

CRIME SCENE CHECKLIST

A major crime scene such as a homicide, police involved shooting or buried body requires a massive amount of information to be gathered during the scene processing. This information must be readily available for you to complete a formal crime scene report after the processing has been completed.

The investigation starts when you arrive at the scene and talk with the first responding patrol officer. You must learn as much as you can about the events that have taken place. Observations of the scene must be recorded as well as lighting, structure types, weather, police and fire units present, victim & suspect information, etc. This checklist should also be used to remind the investigator on seldom used processes or other possibilities while still at the scene.

Information concerning the processes that you performed and the areas that were processed should also be recorded as well as the results. All of this information is necessary for you to write a complete and thorough report back at your office.

The amount of processing required at a major crime scene is too extensive to remember, so a crime scene checklist should be utilized.

The crime scene checklist should include but be not limited to the following:

1. Scene Information
2. Weather Information
3. Fire/Rescue Information
4. Detective Information
5. Victim Information
6. Scene Processes
7. Scene Searches
8. Evidence Lists
9. Photography Log
10. Rough Crime Scene Sketches
11. Body Diagrams
12. Firearm Descriptions
13. Entomology
14. Vehicle Information

The idea of a crime scene checklist is to record the information while at the scene so you can write an accurate report. The checklist will serve little purpose if it is filled out when you get back to the office in a day or two.

The crime scene checklist is also your case file for this scene. There may be times when your case file, containing the rough crime scene sketches, evidence lists and measurements are subpoenaed for deposition or for court. You should be able to produce these documents when ordered.

You might hear an argument from some saying that there is no need for the crime scene detective to be so detailed about the scene description and specifics on work performed. As a crime scene detective you have no other choice but to be specific, this is your job. You must testify from your report and the report is prepared from your notes; the more precise your notes, the more accurate your report. The more accurate your report, the more specific your answers will

be to the questions on the witness stand. Your answers and your demeanor on the stand should depict confidence and knowledge about your profession and the work performed and procedures used at any given scene. The report is a detailed description of the work you performed and it also lists your observations. Never make any conclusions in your report. Your report is what you use to testify from; the more information the better your testimony.

Remember: If it's not in your report it never happened.

Arrive at the scene with the proper attitude and determine:

1. What has taken place?
2. Where is the scene?
3. What evidence do I need to document?
4. What evidence do I need to collect?
5. What processes must I perform?
6. What will I need for court?

Responding to each and every crime scene in the same manner will allow you to process each and every crime scene the same way, from start to finish with no shortcuts.

Place the printed checklist into a 3 ring binder or folder for use at all major crime scenes. Tabs are recommended for easy access to the different areas.

Additional copies of the notes page, evidence page and crime scene sketch page should be printed out for extensive crime scenes with numerous items of evidence.

The crime scene checklist should be kept on each major scene vehicle and with all personnel responsible for responding to and processing a major scene.

For Law Enforcement Purposes Only

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CRIME SCENE CHECKLIST

Date: _____ Beat #: _____ Zone #: _____ Sector #: _____

Case #: _____ Dispatch time: _____ Arrival time: _____

Address of Primary Crime Scene: _____

Address of Secondary Scene: _____

Name & ID # of First Responding Officer: _____

POE of First Responders? _____

Information from First Responder: _____

Patrol Sergeant Present: _____

Rescue Unit #: _____ Fire Engine #: _____

Items moved by Fire/Rescue Personnel? _____

Name & ID # of Lead Investigator: _____

Additional Officers Present:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Residence	_____	Business	_____	Vehicle	_____
Street	_____	Jail	_____	Hospital	_____
Aircraft	_____	Boat	_____	Ship	_____
RR Tracks	_____	RR Car	_____	Airfield	_____
River	_____	Lake	_____	Creek	_____
Pond	_____	Woods	_____	Field	_____
Fully	_____	Partially	_____	Surface	_____
Buried	_____	Buried	_____	Skeleton	_____

	Yes	No
Do the shoes of fire/rescue personnel need to be photographed or cast?		
Do the shoes of patrol officers need to be photographed or cast?		
Are crime scene perimeters established?		
Does the perimeter need to be enlarged?		
Is all known evidence protected?		
Is the victim(s) still at scene?		
Is the victim(s) deceased?		
Was victim transported to a hospital prior to your arrival?		

INTEGRITY OF THE CRIME SCENE

	Yes	No
Do I need a search warrant or consent to search prior to entering the scene?		
Has a search warrant been obtained?		
Has a consent to search been obtained?		
Has anything been moved or altered prior to your arrival?		
Was a walkthrough conducted inside the scene before processing began?		

If yes, reason for conducting walkthrough prior to processing floor surfaces:

Items Moved and by Whom? _____

Reason for being moved

Perishable Evidence _____ Officer Safety _____ Threatened by Crowd/Onlookers _____

SECONDARY CRIME SCENE

Before you respond to a secondary scene from the primary scene:

Has evidence collected at the primary scene been submitted into the property room?

Have you changed uniforms?

Have you changed footwear?

Avoid cross-contamination of the primary and secondary scenes.

	Yes	No
Has the scene been staged in an effort to mislead you?		
Is it a staged burglary?		
Is it an arson covering up another crime?		
Is it a homicide made to look like a suicide?		
Is it a suicide made to look like a homicide?		
Is it a domestic homicide made to look like a sexual assault?		

If yes, explain: _____

ODORS AT CRIME SCENE

Were any odors detected at the scene such as:

- | | | | | | |
|-----------------|-------|-------------|-------|-------------|-------|
| Cigarette Smoke | _____ | Cigar Smoke | _____ | Natural Gas | _____ |
| Gasoline | _____ | Kerosene | _____ | Diesel Fuel | _____ |
| Ammonia | _____ | Bleach | _____ | Marijuana | _____ |
| Gunpowder | _____ | Alcohol | _____ | Perfume | _____ |

CRIME SCENE PHOTOGRAPHY

	Yes	No
Overall photographs taken of scene w/o evidence placards		
Medium range photographs taken of the scene w/o evidence placards		
Close up photographs taken of the scene w/o evidence placards		
Overall photographs taken of scene with evidence placards		
Medium range photographs taken of the scene with evidence placards		
Close up photographs taken of the scene with evidence placards		
Photographs from the center of the scene to the perimeters		
Evidence photographed first without a scale		
Evidence photographed with a scale		
Point of Entry		
Point of Exit		
Doors & Windows and condition		
Damage to doors or windows		
Objects as they relate to the scene		
Evidence as it relates to the scene		
Evidence as it relates to other evidence		
“North” arrow		
Front of building, structure, vehicle		
Sides of building, structure, vehicle		
Rear of building, structure, vehicle		
Entrances to rooms		
Views of each room from corners		
Body (from four sides & minimum of two overall)		
Area under the body once removed		
Body as it relates to the scene		
Scene as it relates to the body		
Tire and shoe impressions		
Visible wounds		
Location where body found (if moved/removed prior to arrival)		
Close ups of evidence with evidence markers		
Photographed latent, patent or plastic fingerprints		
Photographs of all involved vehicles		
Photographs of all vehicle tags		
Photographs taken of adjacent buildings and structures		
Photographs taken discretely of the crowd or bystanders		
Photographs taken from locations of witness's		
Were timed exposures / painting with light taken?		
Were bullet trajectories photographed?		
Was blood spatter photographed?		
Was the scene videotaped?		
Are aerial photographs needed?		
Were monopod photographs taken?		

FIRE SCENE PHOTOGRAPHY

(Taken in addition to the crime scene photographs)

	Yes	No
Fire while in progress		
Exterior of structure		
Point of entry		
Windows (broken out/in, blocked, locked, unlocked)		
Exit Doors (broken in/out, blocked, locked, unlocked)		
Exits in relation to the location of the victim(s)		
Burglar bars on doors and windows		
Pour or burn patterns		
Point(s) of origin individually		
Point(s) of origin as they relate to other points of origin		
Electric clocks showing possible time of fire		
Flammable containers		
Stove and oven and positions of knobs		
Position of light switches		
Settings on heater/Air conditioner		
Electric meter box		
Circuit breaker box		
Smoke demarcation lines		
Fire damage		
Direction fire damage occurred		
Burglar bars on doors and windows		
Space heaters		
Fireplaces		
Extension cords		
Debris		
Smoke detectors and condition		
Fire related items (cigarettes, matches, lighters, alcohol, drugs, etc.)		

NOTES

PHOTOGRAPHIC LOG

Roll #: _____ Date taken: __/__/__ Photographer: _____

Digital Camera: _____ Film Camera: _____ Color: _____ B&W: _____

Exp. #	Item and Location	Flash	Aperture
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SUSPECT INFORMATION

Suspect's Name: _____ Age: _____

Address: _____ City: _____

Race: _____ Sex: _____

Is the suspect in custody? Yes ___ No ___

Did the suspect live with the victim? Yes ___ No ___

Has the suspect confessed? Yes ___ No ___

Are the statements made by the suspect consistent with the observations made at the scene? Yes ___ No ___

Were photographs taken of the suspect's clothing and shoes? Yes ___ No ___

Describe Any Injuries Observed on Suspect & Photograph

Head _____

Neck _____

Chest _____

Back _____

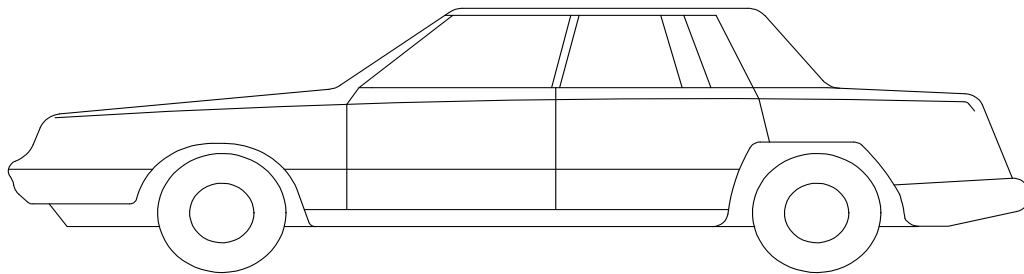
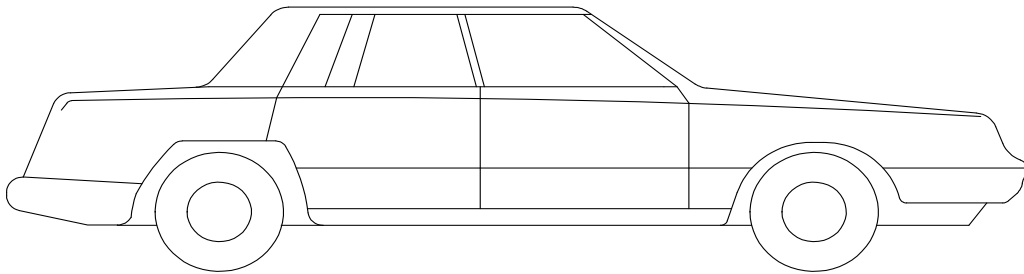
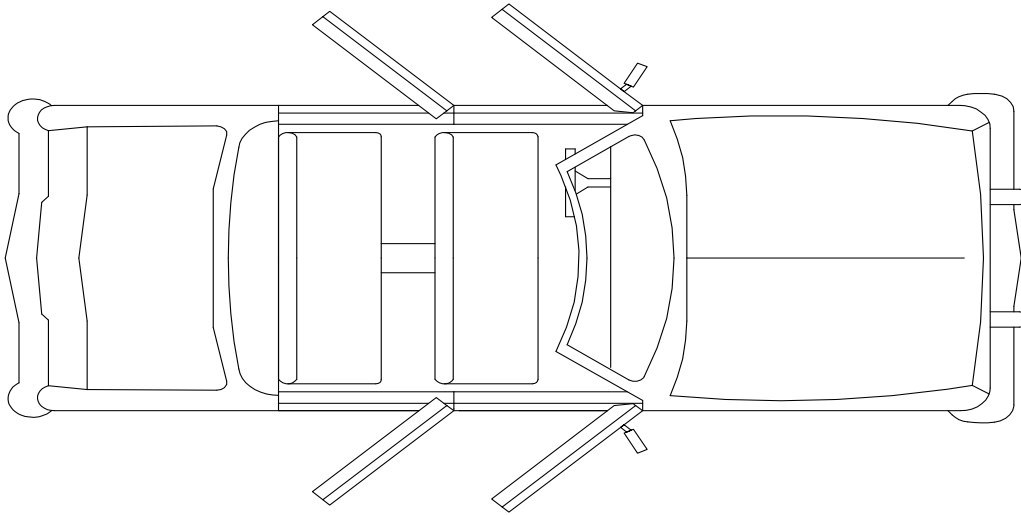
Arms _____

Hands _____

Legs _____

Feet _____

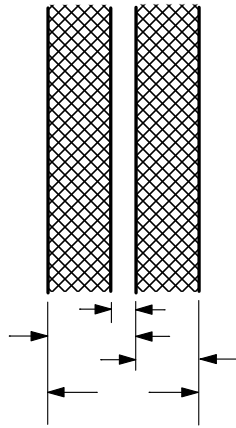
SUSPECT VEHICLE



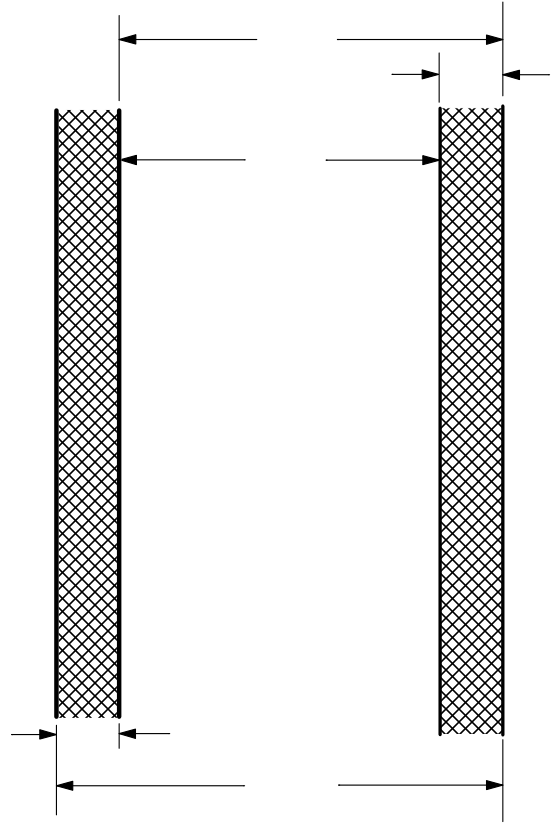
Make: _____ Model: _____ Tag #: _____ St: _____
VIN: _____ Color: _____ 2DR _____ 4DR _____

Tire Impressions Located at Scene

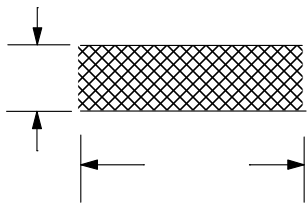
Dual Wheel Tire Impressions



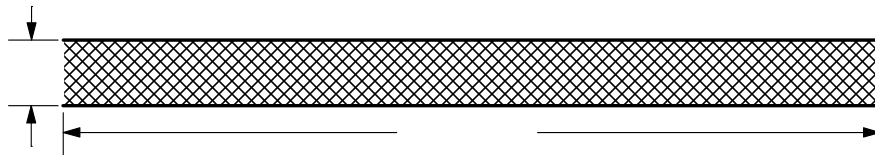
Tire Measurements



Partial Tire Impression

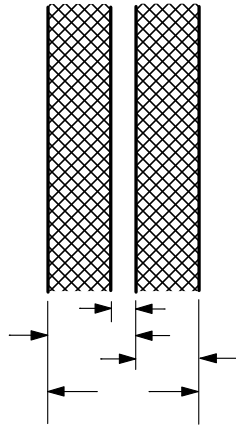


Complete Tire Rotation

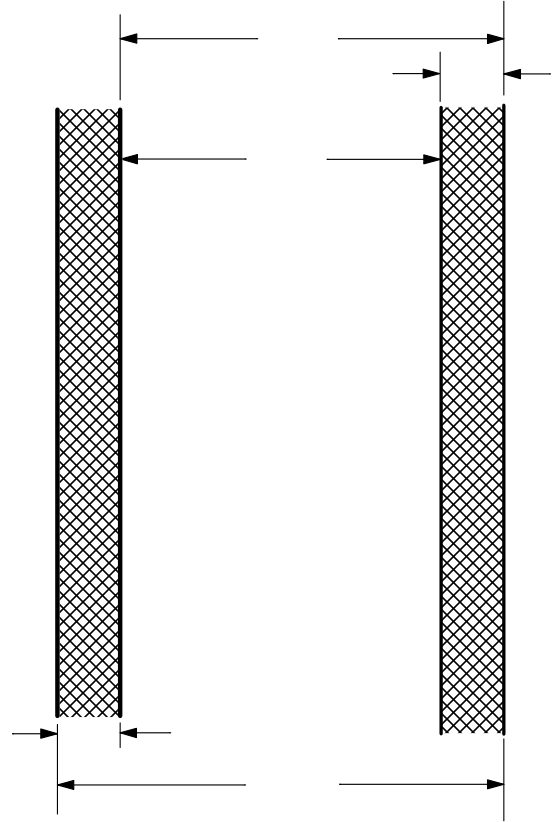


Tire Impressions Located at Scene

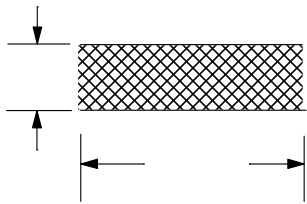
Dual Wheel Tire Impressions



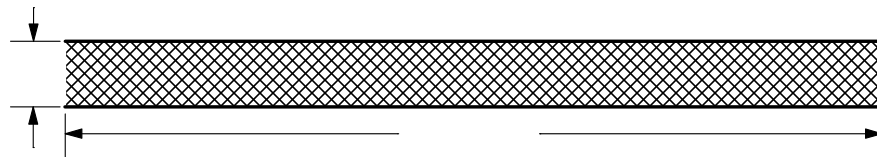
Tire Measurements



Partial Tire Impression



Complete Tire Rotation



ALTERNATE LIGHT SOURCE

	Yes	No
Was the ALS used at the scene?		
Was the victim's body processed at the scene with the ALS?		

If not, where? _____
 Victim's body processed by: _____

	Yes	No
Was the scene & victim processed for inherent luminescent prints?		
Was the body processed for bloody fingerprints?		
Was the body processed for bite mark evidence?		
Were any bite marks cast after photography?		
Were bruises or bruising photographed on the body?		
Was UV light used to search for bruising not yet visible?		
Were scales used when photographing items on the body?		
Was the body processed for hairs?		
Was the body processed for fibers?		
Was the body superglue fumed?		
Was Amido Black used on the body?		
Were fluorescent powders used on the body?		

CRIME SCENE SEARCH

	Yes	No
Lane or Line Search (Exterior Scene)		
Spiral Search (Exterior Scene)		
Pie or Wheel Search (Exterior Scene)		
Grid Search (Interior or Exterior Scene)		
Zone Search (Interior Search or Vehicle)		
Was a metal detector used during the above searches?		
Has the street been thoroughly searched?		
Has the front, rear and side yards of the scene been searched?		
Have the yards of adjacent businesses or residences been searched?		
Have nearby trash cans and dumpsters been searched?		
Have all dirt locations nearby checked for shoe or tire evidence?		
Have any nearby wooded areas been searched?		
Have the walls, floors, ceilings and furniture been search fully?		
What interior lights were on or off?		
Were the walls checked behind pictures, posters, mirrors, etc.?		
Were the trash cans searched for papers, weapons, drugs, etc.?		
If a firearm was used, did you find any shell casings?		
Are there bullet holes in walls, doors, furniture, etc.?		
Can a bullet trajectory be documented?		
Was a search conducted under the body after removal?		

POINT OF ENTRY (POE)

Front door _____ Rear door _____ Garage door _____
Side door _____ Patio door _____ Window AC unit _____
Knocked hole in wall _____ Roof vent _____ Unknown _____

POINT OF EXIT

Front door _____ Rear door _____ Garage door _____
Side door _____ Patio door _____ Window AC unit _____
Knocked hole in wall _____ Roof vent _____ Unknown _____

Were shoe impressions observed? **Yes** _____ **No** _____

Where: _____

Were tire impressions observed? **Yes** _____ **No** _____

Where: _____

Were bloody prints observed? **Yes** _____ **No** _____

Where: _____

Were tool mark impressions found? **Yes** _____ **No** _____

Where: _____

Was an electrostatic dustprint lifter used on floors, counters, etc.? **Yes** _____ **No** _____

Was all impression evidence photographed and then cast? **Yes** _____ **No** _____

COLLECTION OF PHYSICAL EVIDENCE

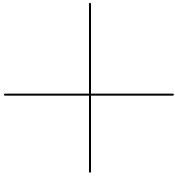
	Yes	No
Has all physical evidence been packaged individually?		
Has all biological evidence been collected with a new and sterile utensil?		
Has all biological evidence been marked with a biohazard label?		
If required, has biological evidence been placed into refrigeration?		
Has all physical evidence been submitted into the property room?		

Submitted by: _____ I.D. # _____

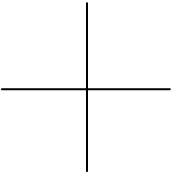
Date submitted: _____ Time submitted: _____

Property room submission #: _____

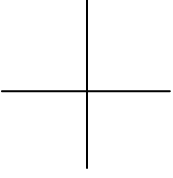
ROUGH SKETCH



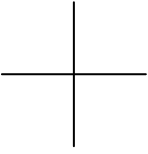
ROUGH SKETCH



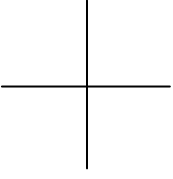
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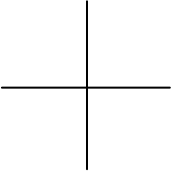
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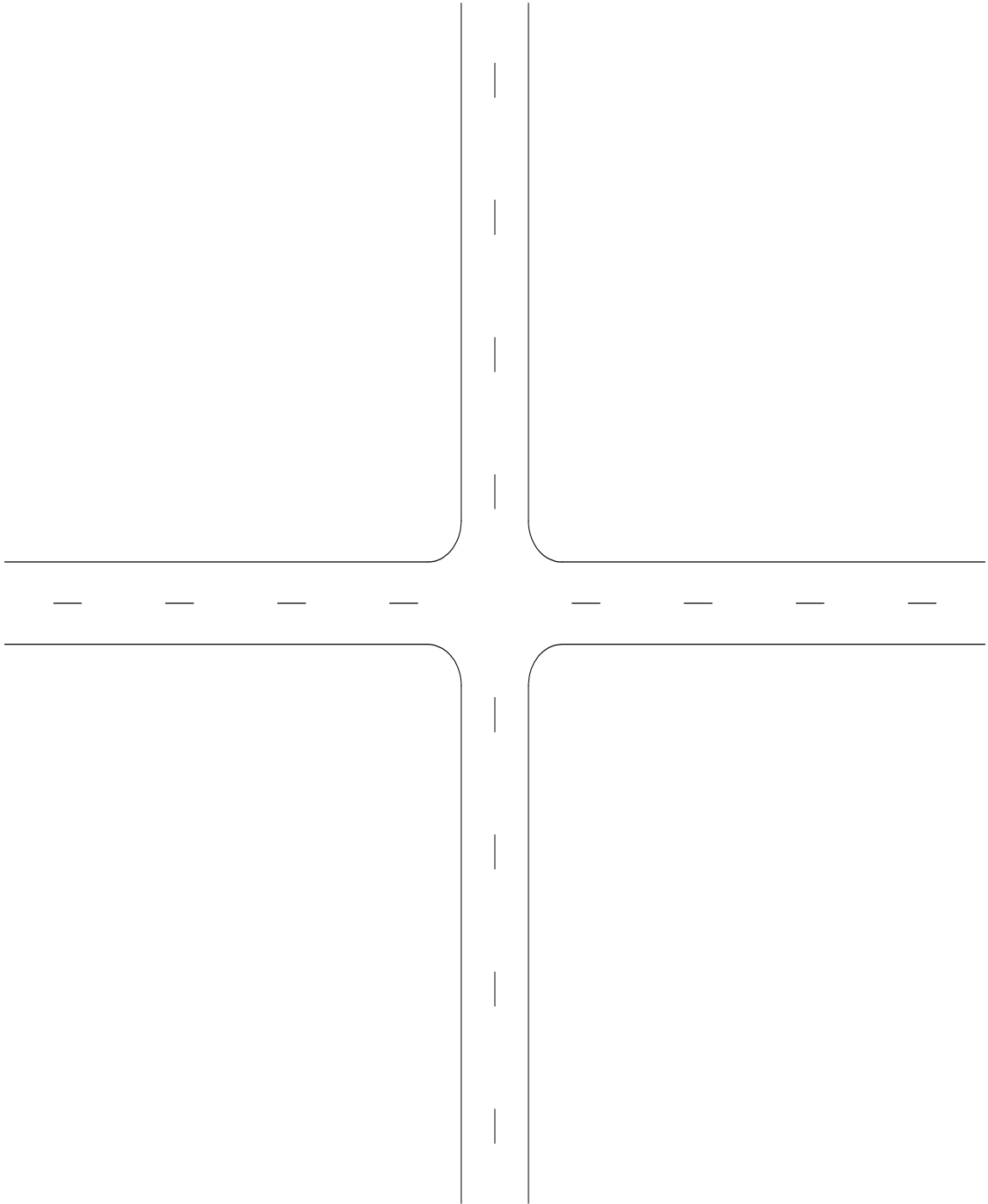


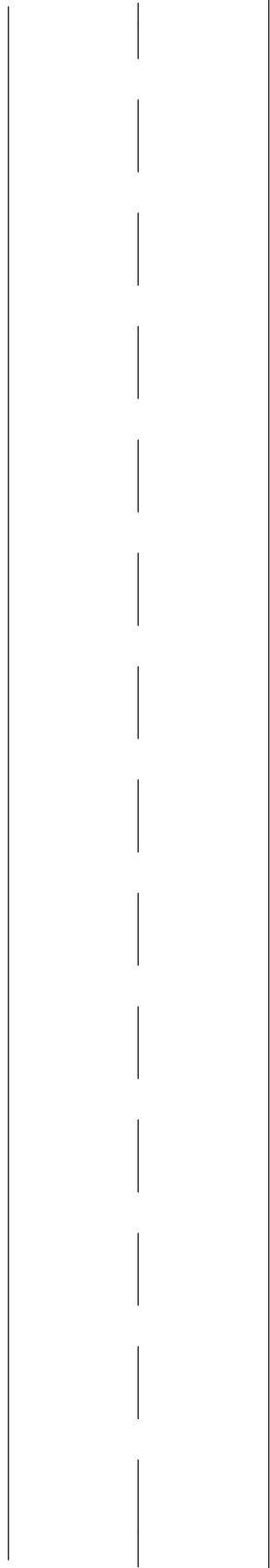
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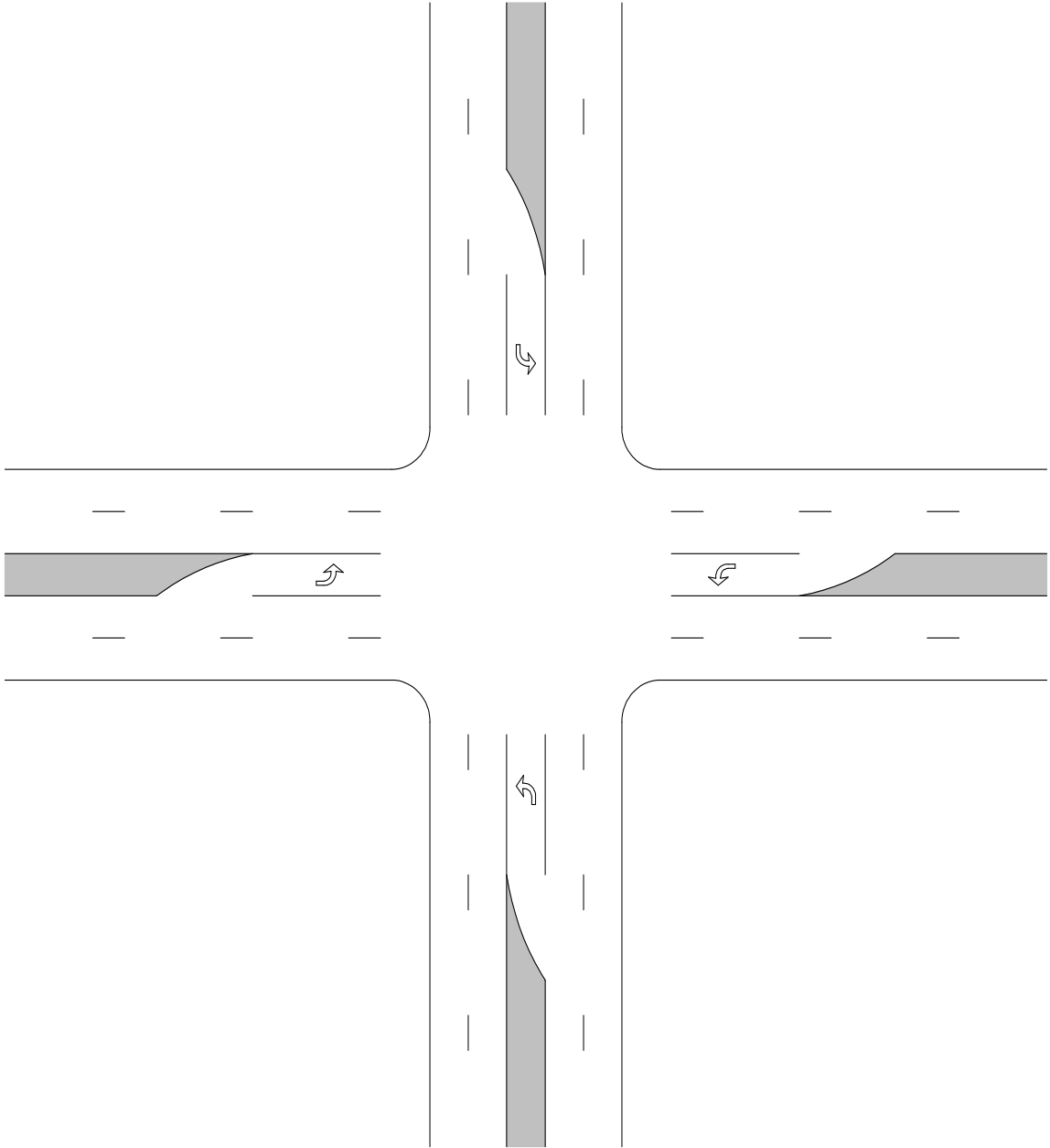


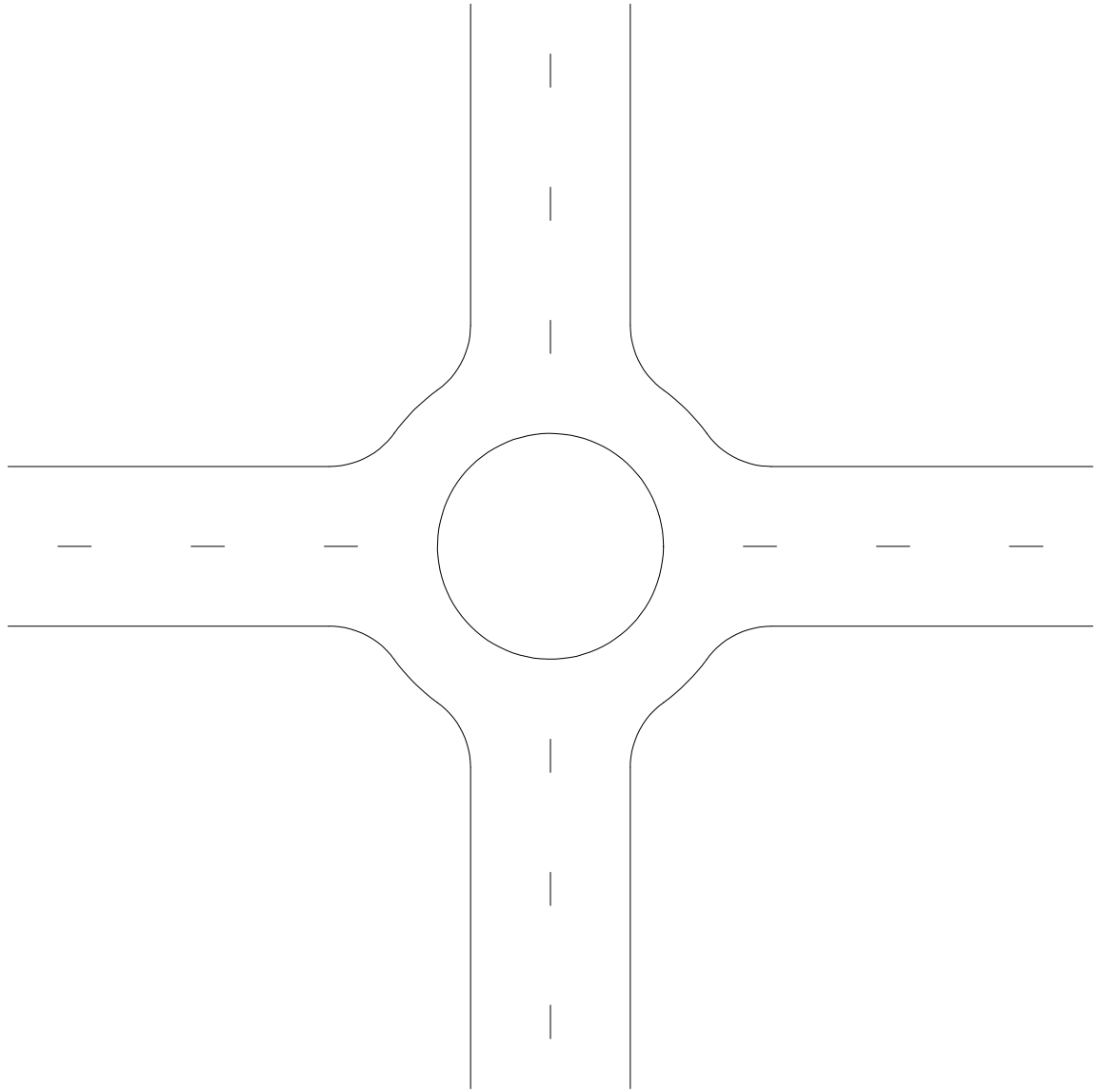
ROUGH SKETCH

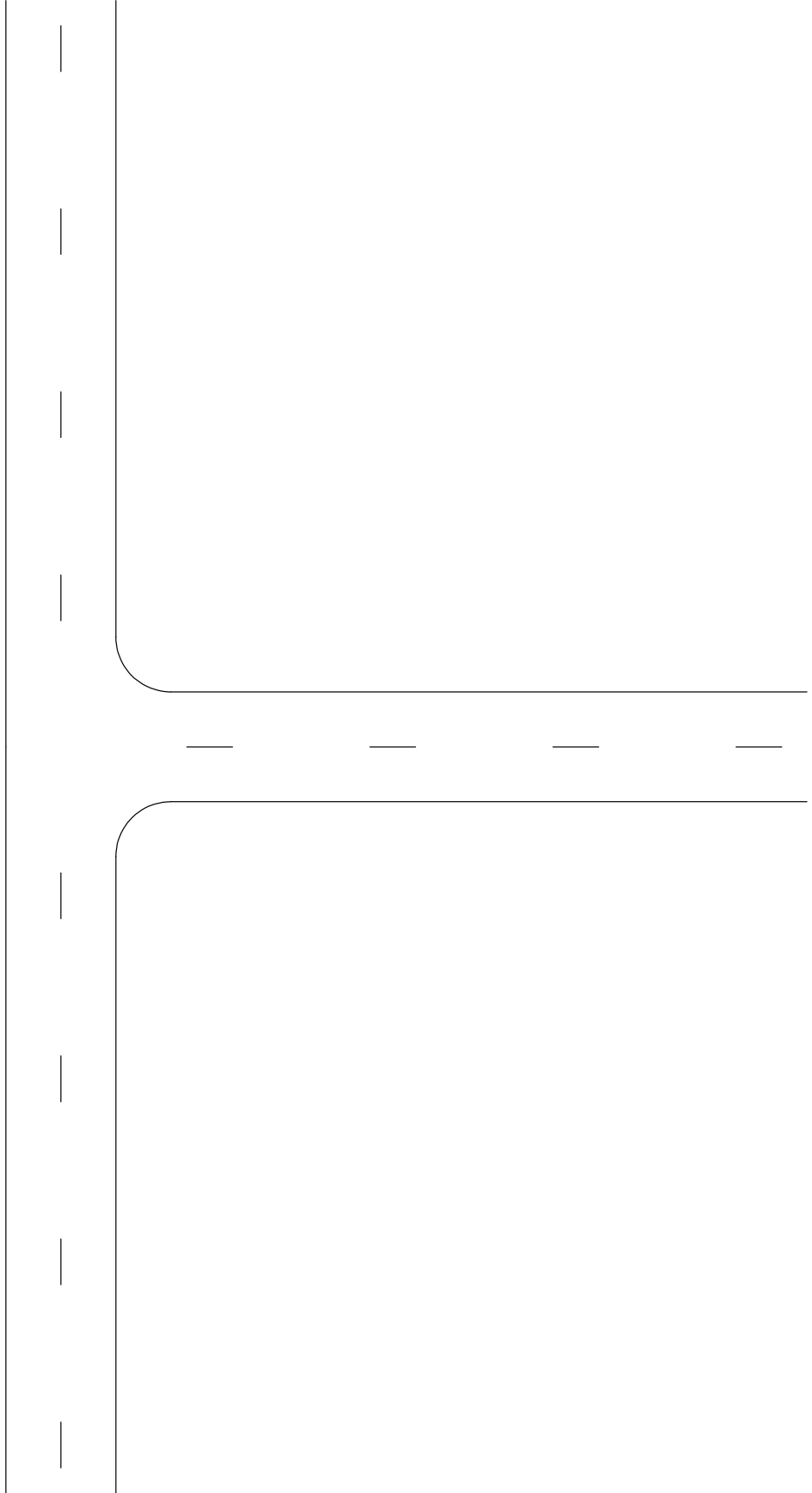




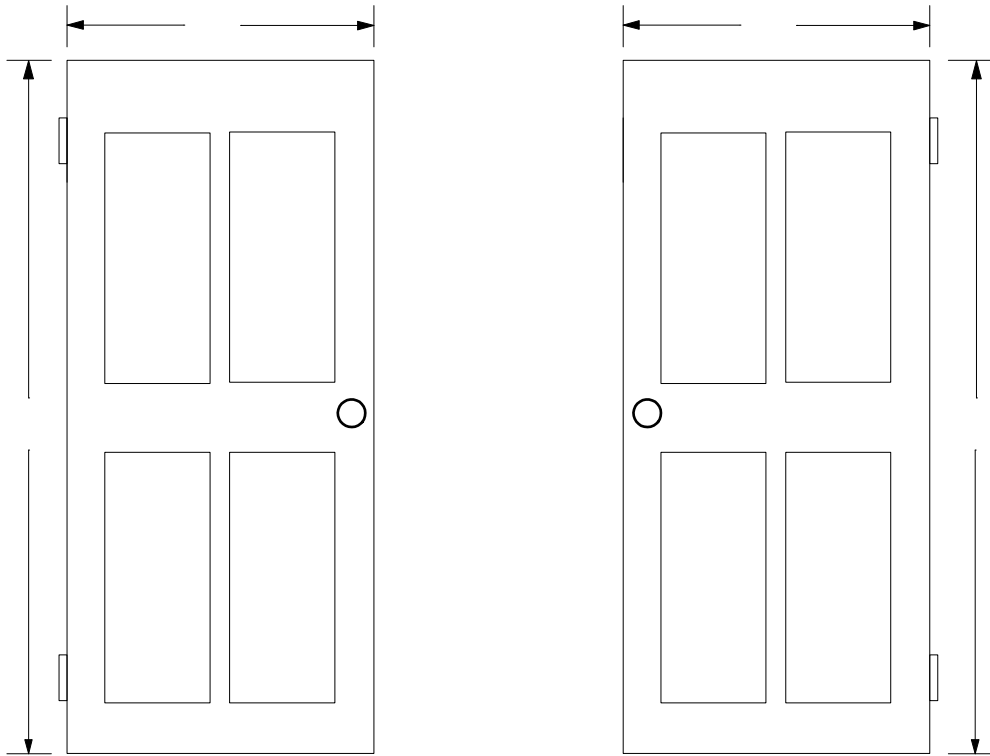




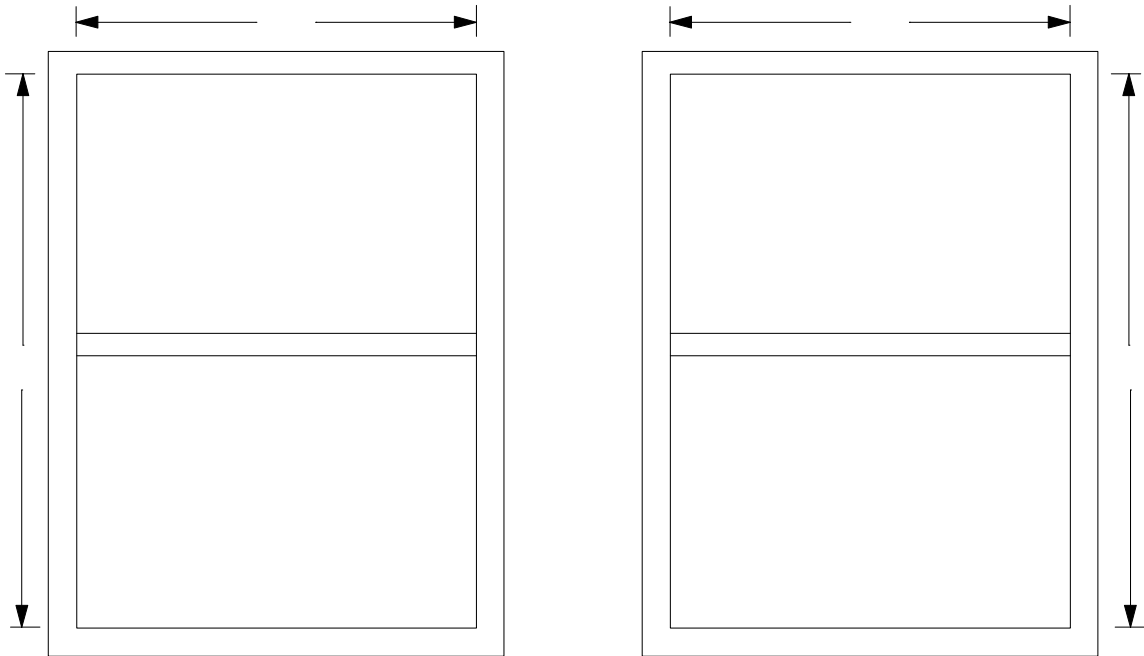




DOORS



WINDOWS



WALLS



VICTIM # 1

Victim's Name: _____ Sex ____ Race ____
 Address: _____
 Location of the body: _____
 Position of the body: _____
 Is the position of the body consistent with the Post Mortem Lividity? **Yes** ____ **No** ____
 Is the position of the body consistent with the Rigor Mortis? **Yes** ____ **No** ____
 Appearance of the body and clothing: **Fully Clothed** ____ **Partially Clothed** ____
Nude ____ **Portion of body clothed** _____
Could the victim have been dressed by the suspect? **Yes** ____ **No** ____
Stage of Decomposition: Fresh ____ Marbling ____ Bloating ____ Skin Slippage ____
 Hair Slippage ____ Adipocere ____ Mummified ____ Skeletal Remains ____
 Injuries or apparent cause of death: _____
 Color of blood: _____ **Wet** ____ **Dry** ____
 Insect activity visible: **Yes** ____ **No** ____
 Is the condition of the body consistent with the known facts? **Yes** ____ **No** ____
 Consider the element of time. Do the conditions at the scene match what you are observing? **Yes** ____ **No** ____
 If not, why: _____

Body in: Full sun ____ Partial sun ____ Shaded ____
Body concealed: Blankets ____ Carpeting ____ Clothing ____ Garbage bags ____
Other: _____

	Yes	No
Were complete major case prints taken of the victim's hands at the Medical Examiners Office? This should include full palm prints and all ten fingers including all joints. These are necessary for elimination.		

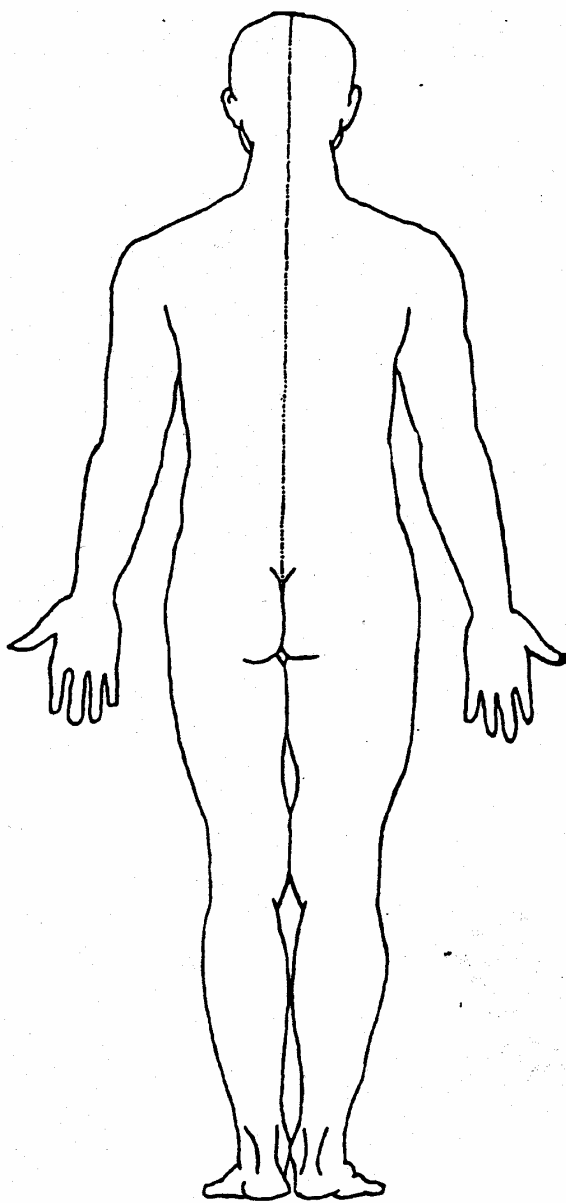
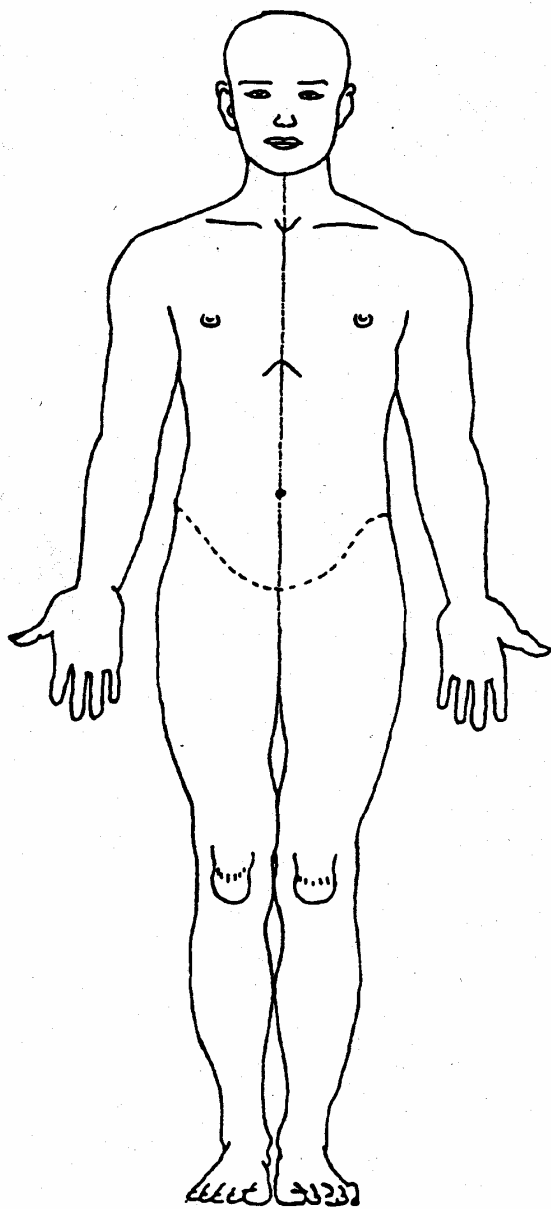
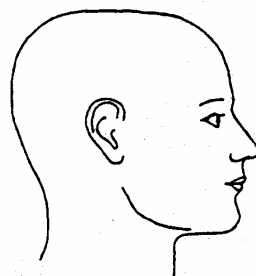
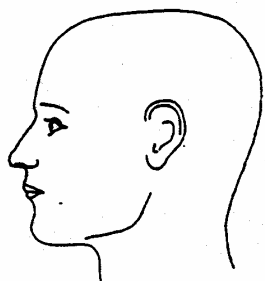
MANNER OF DEATH

Homicide ____ Suicide ____ Accidental ____ Natural ____ Unknown ____

CAUSE OF DEATH

Alcohol _____	Asphyxia _____	Axe _____	Blunt Force _____
Carbon Mon. _____	Diving _____	Drowning _____	Electrocution _____
Explosion _____	Fall _____	Fire _____	Firearm _____
Hanging _____	Knife _____	Overdose _____	Poison _____
Strangulation _____	Vehicle _____		Unknown _____

VICTIM #1
BODY DIAGRAMS



GUNSHOT WOUND INFORMATION, VICTIM #1

Contact Gunshot Wound Yes _____ No _____
 Close Range Gunshot Wound Yes _____ No _____
 Medium Range Gunshot Wound Yes _____ No _____
 Long Range Gunshot Wound Yes _____ No _____
 How many entrance wounds? 1 2 3 4 5 6 7 8 9 10 Unk. _____
 How many exit wounds? 1 2 3 4 5 6 7 8 9 10 Unk. _____
 Number of live bullets at scene. 1 2 3 4 5 6 7 8 9 10
 Number of spent shell casings at the scene. 1 2 3 4 5 6 7 8 9 10
 Number of projectiles found at the scene. 1 2 3 4 5 6 7 8 9 10
 Is a weapon present near the body? Yes _____ No _____
 Is the bullet wound to the left side, right side, front, back? _____
 Is the victim left handed or right handed? _____

If victim is deceased and suffers from gunshot wounds, can an accurate trajectory be determined through the body (front to back, upward angle, downward angle, left to right, etc.)? This information should be obtained at autopsy.

Floor to entry wound # 1 _____' _____" Floor to exit wound # 1 _____' _____"
 Floor to entry wound # 2 _____' _____" Floor to exit wound # 2 _____' _____"
 Floor to entry wound # 3 _____' _____" Floor to exit wound # 3 _____' _____"
 Floor to entry wound # 4 _____' _____" Floor to exit wound # 4 _____' _____"
 Floor to entry wound # 5 _____' _____" Floor to exit wound # 5 _____' _____"

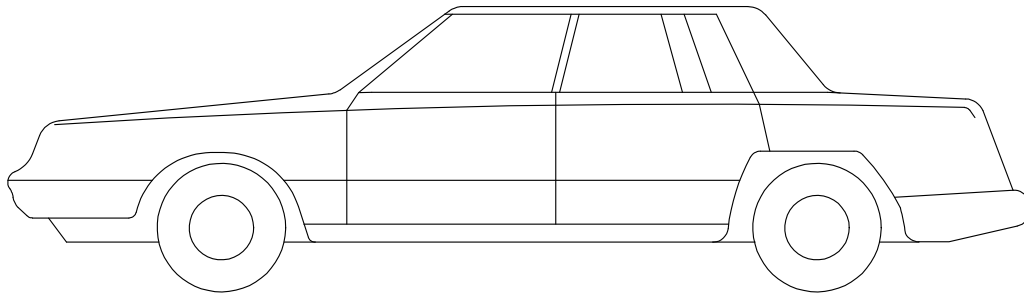
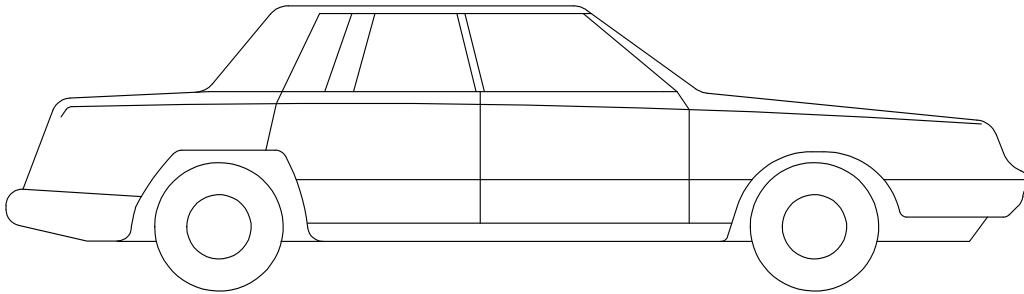
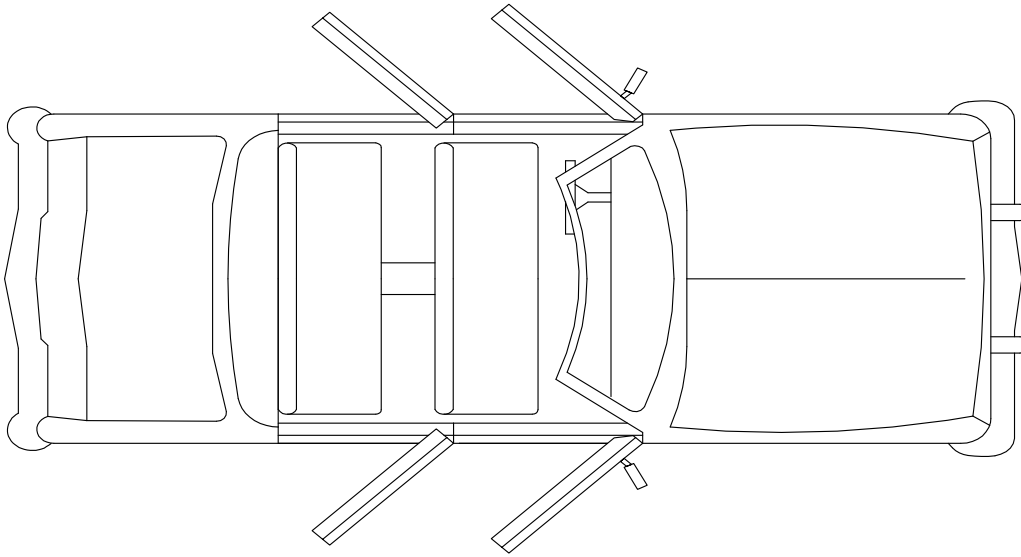
If the suspect is in custody, measure distance from bottom of feet to waistline and to top of shoulder: (This information will assist when determining bullet trajectories)

Floor to Waist: _____' _____" Floor to Shoulders: _____' _____"
 Left Arm Shoulder to Wrist _____' _____" Right Arm Shoulder to Wrist _____' _____"

BITE MARKS

	Yes	No
Were bite marks present on the victim's body?		
Were the bite marks photographed using the proper procedure?		
Were the areas of the bite mark swabbed for DNA evidence?		
Was the bite mark cast with Mikrosil or other casting material?		
Was a Forensic Odontologist notified and requested to respond?		

VICTIM #1'S VEHICLE



VICTIM # 2

Victim's Name: _____ Sex _____ Race _____

Address: _____

Location of the body: _____

Position of the body: _____

Is the position of the body consistent with the Post Mortem Lividity? Yes ___ No ___

Is the position of the body consistent with the Rigor Mortis? Yes ___ No ___

Appearance of the body and clothing: Fully Clothed ___ Partially Clothed ___

Nude ___ Portion of body clothed _____

Could the Victim Have Been Dressed by the Suspect? Yes ___ No ___

Stage of Decomposition: Fresh ___ Marbling ___ Bloating ___ Skin Slippage ___

Hair Slippage ___ Adipocere ___ Mummified ___ Skeletal Remains ___

Injuries or apparent cause of death: _____

Color of blood: _____ Wet ___ Dry ___

Insect activity visible: Yes ___ No ___

Is the condition of the body consistent with the known facts? Yes ___ No ___

Consider the element of time. Do the conditions at the scene match what you are observing? Yes ___ No ___

If not, why: _____

Body in: Full sun ___ Partial sun ___ Shaded ___

Body concealed: Blankets ___ Carpeting ___ Clothing ___ Garbage bags ___

Other: _____

	Yes	No
Were complete major case prints taken of the victim's hands at the Medical Examiners Office? This should include full palm prints and all ten fingers including all joints. These are necessary for elimination.		

MANNER OF DEATH

Homicide ___ Suicide ___ Accidental ___ Natural ___ Unknown ___

CAUSE OF DEATH

Alcohol ___ Asphyxia ___ Axe ___ Blunt Force ___

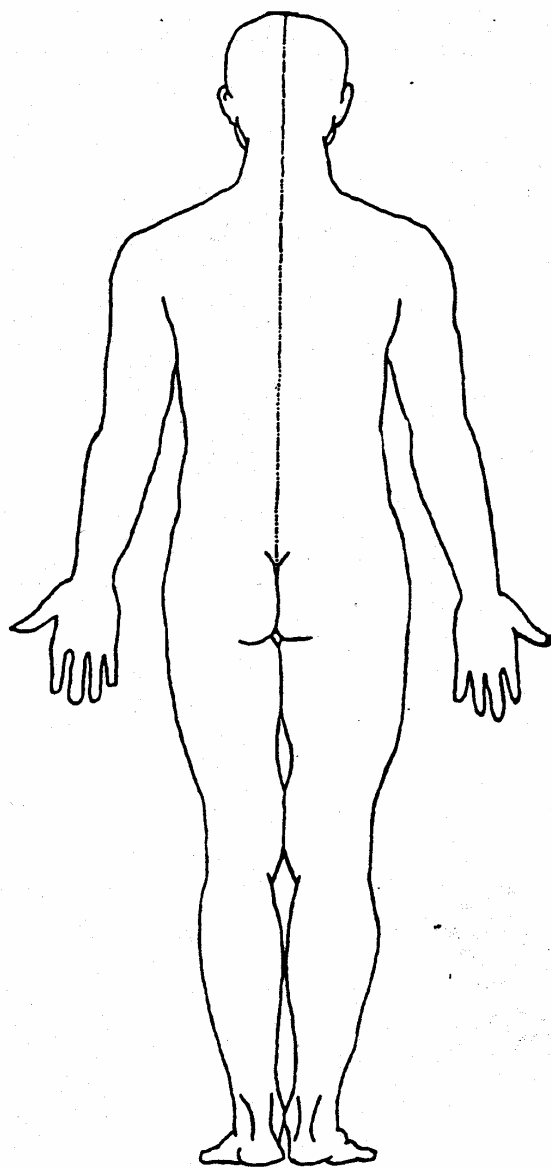
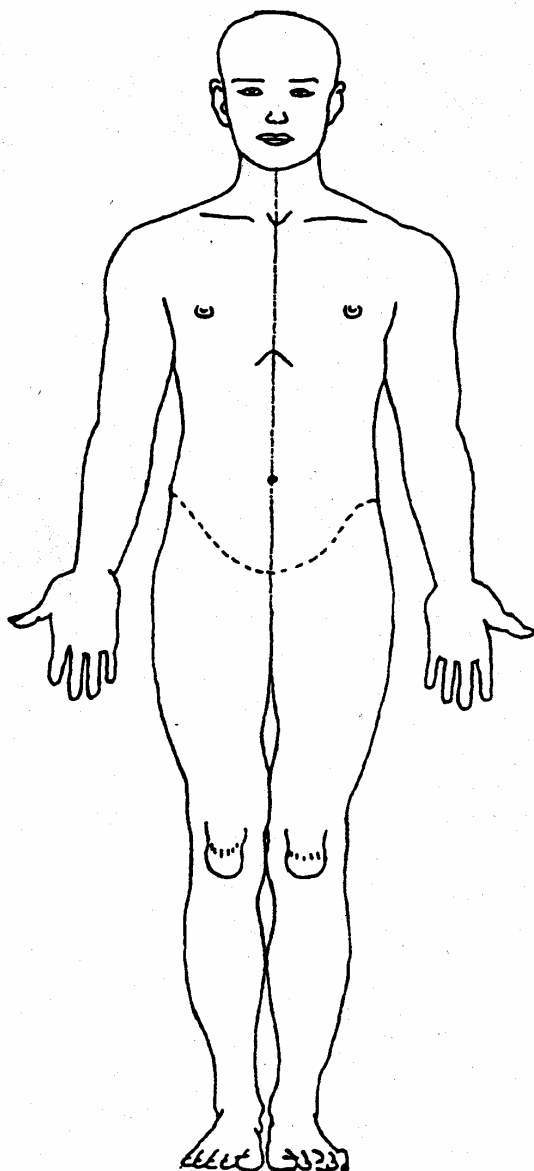
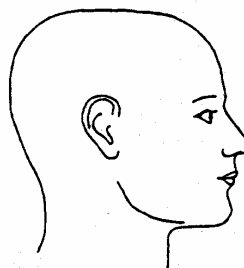
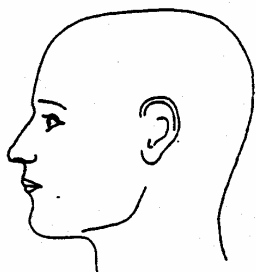
Carbon Mon. ___ Diving ___ Drowning ___ Electrocution ___

Explosion ___ Fall ___ Fire ___ Firearm ___

Hanging ___ Knife ___ Overdose ___ Poison ___

Strangulation ___ Vehicle ___ Unknown ___

VICTIM #2
BODY DIAGRAMS



GUNSHOT WOUND INFORMATION, VICTIM #2

Contact Gunshot Wound Yes _____ No _____
 Close Range Gunshot Wound Yes _____ No _____
 Medium Range Gunshot Wound Yes _____ No _____
 Long Range Gunshot Wound Yes _____ No _____
 How many entrance wounds? 1 2 3 4 5 6 7 8 9 10 Unk. _____
 How many exit wounds? 1 2 3 4 5 6 7 8 9 10 Unk. _____
 Number of live bullets at scene. 1 2 3 4 5 6 7 8 9 10
 Number of spent shell casings at the scene. 1 2 3 4 5 6 7 8 9 10
 Number of projectiles found at the scene. 1 2 3 4 5 6 7 8 9 10
 Is a weapon present near the body? Yes _____ No _____
 Is the bullet wound to the left side, right side, front, back? _____
 Is the victim left handed or right handed? _____
 Was GSR test performed on the victim? Yes _____ No _____
 Was GSR test performed on the suspect? Yes _____ No _____

If victim is deceased and suffers from gunshot wounds, can an accurate trajectory be determined through the body (front to back, upward angle, downward angle, left to right, etc.)? This information should be obtained at autopsy.

Floor to entry wound # 1 _____' _____" Floor to exit wound # 1 _____' _____"
 Floor to entry wound # 2 _____' _____" Floor to exit wound # 2 _____' _____"
 Floor to entry wound # 3 _____' _____" Floor to exit wound # 3 _____' _____"
 Floor to entry wound # 4 _____' _____" Floor to exit wound # 4 _____' _____"
 Floor to entry wound # 5 _____' _____" Floor to exit wound # 5 _____' _____"

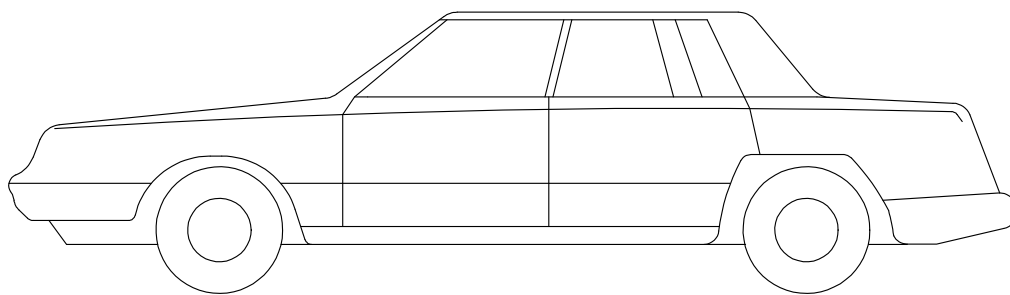
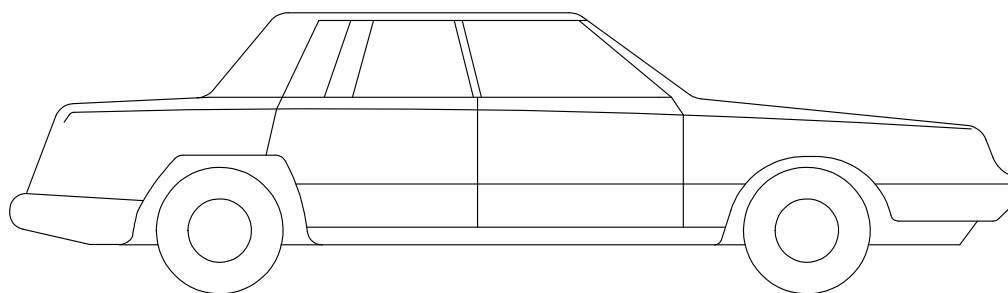
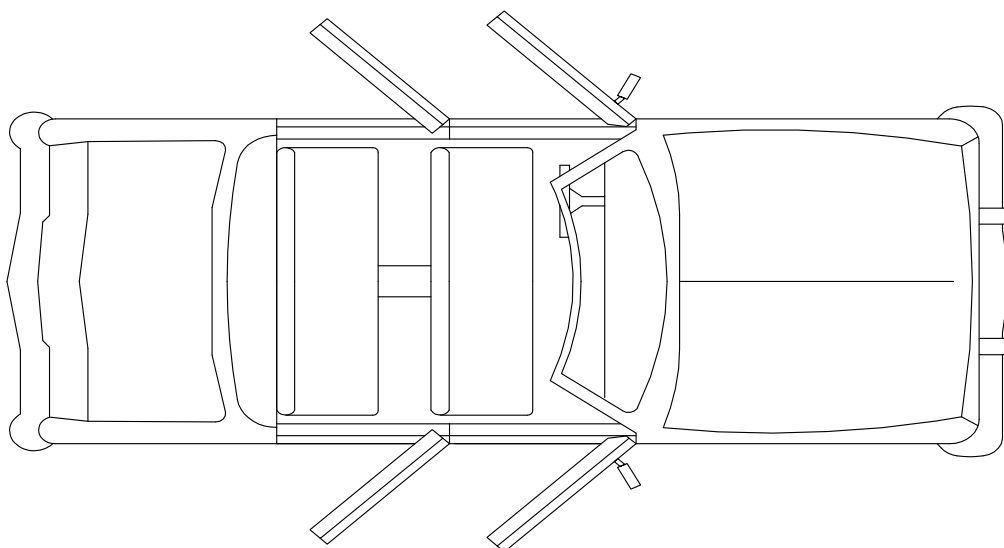
If the suspect is in custody, measure distance from bottom of feet to waistline and to top of shoulder: (This information will assist when determining bullet trajectories)

Floor to Waist: _____' _____" Floor to Shoulders: _____' _____"
 Left Arm Shoulder to Wrist _____' _____" Right Arm Shoulder to Wrist _____' _____"

BITE MARKS

	Yes	No
Were bite marks present on the victim's body?		
Were the bite marks photographed using the proper procedure?		
Were the areas of the bite mark swabbed for DNA evidence?		
Was the bite mark cast with Mikrosil or other casting material?		
Was a Forensic Odontologist notified and requested to respond?		

VICTIM #2'S VEHICLE



FIREARM INFORMATION

Firearm # 1

Make: _____ Model: _____ Serial #: _____

Caliber: _____ Revolver: _____ Semi-Auto Pistol: _____ Rifle: _____

Shotgun: _____ Loaded: _____ Unloaded: _____

Is there a live bullet in the chamber? **Yes** _____ **No** _____

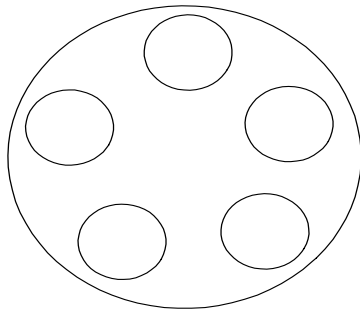
Is there a spent casing in the chamber? **Yes** _____ **No** _____

Number of bullets in magazine: _____

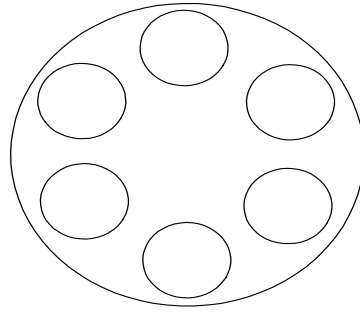
Number of bullets in cylinder: _____

Number of spent casings in cylinder: _____

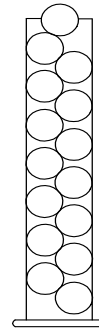
	Yes	No
Is there blood evidence on the firearm?		
Is there blow back on the firearm?		
Was the firearm superglue fumed?		



5 - shot

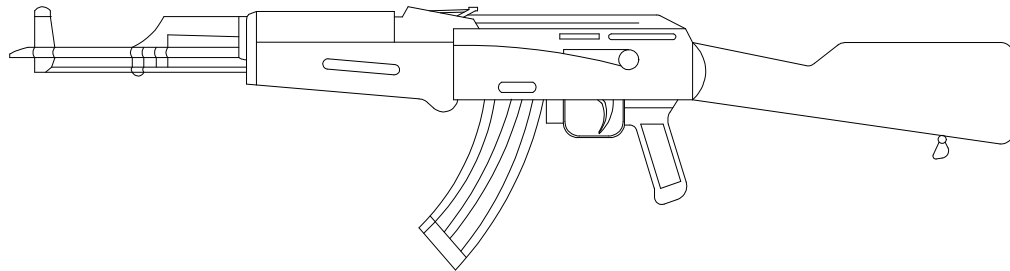
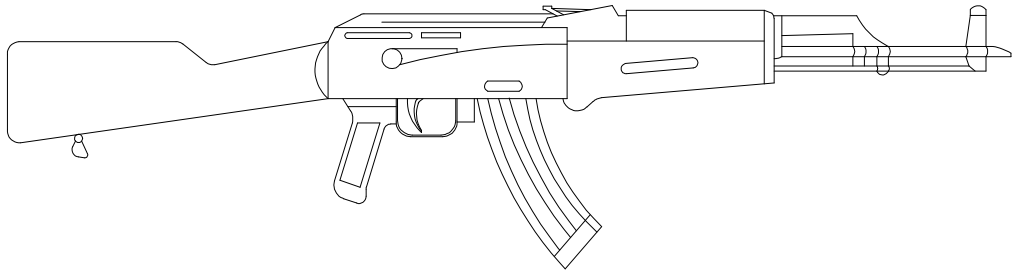
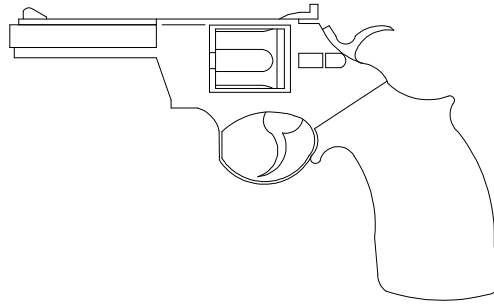
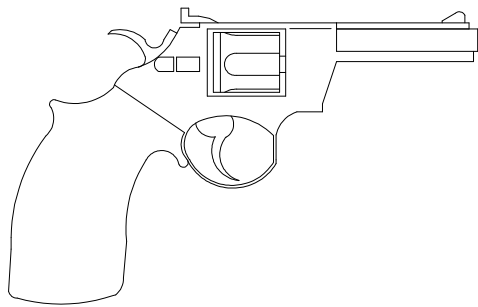
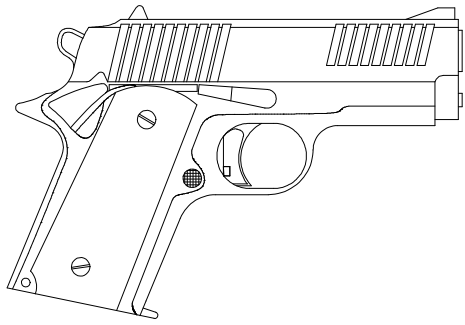


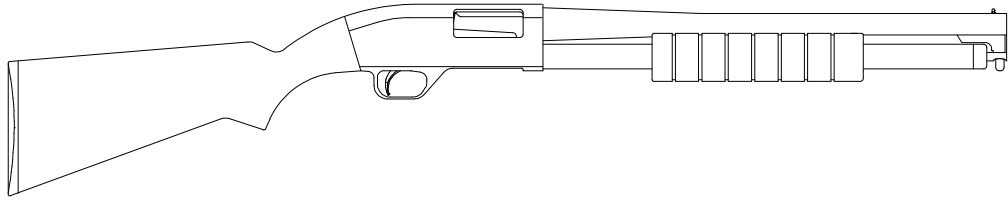
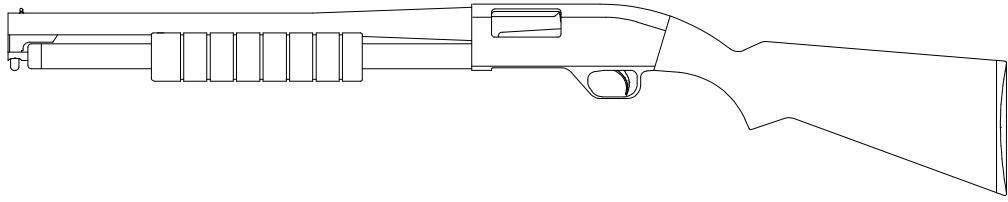
6 - shot



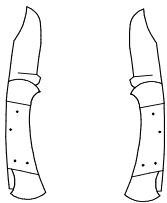
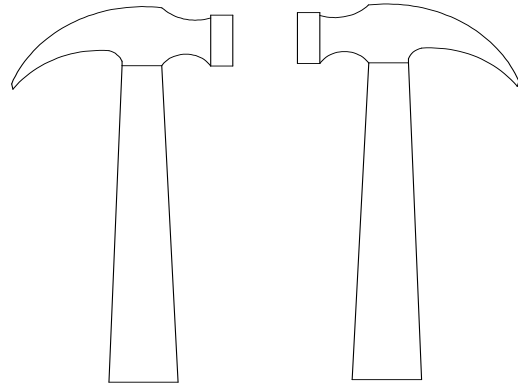
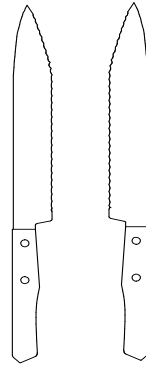
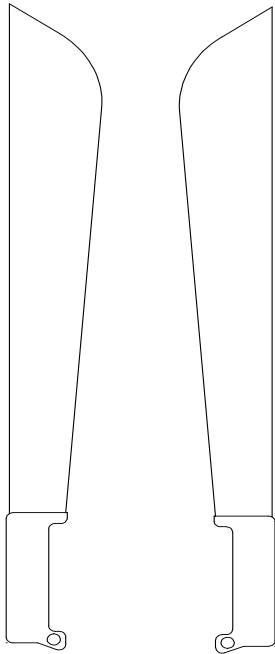
Magazine

S = Spent E = Empty L = Live





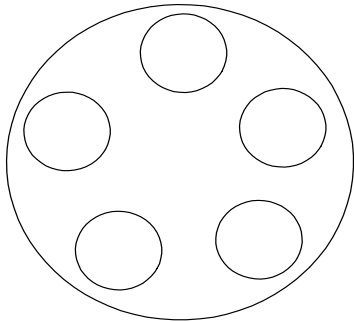
OTHER WEAPONS



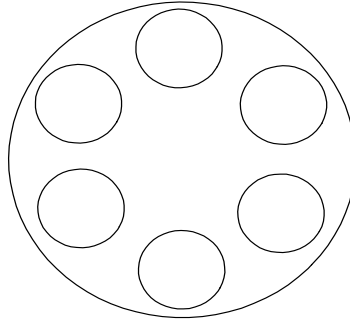
Firearm # 2

Make: _____ Model: _____ Serial #: _____
 Caliber: _____ Revolver: _____ Semi-Auto Pistol: _____ Rifle: _____ Shotgun: _____
 Loaded: _____
 Unloaded: _____
 Number of bullets in magazine: _____
 Number of bullets in cylinder: _____
 Number of spent casings in cylinder: _____
 Barrel Length: _____

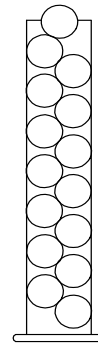
	Yes	No
Is there blood evidence on the firearm?		
Is there blow back on the firearm?		
Was the firearm superglue fumed?		



5 - shot

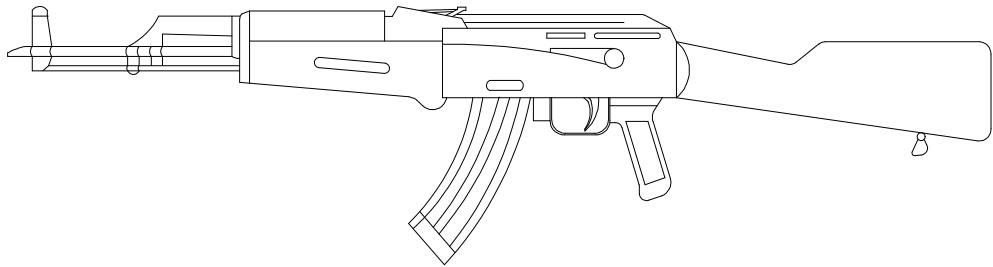
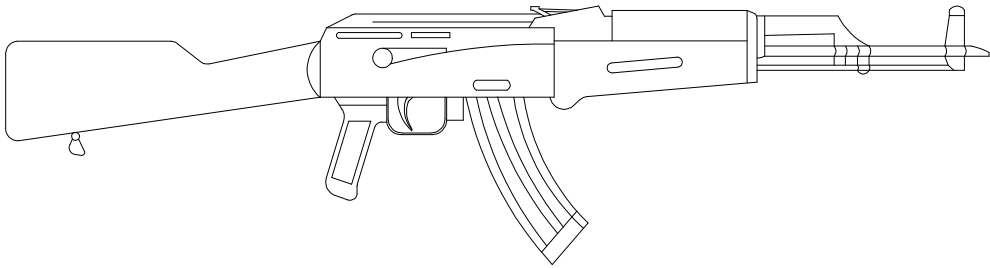
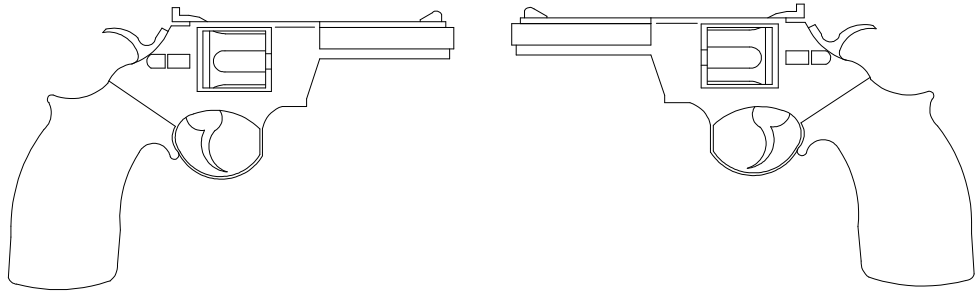
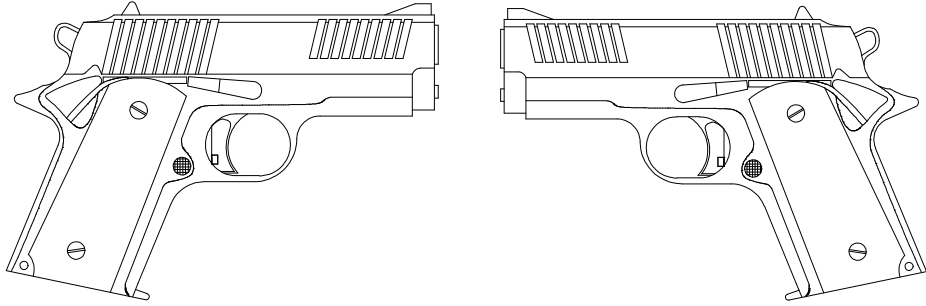


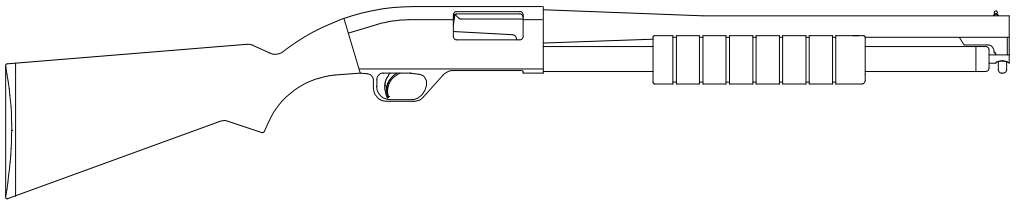
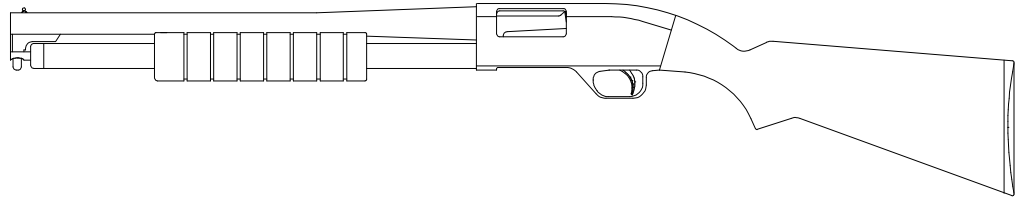
6 - shot



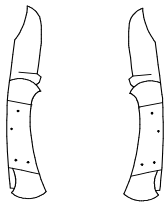
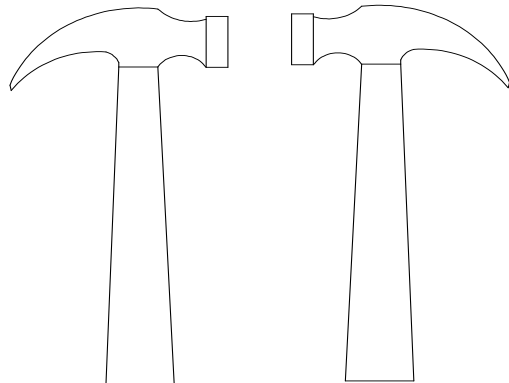
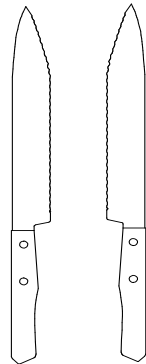
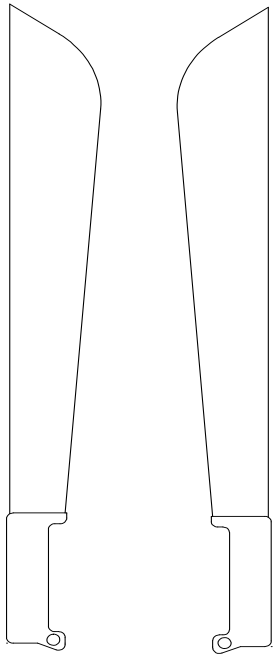
Magazine

S = Spent E = Empty L = Live



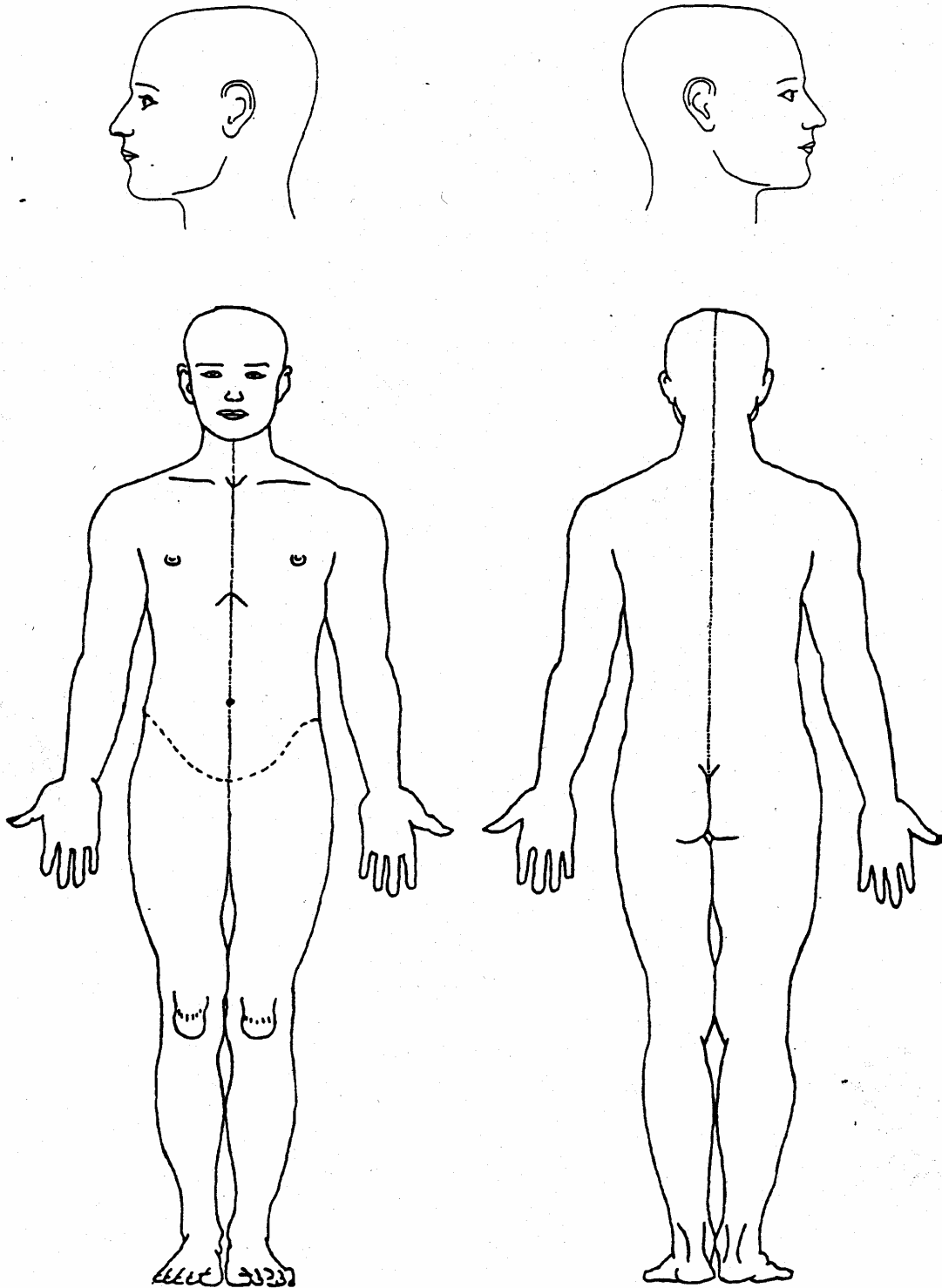


OTHER WEAPONS



ENTOMOLOGICAL OBSERVATIONS & COLLECTIONS

BODY DIAGRAMS



Describe Areas on Body where Bug Activity is Observed – Maggot Mass', Eggs, etc.

ENTOMOLOGICAL DATA

I/S House _____	I/S Building _____	I/S Vehicle _____
Street _____	Vacant Lot _____	Dumpster _____
Trash Bag _____	Sealed Box _____	Woods _____
Field _____	Ditch _____	Pasture _____
Brush _____	River _____	Creek _____
Stream _____	Pond _____	Canal _____

What is the duration of time the body was exposed to:

Direct Sun _____ **Partial Sun** _____ **Full Shade** _____

Soil temperature under body immediately after removal: _____ **Time:** _____

The following observations should be recorded every 15 to 30 minutes:

Observation #1	Temperature & Time	
O/S Air Temperature @ 4' Level	_____	_____
O/S Air Temperature @ 1' Level	_____	_____
I/S Structure Temperature @ 4' Level	_____	_____
I/S Structure Temperature @ 1' Level	_____	_____
Body Surface Temperature	_____	_____
Soil @ 10cm (4")	_____	_____
Soil @ 20cm (8")	_____	_____
Soil @ Ground Level, Under Grass/Leaves	_____	_____
Under Body Interface (Where Ground & Body Meet)	_____	_____
Maggot Mass #1	_____	_____
Maggot Mass #2	_____	_____
Maggot Mass #3	_____	_____
Maggot Mass #4	_____	_____
Water Temperature	_____	_____
Humidity	_____	_____

Observation #2	Temperature & Time	
O/S Air Temperature @ 4' Level	_____	_____
O/S Air Temperature @ 1' Level	_____	_____
I/S Structure Temperature @ 4' Level	_____	_____
I/S Structure Temperature @ 1' Level	_____	_____
Body Surface Temperature	_____	_____
Soil @ 10cm (4")	_____	_____
Soil @ 20cm (8")	_____	_____
Soil @ Ground Level, Under Grass/Leaves	_____	_____
Under Body Interface (Where Ground & Body Meet)	_____	_____
Maggot Mass #1	_____	_____
Maggot Mass #2	_____	_____
Maggot Mass #3	_____	_____

Maggot Mass #4
Water Temperature

Humidity

Observation #3

Temperature & Time

O/S Air Temperature @ 4' Level
O/S Air Temperature @ 1' Level
I/S Structure Temperature @ 4' Level
I/S Structure Temperature @ 1' Level
Body Surface Temperature
Soil @ 10cm (4")
Soil @ 20cm (8")
Soil @ Ground Level, Under Grass/Leaves
Under Body Interface (Where Ground & Body Meet)
Maggot Mass #1
Maggot Mass #2
Maggot Mass #3
Maggot Mass #4
Water Temperature

Humidity

Observation #4

Temperature & Time

O/S Air Temperature @ 4' Level
O/S Air Temperature @ 1' Level
I/S Structure Temperature @ 4' Level
I/S Structure Temperature @ 1' Level
Body Surface Temperature
Soil @ 10cm (4")
Soil @ 20cm (8")
Soil @ Ground Level, Under Grass/Leaves
Under Body Interface (Where Ground & Body Meet)
Maggot Mass #1
Maggot Mass #2
Maggot Mass #3
Maggot Mass #4
Water Temperature

Humidity

Observation #5

Temperature & Time

O/S Air Temperature @ 4' Level
O/S Air Temperature @ 1' Level
I/S Structure Temperature @ 4' Level
I/S Structure Temperature @ 1' Level
Body Surface Temperature

Soil @ 10cm (4")	_____	_____
Soil @ 20cm (8")	_____	_____
Soil @ Ground Level, Under Grass/Leaves	_____	_____
Under Body Interface (Where Ground & Body Meet)	_____	_____
Maggot Mass #1	_____	_____
Maggot Mass #2	_____	_____
Maggot Mass #3	_____	_____
Maggot Mass #4	_____	_____
Water Temperature	_____	_____
Humidity	_____	_____

Observation #6

Temperature & Time

O/S Air Temperature @ 4' Level	_____	_____
O/S Air Temperature @ 1' Level	_____	_____
I/S Structure Temperature @ 4' Level	_____	_____
I/S Structure Temperature @ 1' Level	_____	_____
Body Surface Temperature	_____	_____
Soil @ 10cm (4")	_____	_____
Soil @ 20cm (8")	_____	_____
Soil @ Ground Level, Under Grass/Leaves	_____	_____
Under Body Interface (Where Ground & Body Meet)	_____	_____
Maggot Mass #1	_____	_____
Maggot Mass #2	_____	_____
Maggot Mass #3	_____	_____
Maggot Mass #4	_____	_____
Water Temperature	_____	_____
Humidity	_____	_____

Observation #7

Temperature & Time

O/S Air Temperature @ 4' Level	_____	_____
O/S Air Temperature @ 1' Level	_____	_____
I/S Structure Temperature @ 4' Level	_____	_____
I/S Structure Temperature @ 1' Level	_____	_____
Body Surface Temperature	_____	_____
Soil @ 10cm (4")	_____	_____
Soil @ 20cm (8")	_____	_____
Soil @ Ground Level, Under Grass/Leaves	_____	_____
Under Body Interface (Where Ground & Body Meet)	_____	_____
Maggot Mass #1	_____	_____
Maggot Mass #2	_____	_____
Maggot Mass #3	_____	_____
Maggot Mass #4	_____	_____
Water Temperature	_____	_____
Humidity	_____	_____

Sample #	Date Collected	Time Collected	Location where Collected	Temp. when Collected	Live Collection	Dead Collection

NET COLLECTIONS

Sample #	Date Collected	Time Collected	Location where collected	Temp.	Height of thermometer above ground
1					
2					
3					
4					
5					
6					

