



# DMORT

Post Mortem Exam Forms

# 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 \_\_\_\_\_

Morgue Station:

Start Time

Station Leader's Name

Signature

Completed:

Admitting

Triage

Radiology

Pathology

Personal Effects

Fingerprints

Odontology

Anthropology

DNA

Embalming

Admitting/Exit

 Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No

From Site Recovery Description of Remains: \_\_\_\_\_

Tracking Form Comments

Barcode Number: \_\_\_\_\_

This Bag Also Produced \_\_\_\_\_  
Morgue Reference No's: \_\_\_\_\_

Place Barcode Sticker Here.

Site Recovery # \_\_\_\_\_

# Victim

Incident \_\_\_\_\_

Incident Date \_\_\_\_\_

## Site Recovery Form

Morgue Reference No. \_\_\_\_\_

Put N/A in all unused fields.

**Recovery Date** \_\_\_\_\_

MM/DD/YYYY

**Time:** \_\_\_\_\_

24 hour (00:00)

**Classification of Remains:** \_\_\_\_\_

Choices: Complete HR (C/HR), Fragmented HR (F/HR) or Common Tissue (CT/HR)

**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"/> 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"/> Wet-Environmental    |
| <input type="checkbox"/> Cremains                 | <input type="checkbox"/> Fresh      | <input type="checkbox"/> Skin Slippage |   |

**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 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 # \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

Date Delivered \_\_\_\_\_

Time Delivered \_\_\_\_\_



Examining Radiologist \_\_\_\_\_

Incident \_\_\_\_\_

### Radiology 2

Incident Date \_\_\_\_\_

Scribe \_\_\_\_\_

### Assessment for DVP

Morgue Reference No. \_\_\_\_\_

Exam Date: \_\_\_\_\_

#### Assessment Done By: List Names

\_\_\_\_\_

Type of Forensic Specialist:  Radiologist  Pathologist  Anthropologist  Dentist

Estimated Gender:  Male  Female  Undetermined

Estimated Age:  0-2  3-5  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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 Location:  Side:  Type:

Detailed Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Location:  Side:  Type:

Detailed Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 Location:  Side:  Type:

Detailed Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examining Pathologist \_\_\_\_\_

# Pathology 1

Incident \_\_\_\_\_

Scribe \_\_\_\_\_

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 \_\_\_\_\_ 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 for DVP

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 for DVP

Incident \_\_\_\_\_

Scribe \_\_\_\_\_

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 for DVP

Page \_\_\_ of \_\_\_

Incident \_\_\_\_\_

Incident Date \_\_\_\_\_

Morgue Reference No. \_\_\_\_\_

### CLOTHING INVENTORY: For additional items add pages.

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 for DVP

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:

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