>Little 10</td>
<td></td>
</tr>
</tbody>
</table>

**Footprints Taken:**

- Right Foot [ ] Yes [ ] No
- Left Foot [ ] Yes [ ] No

**Condition of Feet:**

---

**Fingerprint Exam Notes:**

---
Examining Odontologist

Scribe

Exam Date:

Dental Work: Check All That Apply

- [ ] Bridge
- [ ] Braces
- [ ] No Restorations
- [ ] Crowns
- [ ] Root Canal
- [ ] Fillings
- [ ] Implants
- [ ] Lower Dentures
- [ ] Upper Dentures
- [ ] Partial Dentures
- [ ] Pins
- [ ] Posts
- [ ] Primary Teeth
- [ ] Sealants
- [ ] Tooth Jewelry
- [ ] Missing Teeth
- [ ] Edentulous
- [ ] Other…
- [ ] Primary Teeth
- [ ] Edentulous
- [ ] Other…

Dental Work: Describe Other

Dental Work Comments:

ANTE Dental Image

Import ANTE Dental Image

POST Dental Image

Import POST Dental Image
<table>
<thead>
<tr>
<th>Evidence of Ante Mortem Fractures (Old Fractures)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Skeletal Trauma: (include location, type and description)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Race / Ancestry Based On:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Age Based On:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Stature Based On: (include measurements)</th>
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Anthropology Dental Comments:

<table>
<thead>
<tr>
<th>Anthropology Miscellaneous Comments:</th>
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<tbody>
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<tr>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Type</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Bone1</td>
</tr>
<tr>
<td>Bone2</td>
</tr>
<tr>
<td>Muscle1</td>
</tr>
<tr>
<td>Muscle2</td>
</tr>
<tr>
<td>Organ1</td>
</tr>
<tr>
<td>Organ2</td>
</tr>
<tr>
<td>Tooth1</td>
</tr>
<tr>
<td>Tooth2</td>
</tr>
<tr>
<td>Buccal Swab</td>
</tr>
<tr>
<td>FTA Card</td>
</tr>
</tbody>
</table>

LAB or AFIP / AFDIL label:

Place label here.

DNA Notes: