

## **DMORT**

Post Mortem Exam Forms

## **Tracking Form**

Incident	
Incident Date	

	PM Victir	n Status:	_	
Site Recovery #  Morge Reference #  ME/C #	Da	ate Received by Adate Processed In Macker:		
Presumptive ID: Last I	Name Gender	First	Middle SSN	Suffix
Morgue Station: Start Tim	ne Station Leader	·'s Name	Signiture	Completed:
Admitting <b>Triage</b>				O Yes O No
Radiology O				O Yes O No
Pathology O Personal Effects O				O Yes O No
Fingerprints				O Yes O No
Odontology O				O Yes O No
Anthropology O				O Yes O No
DNA O				O Yes O No
Embalming O				O Yes O No
Admitting/Exit				O Yes O No
From Site Recovery Description of Tracking Form Comments	of Remains:			
Barcode Numbe	r: This Ba	ag Also Produce	d	▼
	Morgue	e Reference No's		

## Site Recovery # Incident Victim **Incident Date Site Recovery Form** Morgue Reference No. Put N/A in all unused fields. Classification of Remains: Recovery **Date** MM/DD/YYYY Choices: Complete HR (C/HR), Fragmented HR (F/HR) or Common Tissue (CT/HR) **GPS of Recovery:** Recovery Grid #: Time: 24 hour (00:00) Place / Address of Recovery: Condition: select all that apply Autopsied Previously ☐ Mummified ☐ Skeletonized-Partial □ Decomposed ☐ Burned-Partial Thickness ☐ Embalmed ☐ Saponified ☐ Skeletonized-Full ☐ Burned-Full Thickness ☐ Scavenged Fragmented □ Wet-Environmental □ Fresh ☐ Skin Slippage ☐ Cremains **Description of Remains: Position Remains Found In:** Estimated Age: Baby/Child Adolescent Young Adult Middle Aged Elderly No Estimate Estimated Sex: Male ○ Female ○ Undetermined **Estimated Race:** Clothing on ○ Yes Remains: $\bigcirc$ No (brief description) Personal Effects Yes on Remains: $\bigcirc$ No (brief description) Recovery **Comments: Presumptive** FIELD ID: Last First Middle DOB (MM/DD/YYYY) SSN ID# / Drivers license # / State **ID Based On:** 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 # Phone # **Delivered to Morgue by:** Agency Time Delivered **Date Delivered Team Leader:**

Examining Radiologist		Incident
	Radiology 1	Incident Date
Scribe	Report	Morgue Reference No.
Exam Date:		
Classification of Remains:		
This is Inital X-ray Exam: T	his includes a Secon	dary X-ray Exam:
Number of Initial Radiographs:	I	itional Radiographs:
Transcr of initial readingraphs.	Number of Add	itional radiographs.
Radiology Technologist(s): Name (list all	who worked on THIS	case):
Traditional of the state of the		
Reason for Additional X-rays:		
_		
Pacemaker Present: O Yes O No Imp	lants Present: O Yes	S ONo
Notable Findings Per Technologist:		
Notable i muliigs rei Tecimologist.		
Technologist notified the following	person of "notable fin	dings":
	_	
Name of Specialist	Morgue Section	Date Notified

Examining Radiologist  Scribe  Exam Date:	Incident Radiology 2 Incident Date Assessment for DVP Morgue Reference No.
Assessment Done By: List Names	
Type of Forensic Specialist:	Radiologist  Pathologist  Anthropologist  Dentist
<del></del>	Female  Undetermined
	○6-10 ○11-20 ○21-30 ○31-40 ○41-50 ○51-70 ○71+
Radiology Specific Findings:	
1 Location: Side:	Type:
	Detailed Description:
•	_
2 Location: Side:	Type:  Detailed Description:
	Detailed Description.
3 Location: Side:	Туре:
	Detailed Description:
4 Location: Side:	Type:
	Detailed Description:
5 Location: Side:	Type:
	Detailed Description:
Comments:	

	Examining	Pathologist			Incident	
			Pathol	•	Incident Date	
	Scribe		Page 1	of 3	Morgue Reference No.	
	Exam Date	<del>)</del> :				
Gend	ler: O Male O Female		imated O	0-2	○ 21-30 ○ 41-50 ○ 71+ ○ 31-40 ○ 51-70	
Estin Race		icasian	<ul><li>○ Hispar</li><li>n ○ Undet</li></ul>		Other - specify	
Class	sification of	Remains:			mall/Gracile	
Con	dition of R	emains: check all tha	t apply	_	Fixed Unfixed	
Bu	topsied Previon rned-Partial Trned-Full Thic	hickness Scavenged		Location o	of Lividity - required	
	emains	Skeletonized-				_
	composed	Skeletonized-	-	Rigor - che	eck all that apply	$\neg$
	nbalmed agmented	☐ Wet-Environn	nentai		☐ Jaw/Face Only e, all muscles ☐ Large Extremities	
☐ Fre	esh			Hands, Fe	eet Resolving	
Mu	ımmified			Fingers, T	Toes	
Heig	ht inches:	cm:	Estim	nated Weight	t lbs: kg:	
nfo		Auburn OBlonde OGra Black OBrown ORed		Pepper O	Other - specify	
Hair Info	Length: 0	Short O Medium O Lon	g If measu	inches	Shaved Male Pattern Baldnes Bald Undetermined	SS
	Description	n: Curly Wavy OS	Straight O	N/A Other	- specify	
Acc	essory: OE	Extension O Hair Piece (	Hair Trans	splant O Wig	○ N/A ○ Other	
Fac	ial Hair: 🔘 `	Yes ONo				
Fac Typ	-	Clean Shaven	Moustache	_	◯ Sideburns ◯ Other - specify ◯ Lower Lip	
		Auburn OBlond OGray	y		·	=
Col		Black OBrown ORed	-		ther - Specify	
υfo	Color:		lazel Indetermined	Other - s	specify	
Eyes Info	Condition:	☐ Both Intact ☐ Missing ☐ Missing-Left ☐ Glass-		Glass-Right Cataract-Left	☐ Cataract-Right ☐ Other - specify	
ш	Aids:	☐ None ☐ Glasses ☐ Contacts		Implant-Left Implant-Right	Other - specify	
tal	Present:	Yes Dentures:		•	ed/Labeleded/Labeled	
Dental	Appliance: Yes No Type and location: Type and location:					

	Examining	Pathologist				Incident
					ology 2	Incident Date
	Scribe			το	r DVP	Morgue Reference No.
	Exam Date	e:				
N	Fingernails	Type N	atural O Arti	ficial ON	ot known	Color
a	Length O			dium 0	Short <b>Des</b>	cription
i						•
I	Toenails (	Color		Descripti	on	
S	rnal Genit	olio [	Female	Circumcise	ed Circ	cumcision Undetermined
	all that apply)	alla	Male	Uncircumo	ised No	Identifiable External Genitalia
Evide	ence of Pos	sible Surger	'y: As Indicate	d By Scars	s, Sutures, et	c. OYes ONo
	k all that apply)	_				her Surgeries here:
Am	putation	Gall Bladd	er Othe	r - Specify		
	endectomy	Laparotom	•			
☐ Bra	ın esarean	<ul><li>☐ Mastector</li><li>☐ Reconstruction</li></ul>				
	diac	Tracheoto				
Scar	s, Amputatio	on, Birth Ma	rks, Deform	ities:		
	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:					<del></del>
	Category	Location		Side	Description	
	Scars:					
	Amputation:					
	Birth Mark:					
	Deformity:					<del></del>

Examining	g Pathologist			Incident	
		Path	nology 3 for DVP	Incident Date	
Scribe Exam Dat	te:		Page 3 of 3	Morgue Reference No	)
					. [0]
Body Piercing a			dy Piercing(s) Ye	es No Tattoo(s	S) O Yes O No
Total # Path Pho		ımag	je #'s:		
Pathology Narra	itive.				
Body Diagram U	sed Yes No	Referred	for Autopsy O Yes	ONo Tox Collec	ted O Yes O No
Category	Location	Position	Description		
Tattoo					
Piercing					
Category	Location	Position	Description		
Tattoo					
Piercing					
Category	Location	Position	Description		
Tattoo					
Piercing					
Category	Location	Position	Description		
Tattoo					
Piercing					
Category	Location	Position	Description		
Tattoo					
Piercing					
_	s / Implants / Pro	sthetics / O	rthopedics In Body	Foreign Object Prese	nt: Yes No
Type:	•		Type Other:	Position:	Location:
☐ Pacemak	er Prosthetic	Other - Specify	,		
Description:			,	Removed from Body:	○ Yes ○ No
Туре:			Type Other:	Position:	Location:
☐ Pacemak	er Prosthetic	Other - Specify			
Description:				Removed from Body:	○ Yes ○ No
Type:			Type Other:	Position:	Location:
☐ Pacemak	er Prosthetic	Other - Specify			
Description:				Removed from Body:	○ Yes ○ No

PE Sec	tion Leader				Incident		
Photographer			Clothing for DVP		Incident Date		
		Pag	e of	_	Morgue Reference No.		
Exam	Date:						
			For addition	onal i	tems 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 Har	dwritten On	Clothing Or Tags	? <b>(</b> location and	descrip	otion)		
Associated P	ersonal Effec	ts (found on the b	odv): O Yes		0		
Backpack	Cellphone	☐ Fanny Pack	☐ Jewelry		Wallet ☐ Other-Specify in box below.		
· ·	Coin Purse		☐ Money Cli <sub>l</sub>		Purse		
Other PE:							
Description							
of Item(s):							
Monetary Iten	ns: (cash, coi	n, travelers check	s, foreign m	oney)			
Identification	Sources: (cr	edit cards, checkb	ook, Id's, et	<b>c</b> .)			
Unassociated	Unassociated Personal Effects (with but not on the body): OYes ONo						
Other Person	al Effects:						

	PE Section Le Photographer Exam Date:		Jewelry for DVP Page of	Incident Incident Date Morgue Reference No
Watch	Type Make	Band Material Face Color	Description Photo taken: O Yes O No	Inscription Photo taken: O Yes O No
Jewelry	Jewelry/Type Style	Material Color Stone Color Size	e Description  Photo taken: O Yes O No	Inscription Photo taken: O Yes O No
	Jewelry/Type Style	Material Color Stone Color Size	e Description  Photo taken: O Yes O No	Inscription Photo taken: O Yes O No
	Jewelry/Type Style	Material Color Stone Color Size	e Description  Photo taken: O Yes O No	Inscription Photo taken: O Yes O No
	Jewelry/Type Style	Material Color Stone Color Size	e Description  Photo taken: O Yes O No	Inscription Photo taken: O Yes O No
	Jewelry/Type Style	Material Color Stone Color Size	e Description  Photo taken: O Yes O No	Inscription Photo taken: O Yes O No
Use	e this Space for	Additional Info Re	garding Jewelry:	

Examiner	P	Incident
	Fingerprinting	Incident Date Morgue Reference No.
Date of Exam:		Morgue Reference No.
Classification of Remains:		
Condition of Hands: (burned, decompo	sed, skeletonized, sca	venged, etc.)
Condition of Right Hand:		Condition of Left Hand:
Fingers O Yes   If not printed   Printed   Why?		
(Check all fingers printed below)		
Right Hand Describe Condition if Need	ed: Left Hand	Describe Condition if Needed:
☐ Thumb 1 ☐ Index 2		6 7
Middle 3	Middle_	8
Fourth 4 Little 5		9 10
Right Palm Printed:	t Palm Printed: OYes	S ONO
Footprints Taken: Right Foot OYes	No Left Foot	Yes ONo
Condition of Feet:		
Financial Francisco		
Fingerprint Exam Notes:		1

Examining Anthropologist Incident				
Cariba	Anthropology 1. Incident Date			
Scribe Exam Date:	Page 1 of 2 Morgue Reference No.			
Exam Date.				
<b>Estimated Age</b> Lower Age Range Upper Age Rang				
	☐ Female ☐ Female possible			
Classification of Remains:				
Condition of Remains:				
☐ Autopsied Previously       ☐ Cremains         ☐ Burned-Partial Thickness       ☐ Decomposed         ☐ Burned-Full Thickness       ☐ Embalmed	☐ Fragmented ☐ Saponified ☐ Skeletonized-Partial ☐ Fresh ☐ Scavenged ☐ Skeletonized-Full ☐ Mummified ☐ Skin Slippage ☐ Wet-Environmental			
Skeletal Race:	Skeletal Build: Estimated Stature			
Caucasian Hispanic Black Undetermined Asian Other - Specify American Indian	Small/Gracile Medium/Intermediate Large/Robust Undetermined  (cm) (in)			
	Missing Parts			
☐ Cranium       ☐ Partial R Upper Arm         ☐ Partial Cranium       ☐ R Forearm         ☐ Mandible       ☐ Partial R Forearm         ☐ Partial Mandible       ☐ R Hand         ☐ Torso       ☐ Partial R Hand	Partial L Upper Arm			
Unique Skeletal Features	S (Pathology, Healed Trauma, Unique Identifiers, etc.)			
□ Partial Cranium       □ R Forearm       □ Partial R Forearm       □ L □         □ Mandible       □ Partial R Forearm       □ L □         □ Partial Mandible       □ R Hand       □ R         □ Torso       □ Partial R Hand       □ R         □ Partial Torso       □ L Upper Arm       □ Partial R Hand	Forearm Partial R Lower Leg L Foot artial L Forearm R Foot Partial L Foot Hand Partial R Foot artial L Hand L Upper Leg Upper Leg Partial L Upper Leg artial R Upper Leg L Lower Leg Lower Leg Partial L Lower Leg			
Unique Skeletal Features: (include location	on, type and description) Skeletal Diagram Used: O Yes O No			

Examining Anthropologist  Scribe  Exam Date:	_ Anthropology 2. _ Page 2 of 2	Incident Incident Date Morgue Reference No.
Evidence of Ante Mortem Fractures (	Old Fractures) O Yes	○ No
Skeletal Trauma: (include location, type a	and description)	
Race / Ancestry Based On:		
Age Based On:		
Stature Based On: (include measuremen	its)	
Anthropology Dontal Comments:		
Anthropology Dental Comments:		
Anthropology Miscellaneous Comme	ents:	

Examiner				Incident	
			DNA	Incident Da	
Exam Date	):			Morgue Reference	ce No.
Classification of Remains:					
DNA Specimen Taken: OYes ONo Entire Remains Taken (If body bag contains less than complete body)					
If no DNA Specimen taken, why?					
Specimen Taken:					
Type: Side: Description: Size of Specimen:					
Bone1		223.100.01		1 1,10	
☐ Bone2					
☐ Muscle1					
☐ Muscle2					
☐ Organ1					
☐ Organ2					
☐ Tooth1					
☐ Tooth2					
☐ Buccal Swab					
☐ FTA Card					
LAB ID #					
			Place label here.		
DNA Notes:					