

Victim Identification Program



Postmortem Cemetery Exam

August 2012



Site Recovery # _____

Cemetery Site Recovery Form

Incident _____

Incident Date _____

Put N/A in all unused fields.

State _____

Morgue Reference No. _____

Date of Recovery: _____

MM/DD/YYYY

Recovery Grid #: _____

GPS of Recovery: _____

Time of Recovery: _____

24 hour (0000)

Place of Recovery: _____

Cemetery Information

Cemetery Name _____

Manor of Burial In Ground Family Plot Above Ground Family Crypt Mausoleum

Cemetery Section _____ Memorial / Headstone Yes No Unknown

Lot # _____ Grave # _____ Type of Memorial Granite Concrete Footstone Bronze Headstone Other

Vault Type Was a Burial Vault Used: Yes No Unknown Vault Material Bronze Concrete Block Steel Cement Copper Wood

Casket Type Lid Type _____ Casket Handles _____ Casket Color _____

Metal Casket YES Type Steel Stainless Steel Copper Bronze

Wood Casket YES Type Birch Cloth Covered Mahogany Pine Walnut Cherry Maple Oak Poplar Other

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

Estimated Sex: Male Female Undetermined

Other Items found with Casketed Remains: (specify + describe) _____

Recovery Comments: _____

Presumptive FIELD ID: Last _____ First _____ Middle _____
Based On: _____

Photos _____
Photo File Name: _____

Found By: _____ Name and Agency (if applies) _____ Phone # _____ Date Found _____ Time Found _____

Reported By: _____ Name and Agency (if applies) _____ Phone # _____ Date Reported _____ Time Reported _____

Reported To: _____ Name and Agency (if applies) _____ Phone # _____

Recovered by: Agency _____ Phone # _____
Team Leader: _____

Team Members: _____

VIP PROGRAM

Morgue Casket Examination

Incident _____
Incident Date _____

Presumed Name: _____ / _____ / _____
Last Suffix First Middle

Presumed Name Based On: _____

Casket/URN Type Casket or Urn _____ Casket or Urn Mfr. _____

Urn Description _____

Casket Material _____ Metal Casket Steel Stainless Steel Copper Bronze

Gauge 20 19 18 16 Unknown Casket Rubber Gasket Yes No Unknown

Wood Casket Birch Cloth Covered Mahogany Pine Walnut
 Cherry Maple Oak Poplar _____

Casket Hardware / Handles _____ (Fixed Multiple, Fixed Single, Swing Bar Single, Swing Bar Multiple)

Casket Memorial Tube Yes No Casket Memorial Tube Completed Yes No Unlegible

Information from Casket Memorial Tube _____

Lid Style _____ (Full Couch / Half Couch / Hinge Top / Perfection Cut)

Exterior Color _____ Deceased Name Plate on Casket Yes No Unknown

Unique Casket Features _____

Casket Interior Casket Serial # _____

Casket Interior Style Tufted Tailored Piped Shirred Other _____

Interior Color _____

Casket Mattress Excelsior Cotton Baby Bed Unknown Other _____

Interior Material Velvet Crepe Linen Satin Other _____

Objects in Casket _____

Vault Type Was a Burial Vault Used Yes No Unknown
Vault Material Bronze Concrete Block Steel Other...
 Cement Copper Wood _____

Funeral Home Information Are Funeral Home Records Available? Yes No Unknown

Funeral Home of Original Burial _____ Phone #'s _____

Address _____ Zip _____ FAX _____

City _____ State _____

Tracking Form

Incident _____

Incident Date _____

PM Victim Status: _____

Site Recovery # _____

Date Received by Admitting: _____

Morgue Reference # _____

Date Processed In Morgue: _____

ME/C # _____

Tracker: _____

Name

Presumptive

ID: _____

Last Name _____

First _____

Middle _____

Suffix _____

DOB _____

Gender _____

SSN _____

Section Leader **MUST** mark below when processing completed.
 "Yes" = Completed, "No" = nothing was performed at that station.

Morgue Station:	Start Time	Station Leader's Name	Signature	Completed:
Admitting Triage	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
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
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
Admitting/Exit	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

From Site Recovery Description of Remains: _____

Tracking Form Comments

Barcode Number: _____

This Bag Also Produced Morgue Reference No's: _____

Place Barcode Sticker Here.

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
- 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** _____ Shaved Male Pattern Baldness
inches _____ 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:			
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 Piercing and Tattoos

Body Piercing(s) Yes No

Tattoo(s) Yes No

Total # Path Photos Taken

Image #'s:

Pathology Narrative:

Body Diagram Used Yes No

Referred for Autopsy Yes No

Tox Collected 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

Use this Space for Additional Info Regarding Jewelry:
