

LR 276

**Interim Study Report on
Standards and Oversight of Death
Investigations in Nebraska**

**Compiled January 2009
Presented March 2009**

**By Senator Pete Pirsch,
Legislative District 04**

Senator Pirsch is grateful to the following:

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**Interim Study Report on
Coroner Duties and Death Investigations
In Nebraska
Legislative Resolution 276
Senator Pete Pirsch
January 2009**

Introduction:

This report presents the results of a recent examination of Nebraska's coroners system and death investigations procedures.

The goal of this report is to offer policy recommendations for an enhanced death investigations system.

The objective is to update statutory language and provide county coroners and law enforcement with the tools necessary to better accomplish their duties.

In May 2008, Senator Pete Pirsch introduced Legislative Resolution 276 to examine the standards and oversight of death investigations in Nebraska. The resolution calls for the following information:

1. Present-day autopsy rates in Nebraska;
2. Existing levels of coroner training;
3. Apparent quality of death investigations;
4. Existing state standards and oversight;
5. County rates of solved and unsolved death cases;
6. Current variance and effectiveness of death investigations in Nebraska's ninety-three counties;
7. Death investigation practices utilized in other states;
8. Identifying qualified physicians willing to assist with death investigations;
9. Proposed policies to improve Nebraska's medical examiner system; and
10. Other related matters.

To fulfill the terms of LR 276, the office of Senator Pirsch researched state and local laws, compiled subject related news articles, audited training programs, conducted group surveys and facilitated discussions among those factions with vested interests in death investigation procedures.

This report and its policy recommendations are the conclusion of this research.

Present Day Autopsy Rates in Nebraska

Information regarding Nebraska's present day autopsy rates, on the state level, is collected, however it is not extracted. The death certificate contains information for both the autopsy and the cause of death.

In the state of Nebraska, autopsy rates vary widely from county to county. The reason for this variance lies with the decision making authority of the county coroner. In Nebraska, the county coroner decides which deaths meet the criteria for an autopsy.¹

These county-level autopsy rates can range from one hundred to zero percent (Appendix G).²

In 2008, Senator Pete Pirsch (*Legislative District 04*) conducted a survey of Nebraska's county attorneys, county sheriffs, police officers and the Nebraska State Patrol (*Appendices D and E*).³

The objective of the survey was to gather information on Nebraska's coroner system, death investigations and the requirements of those professionals involved in these investigations. This 2008 survey of Nebraska's county attorneys also served as an updated product of a similar 1998 survey.⁴

Following are the responses to that portion of the survey pertaining to Nebraska's present day autopsy rates:

“An autopsy has been requested in this county”

- a. at least once since I took office,**
- b. in the past twelve months,**
- c. never.**

County Attorneys

31 Respondents

Response Choices	Number Responding	Percent
a. At least once since I took office	5	16.1
b. In the past twelve months	26	83.9
c. Never	0	0
Total	31	100

Additional comments:

Of the respondents that chose “a. At least once since I took office” one stated:
“200 to 220/year.”

Of the respondents that chose “b. In the past twelve months” one stated:
“4X”

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. At least once since I took office	1	6
b. In the past twelve months	14	88
c. Never	1	6
Total	16	100

Additional comments:

Of the 14 respondents choosing “b. In the past twelve months”, the following comments were offered:

“Many times”

“Quite regularly (18-30 per year)”

“Several”

“Many times”

Spencer, Karyn. (2008, February 24-26) “Fatal Flaws.” *Omaha World Herald*.¹

Croy, Dave. *Analysis of Nebraska Death Certificates, 2000-2004* [map]. In Spencer, Karyn. “Fatal Flaws,” *Omaha World Herald*: (2008)²

Pirsch, Peter A. (2008). *Survey of Nebraska County Attorneys: Coroner Duties in Nebraska and Survey of Nebraska Law Enforcement: Death Investigations in Nebraska*. Lincoln, NE: Pirsch, Peter A.³

Nebraska County Attorneys Association and Statewide. (1998). *Opinion Survey: County Coroners in Nebraska: A joint project of the Nebraska County Attorneys Association & STATEWIDE, on Nebraska Public Television*. Lincoln, NE: Statewide.⁴

Existing Levels of Coroner Training

In Nebraska, county attorneys are not statutorily mandated to be trained in death investigations.

Currently, the Nebraska County Attorneys Association offers two annual workshops. While attending each workshop, county attorneys receive a minimum of one hour to a maximum of one day's training on coroner's duties.¹

Following are the responses to Senator Pete Pirsch's 2008 survey (*Appendices D and E*) regarding the level of training available to our county coroners:²

"I have received additional professional training specifically in the area of the investigation of cause of death or forensic science"

a. yes

b. no.

County Attorneys

31 Respondents

Response Choices	Number Responding	Percent
a. Yes	20	64.5
b. No	11	35.5
Total	31	100

Additional comments:

Of those responding "a. Yes" the following comments were offered:

"I am today."

"NCAA seminars only."

Of those responding "b. No" the following comments were offered:

"Except yesterday."

"Until this conference. And I have requested such training so I am very happy a full day of our fall training is devoted to coroner duties this year! ..."

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. Yes	14	93
b. No	1	7
Total	15	100

Additional comments

Of the 14 respondents choosing “a. Yes” the following comments were made:

“Most of the deputies have also received some sort of training”

“St. Louis Medicolegal Death Investigation School”

“Long ago”

One respondent did not select an option, but wrote, “Limited training. Mostly in criminal investigation. Very little in natural cause of death.”

“Weaknesses in the current system of county coroners in Nebraska (pick two)”

- a. county attorneys are not trained in forensic science and technology**
- b. lack of expertise could result in mistakes being made in a major investigation**
- c. the position poses possible conflict of interest in investigation of deaths**
- d. an independent coroner or medical examiner is useful on the witness stand**
- e. other.**

County Attorneys

31 Respondents

Response Choices	Number of Responses	Percent
a. County attorneys are not trained in forensic science and technology	19	32.2
b. Lack of expertise could result in mistakes being made in a major investigation	17	28.8
c. The position poses possible conflict of interest in investigation of deaths	4	6.8
d. An independent coroner or medical examiner is useful on the witness stand	13	22.0
e. Other	6	10.2
Total	59	100

(County Attorneys' response to system weakness, cont'd)

Additional Comments:

Of those responding "a. County attorneys are not trained in forensic science and technology" one stated:

"This can easily be changed and should be required."

While not responding "a. County attorneys are not trained in forensic science and technology" one stated:

"We can order autopsies."

Of those responding "e. Other" the following comments were offered:

"Need more pathologists."

"None"

"Lack of resources because of county lid limits."

"I can't choose two because no one including a physician has a better understanding whether autopsy testimony will be needed. In addition, getting us involved early helps guide law enforcement for a better investigation."

"The individual who investigates the cause of death should have specialized technical training in that area"

a. strongly agree

b. agree

c. no opinion

d. disagree

e. strongly disagree.

County Attorneys

31 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	13	41.9
b. Agree	17	54.8
c. No opinion	0	0
d. Disagree	1	3.2
e. Strongly disagree	0	0
Total	31	99.9

Additional comments for Question 15:

Of the respondents that chose "b. Agree" one stated:

"law enforcement."

Nebraska State Patrol

- √ a. Strongly agree
- b. Agree
- c. No opinion
- d. Disagree
- e. Strongly disagree

Police Officers

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	43
b. Agree	4	57
c. No opinion	0	0
d. Disagree	0	0
e. Strongly disagree	0	0
Total	7	100

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	11	69
b. Agree	5	31
c. No opinion	0	0
d. Disagree	0	0
e. Strongly disagree	0	0
Total	16	100

Additional comments:

One respondent who selected “a. Strongly Agree” wrote *“I personally have nearly 1000 hours of additional death and homicide training (including specialized coroner training)”*

Additional 2008 survey comments from Nebraska’s county attorneys regarding coroner training:

“I am afraid I will make a horrible mistake because of my lack of expertise and this antiquated system.”

“Please do not mandate training unless funding is provided and courts are required to grant us continuances to attend.”

“Specialized training is needed for coroners and investigators. Law enforcement are the investigators and should be involved in death scene investigations. It is an asset to them to have an attorney involved to assist them with the legal considerations of the investigation. CA’s being involved in the investigations helps prepare the criminal case. We are strongly opposed to any state requirement upon the counties that the county will be responsible for paying for. If the state wants to fund experts to assist the county coroners – that would be helpful so long as any systematic change is not at county expense.”

Spencer, Karyn. (2008, February 24-26) “Fatal Flaws.” *Omaha World Herald.* ¹

Pirsch, Peter A. (2008). *Survey of Nebraska County Attorneys: Coroner Duties in Nebraska and Survey of Nebraska Law Enforcement: Death Investigations in Nebraska.* Lincoln, NE: Pirsch, Peter A. ²

Apparent Quality of Death Investigations

Nebraska has no state oversight to guide death investigations nor has it established standards to ensure quality investigations by coroners or law enforcement.

Four known impediments with Nebraska's death investigation cases:¹

1. Injudicious examination of the death scene and the body of the deceased: Investigators overlook latent signs of a crime and erroneously interpret typical post-mortem changes as suspect injuries.
2. Investigations that neglect to include consideration of people in the decedent's life and provide a timeline of events leading up to their death.
3. Lack of documentation.
4. A focus on a single theory or single subject without consideration of all other alternatives.

Guidelines and Standardized Forms

- Serving as county coroner is not a full-time position, nor does it require prior experience. The position is auxiliary to the role of county attorney.
- Nebraska does not provide the coroner with necessary tools such as established guidelines for investigations into certain deaths.
- Nebraska does not provide standardized forms or investigative checklists. Without such standardized forms, the coroner and law enforcement cannot establish permanent case records, and provide background information.
 - A secondary benefit to a system of standardized forms would be an open and discernible channel of communication between coroner, law enforcement, forensic pathologist/medical examiner and forensic lab technician.

Training and Accountability

No entity such as a state board or commission exists to review death investigations and determine trends or detect errors.

Nebraska does not provide area death investigation training nor does it provide funding for investigators to attend other forms of training on the national level.

The Autopsy

Nebraska has not established a minimum set of standards for autopsies or set regulations requiring autopsies for certain types of deaths.

For example, in order to list the cause of death as “*undetermined*” on the death certificate, other states mandate an autopsy. Nebraska allows the listing of “*undetermined*” without the performance of an autopsy.

The exception to this is the Attorney General’s authority to create guidelines regarding autopsies on persons nineteen years of age or younger (See: *Neb. Rev. Stat. §23-1824*).²

Nebraska does not have a state medical examiner system. The state does not employ board certified pathologists. Current contracts with any of Nebraska’s private, board-certified forensic pathologists exist between the pathologist and the county (See: *Neb. Rev. Stat. §23-1820*).²

It is important to note that autopsies are often performed as a part time public service and existing law allows any physician to conduct an autopsy.¹

Following are the responses to Senator Pete Pirsch’s 2008 survey (*Appendices D and E*) pertaining to the quality of death investigations in Nebraska:³

“The current system for death investigations is effective”

- a. strongly agree**
- b. agree**
- c. no opinion**
- d. disagree**
- e. strongly disagree.**

County Attorneys

30 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	10.0
b. Agree	15	50.0
c. No opinion	4	13.3
d. Disagree	4	13.3
e. Strongly disagree	4	13.3
Total	30	99.9

Additional county attorney comments on death investigation effectiveness:

Of those responding “b. Agree” one stated: “if it is done correctly!”

Nebraska State Patrol

- a. Strongly agree
- b. Agree
- c. No opinion
- √ d. Disagree
- e. Strongly disagree

Police Officers

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	0	0
b. Agree	1	14
c. No opinion	2	29
d. Disagree	4	57
e. Strongly disagree	0	0
Total	7	100

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	19
b. Agree	5	31
c. No opinion	1	6
d. Disagree	4	25
e. Strongly disagree	3	19
Total	16	100

Additional comments:

Of the five respondents selecting “b. Agree” the following comments were offered:

“in some of the jurisdictions.”

“mostly effective but much room for improvement.”

“The current system for death investigations produces quality results”

- a. strongly agree**
- b. agree**
- c. no opinion**
- d. disagree**
- e. strongly disagree.**

County Attorneys

29 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	10.3
b. Agree	13	44.8
c. No opinion	9	31.0
d. Disagree	2	6.9
e. Strongly disagree	2	6.9
Total	29	99.9

Additional comments:

One respondent appeared to have chosen both:
“a. Strongly Agree” and *“b. Agree”*.

Nebraska State Patrol

- a. Strongly agree
- b. Agree
- c. No opinion
- d. Disagree
- √ e. Strongly disagree

Police Officers

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	0	0
b. Agree	1	14
c. No opinion	0	0
d. Disagree	6	86
e. Strongly disagree	0	0
Total	7	100

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	18.75
b. Agree	4	25
c. No opinion	2	12.50
d. Disagree	4	25
e. Strongly disagree	3	18.75
Total	16	100

Additional Comments:

One respondent who selected “b Agree” wrote “provided the agencies are equipped to investigate unattended deaths”

Spencer, Karyn. (2008, February 24-26) “Fatal Flaws.” *Omaha World Herald.* ¹

REISSUE REVISED STATUTES OF NEBRASKA, 2007 ²

Pirsch, Peter A. (2008). *Survey of Nebraska County Attorneys: Coroner Duties in Nebraska and Survey of Nebraska Law Enforcement: Death Investigations in Nebraska.* Lincoln, NE: Pirsch, Peter A. ³

Existing State Standards and Oversight

Nebraska's primary method for conducting death investigations is the county coroner's system.

Currently, the state has no oversight of this system. The control exists at a local level as county coroners develop their own course of action or policies for death investigations. This creates a significant variance in investigations across the state.¹

Inquests (*investigations of deaths occurring by unlawful means*) are under the authority of the county attorneys serving as coroners, and holding these inquests are optional (See: Neb. Rev. Stat. §23-1801).²

Nebraska currently mandates the notification of the county coroner when a death occurs during apprehension or while in custody. Failure to notify merits the penalty of a Class IV misdemeanor (See: Neb. Rev. Stat. §23-1821).² In order to establish the cause of death in custody; Nebraska grants the county coroner the ability to perform one of the following options (See: Neb. Rev. Stat. §23-1822) ²

1. An exam
2. A test
3. An autopsy

If, at any time the coroner is absent or unable to fulfill their duties, the sheriff of that county is authorized by law to carry out the duties of the coroner (See: Neb. Rev. Stat. §23-1817).²

The decision to conduct an autopsy rests with the coroner. Nebraska holds two statutory requirements for autopsies. One pertains to minors aged nineteen or younger who die suddenly. The exception to this requirement is death by a recognizable disease, trauma from an accident or the absence of suspicious circumstances (See: Neb. Rev. Stat. §23-1824).²

The second requirement involves the death of children aged one week to three years. This serves the purpose of ruling out sudden infant death syndrome, neglect, violence, or unlawful means (See: Neb. Rev. Stat. §71-605).²

Following are responses to Senator Pete Pirsch's 2008 survey (*Appendices D and E*) pertaining to current state standards and oversight of death investigations in Nebraska: ³

“The responsibilities for investigation of cause of death should be ...”

- a. kept by individual counties**
- b. shared by several counties**
- c. handled by the State of Nebraska.**

County Attorneys

30 Respondents

Response Choices	Number Responding	Percent
a. Kept by individual counties	16	53.3
b. Shared by several counties	4	13.3
c. Handled by the State of Nebraska	10	33.3
Total	30	99.9

Additional comments:

Of the respondents choosing “a. Kept by individual counties” the following comments were offered:

“For Douglas, Lancaster, Sarpy.”

“Unless the state intends to pay for ME investigations.”

“With opportunity for shared by several counties.”

“Along with help from Nebraska State Patrol”

Nebraska State Patrol

√ a Kept by individual counties

b. Shared by several counties

c. Handled by the State of Nebraska

Police Officers

7 Respondents

Response Choices	Number Responding	Percent
a. Kept by individual counties	4	57
b. Shared by several counties	2	29
c. Handled by the State of Nebraska	1	14
Total	7	100

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. Kept by individual counties	12	80
b. Shared by several counties	1	7
c. Handled by the State of Nebraska	2	13
Total	15	100

Additional comments:

Of the 12 respondents choosing “a. Kept by individual counties” the following comments were made:

“With the availability of other agencies if necessary”

“With assistance of multi-city task force for violent crime”

“With the assistance of a regional State Medical Examiner’s Office.”

“However, there are circumstances that can change this issue. The State should be available to assist if called. A homicide case can be overwhelming to smaller counties and their abilities to investigate.”

One respondent choosing “b. Shared by several counties” wrote “‘Task Force’ approach”

One respondent did not select an option, but wrote, “Could be shared by several counties as long as all counties involved are treated as equals and good response time is assured. Would need some kind of funding mechanism so smaller counties were not financially burdened. Small counties may not be able to keep up with larger counties if we start requiring more autopsies. Initial investigation must be done immediately. We have several elderly people that pass away of natural causes and it would not be acceptable to leave these people lay for hours waiting for an ‘investigator’ to arrive from 30 or more miles away.”

Spencer, Karyn. (2008, February 24-26) “Fatal Flaws.” Omaha World Herald. ¹

REISSUE REVISED STATUTES OF NEBRASKA, 2007 ²

Pirsch, Peter A. (2008). *Survey of Nebraska County Attorneys: Coroner Duties in Nebraska and Survey of Nebraska Law Enforcement: Death Investigations in Nebraska.* Lincoln, NE: Pirsch, Peter A. ³

County Rates of Solved and Unsolved Death Cases

Information determining the numbers of both solved and unsolved death cases at the county level is not readily available. Pinpointing this type of information would necessitate additional surveying.

Existing data is available on the state level through two sources:

1. The Nebraska Commission on Law Enforcement and Criminal Justice
2. The Nebraska State Patrol

The Nebraska Commission on Law Enforcement and Criminal Justice accumulates data on crimes and arrests in each of the state's jurisdictions.

Since 1971, the Nebraska Crime Commission has carried out the responsibility of collecting statistics in the form of Uniform Crime Reports for the Federal Bureau of Investigation.

Law enforcement agencies in the state of Nebraska are statutorily required to submit Uniform Crime Reports on a monthly basis. These reports must detail both the number of crimes reported (or known) and the number of arrests.

Those agencies required to submit such reports include:

1. County sheriffs
2. Police departments
3. State Patrol
4. Select campus police departments
5. State Fire Marshal.

Once these reports are received, they are compiled and forwarded to the Federal Bureau of Investigation's Uniform Crime Reports Program. These reports are included in the nation's crime statistics and are available to state and local agencies.

Nebraska's law enforcement agencies report data in one of two formats to the state's Crime Commission. The first format is the traditional Uniform Crime Report (UCR) and the second format is the Nebraska Incident-Based Reporting System (NIBRS).

The Uniform Crime Report collects crime data specific to eight types of crime:

1. Aggravated assault
2. Arson
3. Forcible rape
4. Manslaughter/murder
5. Motor vehicle theft
6. Burglary
7. Larceny/theft
8. Robbery

The Nebraska Incident Based Reporting System (NIBRS) collects crime data on twenty-two categories of crime including thirty-two arrest categories. For publication purposes the NIBRS data is converted to the UCR format.¹

This report is unable to utilize the data available through the Uniform Crime Report in order to determine each county's solved and unsolved death cases. The crime category of "murder-manslaughter" in the UCR can reflect multiple arrests for one offense. This could include cases overturned in a court of law, or arrests that take place at a future date. Such events and Nebraska's low rate of homicide skew the data to such a degree that this report is unable to derive accurate county-level figures.²

Over ninety percent of homicide cases are solved in the state of Nebraska, however since 1969 there have been about 250 unsolved homicides in the state; roughly half are cases in Omaha.³

The Nebraska State Patrol's Cold Case Squad was formed in 1999 and consists of two, full-time investigators. The Squad continuously examines Nebraska's cold cases, and applies the new and available technological techniques in anticipation of answering each case's unanswered questions.⁴

Nebraska's Cold Case Squad is actively working seventeen unsolved homicides and has cleared approximately twelve suspects through technological DNA testing.⁴

Nebraska Crime Commission (<http://www.ncc.state.ne.us>)¹

Spencer, Karyn. (2008, February 24-26) "Fatal Flaws." *Omaha World Herald*.²

Nebraska State Patrol Cold Case Squad (<http://www.nsp.state.ne.us>).³

O'Brien, Maggie. (2008, April 29) "Omaha cold case unit to investigate unsolved Nebraska homicides." *Omaha World Herald*.⁴

Current Variance and Effectiveness of Death Investigations in Nebraska's Ninety-three Counties

The state of Nebraska has no oversight of its death investigations system. County attorneys develop their own death investigation practices. This creates a significant variance across the state.¹

Without a statewide standard, this report cannot gauge the effectiveness of death investigations in Nebraska's ninety-three counties.

County Resources:

A number of counties function under lean budgets and minimal resources. Several counties must band together and share resources.

For example, sixteen Nebraska counties divide duties between one county attorney. Other counties must function without the convenience of a local physician, and certain counties must depend upon the services of one law enforcement officer.¹

Counties without an on-site attorney¹:

- | | |
|--------------|---------------|
| 1. Arthur | 9. Howard |
| 2. Banner | 10. Keya Paha |
| 3. Blaine | 11. Logan |
| 4. Garden | 12. Loup |
| 5. Grant | 13. McPherson |
| 6. Hayes | 14. Thomas |
| 7. Hitchcock | 15. Valley |
| 8. Hooker | 16. Wheeler |

Counties without local physician services¹:

- | | |
|-------------|---------------|
| 1. Arthur | 11. Hitchcock |
| 2. Banner | 12. Keya Paha |
| 3. Blaine | 13. Logan |
| 4. Clay | 14. Loup |
| 5. Deuel | 15. McPherson |
| 6. Frontier | 16. Nance |
| 7. Gosper | 17. Sioux |
| 8. Grant | 18. Stanton |
| 9. Greeley | 19. Thomas |
| 10. Hayes | 20. Wheeler |

Counties with one law-enforcement officer: ¹

- | | |
|--------------|--------------|
| 1. Arthur | 7. Loup |
| 2. Banner | 8. McPherson |
| 3. Blaine | 9. Sioux |
| 4. Grant | 10. Thomas |
| 5. Hooker | 11. Wheeler |
| 6. Keya Paha | |

Coroners Duties:

County Attorneys handle approximately three thousand cases per year.¹

According to Nebraska Revised Statutes of 1943, a county coroner's duties consist of the following:

1. Notification¹

County attorneys may be notified of certain deaths.

This includes deaths:

- From neglect, violence or abuse
- Resulting from motor vehicle accidents
- Suddenly occurring in people under the age of nineteen
- Occurring during arrest
- Occurring while in custody

County attorneys have the option to:

- Delegate to law enforcement
- Attend the death scene
- Create additional policies regarding deaths in hospice or nursing homes

2. Investigation¹

Coroners may choose to work with law enforcement to investigate a death.

County attorneys have the option to conduct the following coroner's duties:

- Examine the body at the scene of death
- Photograph, measure and diagram scene
- Collect and document potential evidence
- Hire a coroner's physician to attend the scene
- Examine disrobed body at funeral home
- Hire a coroner's physician to view the body at the morgue or mortuary
- Contact physician of the deceased and obtain their medical history
- Interview witnesses, family, friends and others
- Conduct tests on bullets and firearms for evidence

3. Autopsy¹

If necessary, county attorneys are statutorily authorized to order an autopsy, in order to determine the cause of death.

Factors to consider before deciding to autopsy:

- Do the circumstances allow for the filing of criminal charges?
- Do the circumstances allow for the filing of a lawsuit?
- Would an autopsy settle questions for the family of the deceased?
- Could the circumstances of the death create controversy?

4. Completion of the Death Certificate¹

The death certificate must include the cause of death and manner of death (such as an accident, suicide, homicide, or natural causes)

County attorneys have the option to:

- Allow the coroner's physician to certify death (*See: Neb. Rev. Stat. of 2007 §23-1820*).²
- Complete and sign the death certificate in the absence of an attending, licensed physician (*See: Neb. Rev. Stat of 2007 §71-605*).²
- Rely on autopsy results, when conducted

Known Variances between death investigations in Nebraska counties

- 35 of Nebraska's 93 counties have their autopsies conducted in Omaha.
- A majority of Nebraska's counties create and use their own forms for death investigations.
- McCook County coroner duties fall under law enforcement's authority as opposed to the county attorney.
- Logan County coroner authorized law enforcement as the primary party responsible for coroner's duties. Due to the distance of travel, the sheriff's office was in a closer proximity to arrive at the scene of a death. Logan County law enforcement continues to call upon the county coroner when necessary.
Due to the lack of state standards, Logan County developed a system for Death Investigations as well as standard forms. There are more than eight Nebraska agencies that used or continue to use these forms.
- Buffalo County is part of the "SCALES" South Central Area Law Enforcement Services unit, as well as the Regional Violent Crime Task Force. This county is a source for investigators and shares its resources with multiple counties across multiple jurisdictions.
- Washington County currently has one investigator who attends a ten week forensic school. It is the county's intent to retain a trained investigator on staff. Investigators in the county receive a minimum of 120 hours investigative training. An unlimited amount of continuing education ensues this initial training. In order to meet the qualifications of an investigator, Washington County requires at least three years of experience.
- Jefferson County law enforcement utilizes a test based on the "*Totality of Circumstances*"³ to determine whether probable cause exists to order an autopsy.
- Douglas County has one attorney assigned to coroner duties while the Omaha Police Department's homicide unit conducts the investigations.
- Lancaster County contracts for 200-220 autopsies per year.
- Seward, Pawnee and Fillmore Counties have contracted physicians to attend the scene of death and/or examine the body at the mortuary.
- Scottsbluff County staffs three death investigators and two certified forensic pathologists.
- Members of the Scottsbluff county sheriff's office receive twenty hours of death investigations training per year.

Statistics:

- 41% of the cause of death determinations are incorrect.⁴

- 31.7% of all autopsies offer discriminatory results:⁵
 - 5% of deaths are accidental.
 - 93% of deaths are natural.
 - 1% of deaths are homicide or suicide.

Following are responses to Senator Pete Pirsch’s 2008 survey (*Appendices D and E*) pertaining to the variance of death investigation procedures in Nebraska’s counties and the effectiveness of these investigations:⁶

“The primary responsibility for coroner duties in this county lies with ...”

- a. the county attorney**
- b. the deputy county attorney**
- c. law enforcement**

County Attorneys

31 Respondents

Response Choices	Number Responding	Percent
a. The County Attorney	25	80.6
b. The Deputy County Attorney	3	9.7
c. Law Enforcement	3	9.7
Total	31	100

Additional comments:

Two respondents chose both:

“a. The County Attorney” and “b. The Deputy County attorney”.

One stated:

“We use an on call system for our attorney’s.”

One respondent chose:

“a. The County Attorney” and “c. Law Enforcement” and stated “They contact each other.”

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. The County Attorney	10	62.5
b. The Deputy County Attorney	0	0
c. Law Enforcement	6	37.5
Total	16	100

Additional comments:

One respondent chose both “a. The County Attorney” and “c. Law Enforcement,” and after “Law Enforcement” wrote “*Sheriff.*”

One respondent who chose “a. The County Attorney” also wrote “*a neighboring Co Attorney can be called when necessary or the Sheriff is in charge and consults with the Attorney.*”

One respondent who chose “c. Law Enforcement” also wrote “*County Sheriff*”

One respondent did not select an option but wrote, “*The duties are shared by the County Attorney and Sheriff or Deputies. Normally the Sheriff’s office investigates and contacts County Attorney and a joint decision is made how to proceed. The county attorney fills out the death certificate.*”

“As County Coroner, I have assisted in the investigation of a homicide or suicide”

a. at least once since I took office

b. in the past twelve months

c. never

d. other

County Attorneys

30 Respondents

Response Choices	Number of Responses	Percent
a. At least once since I took office	7	21.9
b. In the past twelve months	18	56.2
c. Never	4	12.5
d. Other	3	9.4
Total	32	100

Additional comments:

One respondent chose both:

“*b. In the past twelve months*” and “*d. Other*”.

Of the respondents that chose “*b. In the past twelve months*” one stated: “*3X*”

Of the respondents that chose “*d. Other*” one stated:

“*15+*” and another stated “*In the past 3 years.*”

County Sheriffs

16 Respondents

Response Choices	Number of Responses	Percent
a. At least once since I took office	4	27
b. In the past twelve months	6	40
c. Never	0	0
d. Other	5	33
Total	15	100

Additional comments:

Of the five respondents choosing “d. Other,” the following comments were made:

“15 -20 times”

“On many occasions”

“Over 100”

“At least 30 times in the past 22 years.”

“Several suicides, accidental and unattended deaths over the years, just no Homicides or Suicides HERE since I took Office HERE as Sheriff, but I have investigated several at-home Unattended Deaths.”

One respondent did not select an option but wrote “Several suicides, traffic deaths and natural deaths over the years but no homicides ever and no suicides this last year.”

“Strengths in the current system of death investigations in Nebraska (pick two)”

a. maintains local control

b. more affordable than alternatives

c. gives county attorney additional investigatory powers

d. provides highest quality investigation of cause of death possible

e. other.

County Attorneys

30 Respondents

Response Choices	Number of Responses	Percent
a. Maintains local control	18	32.1
b. More affordable than alternatives	13	23.2
c. Gives county attorney additional investigatory powers	14	25.0
d. Provides highest quality investigation of cause of death possible	2	3.6
e. Other	9	16.1
Total	56	100

County attorneys' additional comments:

Of those responding “e. Provides highest quality investigation of cause of death possible” the following comments were offered:

“County attorney will be the person to prosecute homicide charge. They must be present at death scene and in control of same to fully understand and control case.”

“There are no strengths in the current system.”

“Allows county attorneys into investigation at ground floor – crucial for prosecution when becomes necessary.”

State Patrol

√ a. Maintains local control

√ b. More affordable than alternatives

c. Gives county attorney additional investigatory powers

d. Provides highest quality investigation of cause of death possible

e. Other

Police Officers

7 Respondents

Response Choices	Number of Responses	Percent
a. Maintains local control	6	46
b. More affordable than alternatives	5	38
c. Gives county attorney additional investigatory powers	1	8
d. Provides highest quality investigation of cause of death possible	0	0
e. Other	1	8
Total	13	100

County Sheriffs

16 Respondents

Response Choices	Number of Responses	Percent
a. Maintains local control	12	43
b. More affordable than alternatives	9	32
c. Gives county attorney additional investigatory powers	4	14
d. Provides highest quality investigation of cause of death possible	1	4
e. Other	2	7
Total	28	100

Additional comments:

Two respondents chose only 1 response.

One respondent did not select an option, but wrote, “None of these answers”

One respondent who chose “e. Other” wrote “Good in some counties, poor in others.”

“The current system for death investigations is effective”

- a. strongly agree**
- b. agree**
- c. no opinion**
- d. disagree**
- e. strongly disagree**

County Attorneys

30 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	10.0
b. Agree	15	50.0
c. No opinion	4	13.3
d. Disagree	4	13.3
e. Strongly disagree	4	13.3
Total	30	99.9

Additional comments:

Of those responding “b. Agree” one stated:

“if it is done correctly!”

Nebraska State Patrol

- a. Strongly agree
- b. Agree
- c. No opinion
- √ d. Disagree
- e. Strongly disagree

Police Officers

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	0	0
b. Agree	1	14
c. No opinion	2	29
d. Disagree	4	57
e. Strongly disagree	0	0
Total	7	100

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	19
b. Agree	5	31
c. No opinion	1	6
d. Disagree	4	25
e. Strongly disagree	3	19
Total	16	100

Additional comments:

Of the five respondents selecting “b. Agree” the following comments were offered:

“in some of the jurisdictions.”

“mostly effective but much room for improvement.”

“It is important that a civilian authority, other than a police officer, review the cause of death”

- a. strongly agree**
- b. agree**
- c. no opinion**
- d. disagree**
- e. strongly disagree**

County Attorneys

31 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	7	22.6
b. Agree	12	38.7
c. No opinion	6	19.4
d. Disagree	5	16.1
e. Strongly disagree	1	3.2
Total	31	100

Additional comments:

The respondent who chose:

“e. Strongly disagree” stated, “No one ‘reviews’ the cause or manner of death. Law enforcement investigates and coroner determines.”

Nebraska State Patrol

- √ a. Strongly agree
- b. Agree
- c. No opinion
- d. Disagree
- e. Strongly disagree

Police Officers

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	0	0
b. Agree	1	14
c. No opinion	2	29
d. Disagree	4	57
e. Strongly disagree	0	0
Total	7	100

County Sheriffs

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	2	12.5
b. Agree	10	62.5
c. No opinion	2	12.5
d. Disagree	1	6.25
e. Strongly disagree	1	6.25
Total	16	100

Additional comments:

Two of the 10 respondents who selected “b. agree” offered the following comments:

“Define ‘civilian authority’ – a trained police officer should be able to see the same things & maybe more than our County Attorney.”

“If that authority is the Coroner i.e. Co Attorney”

One respondent who selected “c. No opinion” wrote “(Do not understand the context of the question, a civilian may not have enough forensic understanding to know why the death is suspicious.)”

“The population of my county is ...”

Under 10,000

Between 10,000 and 30,000

Over 30,000.

County Attorneys

31 Respondents

Response Choices	Number Responding	Percent
Under 10,000	18	58.1
Between 10,000 and 30,000	10	32.2
Over 30,000	3	9.7
Total	31	100

Additional Comments:

“It would be a tragic error to take coroner’s duties away from county attorneys. Nebraska has it right, and we should not feel obligated to change our laws to conform to other states. Our current statutes are superior in this area. County attorneys are some of the most educated people in the state – there is no reason to think for a moment that we aren’t fully capable of acting as coroners. In fact, who better to make the call for autopsies? We see the big picture and we start building trials from Day 1, wanting to preserve the best evidence.”

Additional Comments (continued):

“Please do not assume the system is broken and work from that premise – some counties are broken and some do it well. In general, county coroners need funding for training and training should be coordinated with law enforcement. Funding should be available for autopsies and the Douglas County morgue facilities are dreadfully outdated and inadequate. The state has not solved county-wide issues yet in juvenile issues. I encourage the legislature to contact all 93 counties for their input and not assume Douglas or Lancaster know best and the other 91 counties are ignorant. A medical examiner system is favorable but not if it is under funded or controlled by a political appointee...I concur with State Medical Examiners as consult only. We must maintain local control of investigations.”

“Specialized training is needed for coroners and investigators. Law enforcement are the investigators and should be involved in death scene investigations. It is an asset to them to have an attorney involved to assist them with the legal considerations of the investigation. CA’s being involved in the investigations helps prepare the criminal case. We are strongly opposed to any state requirement upon the counties that the county will be responsible for paying for. If the state wants to fund experts to assist the county coroners – that would be helpful so long as any systematic change is not at county expense.”

Spencer, Karyn. (2008, February 24-26) *“Fatal Flaws.” Omaha World Herald.* ¹

REISSUE REVISED STATUTES OF NEBRASKA, 2007 ²

Haynes v. Washington, 373 U.S. 503 (1963), U.S. Supreme Court, (May 27, 1963), Docket number: 147 ³

As reported by the John Hopkins School of Medicine, 1990 ⁴

Bennett, Thomas L., M.D. (2008, October). *Coroner Duties and Death Scene Investigation*. Training session presented at the Nebraska County Attorneys Association Fall Training Seminar, Omaha, NE. ⁵

Pirsch, Peter A. (2008). *Survey of Nebraska County Attorneys: Coroner Duties in Nebraska and Survey of Nebraska Law Enforcement: Death Investigations in Nebraska*. Lincoln, NE: Pirsch, Peter A. ⁶

Death Investigation Practices Utilized in Other States

Prior to researching the death investigation policies of other states, this report narrowed its search by selectively surveying the bordering states of Nebraska:

1. Colorado
2. Iowa
3. Kansas
4. Missouri
5. South Dakota
6. Wyoming

The survey focused on five specific areas of policy:

1. System qualifications
2. Training requirements for coroners
3. State assistance
4. Death investigation procedures
5. Protocols for autopsies
 - a. Mandate versus permissive

System Qualifications¹

Elected County Coroners

Colorado
Missouri (*coroner only*)
South Dakota
Wyoming

Appointed County Coroners

Iowa
Kansas

Training Requirements¹

Colorado: 40 hours for newly elected coroners & 16 hours in-service each year with an option for certification in medical-legal death investigations.

Missouri: 20 hours per year.

(A portion of the coroner's salary is dependent upon meeting this requirement)

Wyoming: 40 hours of training required within one year of assuming office. Includes continuing education.

Iowa: Training required for county medical examiners.

Kansas: No training required.

South Dakota: No training required.

State Assistance¹

Colorado: Training assistance is provided through the board.

Wyoming: The law enforcement academy and board provide training.

Iowa: Advisory council, coordinating council and office of the medical examiner provide training.

Kansas: The District Coroners Fund provides money for autopsies.

Missouri: State statute sets coroner salaries.

South Dakota: County compensates special death investigators.

Death Investigation Procedures¹

Colorado: Required for those causes of death enumerated in statute.

Iowa: Required when in the public interest.

South Dakota: Required when in the public interest.

Kansas: Required for children less than 18 years of age, otherwise the investigation is discretionary.

Missouri: Required for certain types of death.

Wyoming: Required for coroner's cases.

Criterion for Autopsy¹

Colorado: Required when deemed advisable.

Iowa: Required for certain deaths listed in code and for children less than 2 years of age.

Kansas: Discretionary excepting children under 18 years of age.

Missouri: Discretionary.

Wyoming: Discretionary.

Nationwide¹

16 States: Centralize their medical examiner's system.

14 States: Have a county coroner system.

7 States: Have a county medical examiner.

13 States: Have a mixed county medical examiner & county coroner system.

8 States: Have a decentralized death investigations system and a medical examiners office.

Legislative Audit and Research Office. (2008). Tabulated Statutes Pertaining to Death Investigations in Nebraska's Surrounding States. Lincoln, NE: Office of State Senator Pete Pirsch.¹

Identifying Qualified Physicians Willing to Assist With Death Investigations

Autopsy services are performed in the following areas:

- Omaha
- Lincoln
- Scottsbluff
- Sioux City
- Additional services are employed through the state of Rapid City, South Dakota.

Existing forensic medical service providers* in the state of Nebraska:

Southeastern Nebraska

Lincoln Nebraska Institute of Forensic Sciences, Inc.
(In cooperation with Nebraska Forensic Medical Services, P.C. & affiliated with the Department of Pathology, Creighton University School of Medicine, Omaha)
Dr. Matthias Okoye, Lincoln

Omaha Dr. Milt Simons
Dr. Blaine Roffman

Western Nebraska

Western Pathology Consultants
Dr. Peter Schilke, Scottsbluff County
Dr. Richard Simmons, Scottsbluff County

**This report does not indicate support of the policy recommendations by the listed physicians, nor does this indicate any intent to participate. This listing is solely for information purposes.*

Proposed policies to improve Nebraska's medical examiner system

A. TRAINING

▪ Existing Models

- Montana:¹
 - Basic training = 40 hours (5 days)
 - Continuing education = 16 bi-annual hours (2 days)
 - Travel expenses and per diems are county paid.

- Saint Louis University School of Medicine (National Association of Medical Examiners)²
 - At least 30 hours of basic training courses should be provided to recently elected or appointed coroners.
 - Three months of on-the-job training with an experienced mentor.
 - After three months, the individual should be able to conduct a thorough medicolegal death investigation in a systematic and scientific way.
 - Ten to 20 hours of continuing education annually should provide the necessary training time to update the coroners on recent legislative changes and advances in the forensic sciences that have occurred in the previous year.

- Centers for Disease Control³
 - Training should include Sudden Unexplained Infant Death Investigations criteria:
 - Identify the different types of sudden unexplained infant deaths
 - Understand infant growth and development
 - Witness interviewing
 - Learn the psychology of interviewing
 - Types of interviews that should be conducted with witnesses at the scene or with other individuals in contact with the decedent
 - Information that should be collected by other agency professionals at the various scenes
 - The investigator's ability to know who to interview, what to ask, and how to ask the questions
 - How to conduct a scene investigation
 - How to conduct a doll reenactment
 - Infant pre-autopsy and post-autopsy reporting

B. POTENTIAL SOURCES OF FUNDING

- Court fees: *Surcharge \$1 on any state, local criminal or traffic offense.*
- Death certificates: *Surcharge*
- Locate and apply for grants from
 - The federal government
 - Private organizations
 - Nebraska Crime Commission.
- Use grant money to attend national training in addition to local training and continuing education.

C. ESTABLISH A BOARD FOR BEST PRACTICES

- Promulgate rules and regulations
- Utilize existing checklists and forms (Appendix K):
 - Logan County, Nebraska
 - Buffalo County, Nebraska
 - Keith County, Nebraska
 - State of Montana¹
 - State of Iowa⁴

D. STATE MEDICAL EXAMINER SYSTEM CAN BE ESTABLISHED WITH LOW COST AND IMMEDIATE RESULTS

- Establish duties
- The medical examiner should serve as a consultant to the county coroner.
- An associate should be available to ease the workload and serve as a back-up while the medical examiner is conducting training.
- The medical examiner should serve on an “on call” basis with a per call fee as the volunteer system carries a high burn-out rate.

E. CREATE A UNIFORM MATRIX OR NETWORK OF INVESTIGATORS WITH INTER-LOCAL AGREEMENTS

- Model this network after the existing inter-agency drug task force.
- Create regions modeled after “NEMA’s” map of their statewide operability plan.
- Consider positioning four investigators from four areas within four hours of the destination.
- Create inter-local agreements regarding death investigations.
- Place other “on-call” investigators:
 - Other county coroners
 - Area State Patrol officers
- Study existing Nebraska models of networks:
 - Scottsbluff County
 - Three investigators with a requirement of 20 hours of annual training.
 - Two certified forensic pathologists
 - Buffalo County:
 - Part of the “SCALES” South Central Area Law Enforcement Services unit.
 - Member of the Regional Violent Crime Task Force.
 - This county shares its investigators and resources with multiple counties across multiple jurisdictions.

F. STANDARDIZE DEATH INVESTIGATIONS

- Answer six basic questions:
 1. *Who*
 2. *What*
 3. *When*
 4. *Where*
 5. *Why*
 6. *How*
- Standardized forms
 - Include electronic format
- Retain all records and files

G. CREATE UNIFORM CHECKLISTS TO DETERMINE THE NEED FOR AN AUTOPSY

- SIDS
- Deaths while in custody
- Motor vehicle collisions
 - *When external injuries do not fit*
- Burn Cases
 - *For mediological reasons*

H. DEVISE A GUIDEBOOK FOR COUNTY CORONERS

I. ESTABLISH A NINE MEMBER ADVISORY BOARD:

- State Patrol
- County Sheriffs
- Police
- County Attorneys
- Public Defenders
- Medical Examiners
 - Members of the Montana advisory board serve in user agencies and are appointed by the Attorney General.
 - This board represents the private sector, defense attorneys, prosecutors and law enforcement:
 - 2 prosecutors
 - 2 public defenders
 - 1 Sheriff
 - 1-2 chiefs of police
 - 1 private sector scientist
 - The board is charged with:
 - Suggesting improvements
 - Providing feedback to the Attorney General
 - Providing feedback to the crime lab regarding the work lab produces
 - Fostering better communication between the lab and the user agencies (all of whom are represented on the board)
- A Nebraska board could perform the following duties:
 - Set minimum standards for statewide consistency.
 - The board could perform reviews of investigations.
 - Design and provide standardized forms.
 - Design and provide a guidebook of standards for investigations.
 - Set standards for requirements for autopsies.
 - Nebraska could provide a general grant of authority to the board and have them develop a plan.
 - Set forth rules for best practices in relation to adults and create a uniform checklist to determine the need for an autopsy.
 - Set forth rules for best practices in relation to a child (*as defined by the Centers for Disease Control*) and create a uniform checklist to determine the need for an autopsy.
 - Serve as the facilitator between law enforcement, county coroners, forensic pathologists and forensic lab personnel.

- Consider utilizing funds to assist small counties with complex investigations. *(Similar to Washington State’s Forensics Investigation Council).*⁵

J. EXISTING RESOURCES FOR DEATH INVESTIGATIONS

- Nebraska State Patrol can provide the following:⁶
 - Investigators
 - Crime Lab Technicians
 - Polygraph Examiners
- Office of the Attorney General
 - On-call investigators
 - Death investigations training
- The Centers for Disease Control as a resource for Sudden Unexplained Infant Death training.
- Douglas County Attorney Don Kleine
 - The Douglas County Child Death Investigations
 - The Nebraska Child Death Review Team
- Utilize Federal assets that are available on the state level.
 - For example, a specialist in Sudden Unexplained Infant Death.

Montana Code Annotated §46-4-101 through 46-4-123 (2007).¹

Fran Ernst -Giroux, Mary. Director of Forensic Education, Associate Professor of Pathology: Saint Louis University School of Medicine/Meeting Planner, National Association of Medical Examiners. Personal communication.²

Centers for Disease Control and Prevention, Division of Reproductive Health Maternal and Infant Health Branch. (DATE). Sudden Unexplained Infant Death Investigations: A Systematic Training Program for the Professional Infant Death Investigation Specialist, YEAR. Atlanta, GA: U.S. Department of Health and Human Services³

Iowa Administrative Code §641-127.2 (2001)⁴

Revised Code of Washington §43.103.030 (1999)⁵

Spencer, Karyn. (2008, February 24-26) “Fatal Flaws.” *Omaha World Herald*.⁶

ONE HUNDREDTH LEGISLATURE
SECOND SESSION
LEGISLATIVE RESOLUTION 276

Introduced by Pirsch, 4.

PURPOSE: To examine the standards and oversight of death investigations in Nebraska.

The duty of a coroner is to determine cause of death, decide whether a death involved foul play, and determine whether the circumstances of a death require an autopsy.

Since 1917, Nebraska has utilized its county attorneys to serve as coroners. Nebraska remains the only state in the nation using county attorneys as coroners.

Nebraska's county attorneys are not required by law to obtain training in the performance of coroner responsibilities.

The issues addressed by this interim study shall include, but are not limited to:

- (1) Present-day autopsy rates in Nebraska;
- (2) Existing levels of coroner training;
- (3) Apparent quality of death investigations;
- (4) Existing state standards and oversight;
- (5) County rates of solved and unsolved death cases;
- (6) Current variance and effectiveness of death investigations in Nebraska's ninety-three counties;
- (7) Death investigation practices utilized in other states;

(8) Identifying qualified physicians willing to assist with death investigations;

(9) Proposed policies to improve Nebraska's medical examiner system; and

(10) Other related matters.

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE ONE HUNDREDTH LEGISLATURE OF NEBRASKA, SECOND SESSION:

1. That the Judiciary Committee of the Legislature shall be designated to conduct an interim study to carry out the purposes of this resolution.

2. That the committee shall upon the conclusion of its study make a report of its findings, together with its recommendations, to the Legislative Council or Legislature.



One Hundred First Legislature - First Session - 2009
Introducer's Statement of Intent
LB 671

Chairperson: Brad Ashford
Committee: Judiciary
Date of Hearing: March 11, 2009

The following constitutes the reasons for this bill and the purposes which are sought to be accomplished thereby:

In 2008, an interim study (LR 276) was conducted to examine the standards and oversight of death investigations in Nebraska.

The study included the following information:

1. Present-day autopsy rates in Nebraska;
2. Existing levels of coroner training;
3. Apparent quality of death investigations;
4. Existing state standards and oversight;
5. County rates of solved and unsolved death cases;
6. Current variance and effectiveness of death investigations in Nebraska's ninety-three counties;
7. Death investigation practices utilized in other states;
8. Identifying qualified physicians willing to assist with death investigations;
9. Proposed policies to improve Nebraska's medical examiner system; and
10. Other related matters.

The findings of this study revealed certain needs of key stakeholders in Nebraska's death investigation processes. The findings were included in a report and lead to the introduction of LB 671.

LB 671 provides our county coroners and law enforcement with the tools necessary to better accomplish their death investigation duties.

LB 671 amends sections 23-1212, 23-1213 and 23-1218 of the Reissue Revised Statutes of Nebraska by:

Modifying the membership of the Nebraska County Attorney Standards Advisory Council and charging them with the duty of ensuring statewide, quality and uniform death investigation processes.

LB 671 grants the council the authority to:

- Establish a region-based state medical examiner system.
- Make available certified forensic pathologists to serve as on-call consultants to law enforcement and county attorneys.
- Determine the duties of the medical examiners.
- Create and distribute uniform checklists of best practices.
- Promote uniform and quality death investigations for county coroners.
- Create standardized procedures for death investigations.
- Review death investigations and offer recommendations for improvement.
- Determine the number of hours required for coroner training.
- Distribute funds for coroner training.
- Serve as a facilitator to improve communication between all involved in death investigations.
- Assist with the establishment of a voluntary network of regional officials to serve as a support system during an investigation.

LB 671 creates the County Coroner Death Investigations Fund and funds it through a one dollar fee placed on all criminal proceedings, traffic infractions and misdemeanors filed in the courts of our state. This does not include juvenile court proceedings.

Principal Introducer:

_____ **Senator Pete Pirsch**

LEGISLATURE OF NEBRASKA

ONE HUNDRED FIRST LEGISLATURE

FIRST SESSION

LEGISLATIVE BILL 671

Introduced by Pirsch, 4.

Read first time January 21, 2009

Committee: Judiciary

A BILL

1 FOR AN ACT relating to death investigations; to amend sections
2 23-1212, 23-1213, and 23-1218, Reissue Revised Statutes
3 of Nebraska; to change the membership of the Nebraska
4 County Attorney Standards Advisory Council; to provide
5 powers and duties for the council regarding establishment
6 of a region-based state medical examiner system; to
7 create a fund; to authorize a court fee; to harmonize
8 provisions; and to repeal the original sections.
9 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 23-1212, Reissue Revised Statutes of
2 Nebraska, is amended to read:

3 23-1212 For purposes of sections 23-1212 to 23-1222 and
4 sections 3 to 6 of this act, unless the context otherwise requires:

5 (1) County attorney shall mean the county attorney of
6 a county in this state whether such position is elective or
7 appointive and regardless of whether such position is full time or
8 part time;

9 (2) Deputy county attorney shall mean an attorney
10 employed by a county in this state for the purpose of assisting
11 the county attorney in carrying out his or her responsibilities
12 regardless of whether such position is full time or part time;

13 (3) Council shall mean the Nebraska County Attorney
14 Standards Advisory Council;

15 (4) Attorney General shall mean the Nebraska Attorney
16 General;

17 (5) Commission shall mean the Nebraska Commission on Law
18 Enforcement and Criminal Justice; and

19 (6) Continuing legal education, including instruction
20 providing a working knowledge of electronic speed measurement
21 principles and instruction on the investigation and prosecution
22 of crimes against children, shall mean that type of legal
23 education, including instruction providing a working knowledge
24 of electronic speed measurement principles and instruction on the
25 investigation and prosecution of crimes against children, which has

1 application to and seeks to maintain and improve the skills of
2 the county attorney and deputy county attorney in carrying out the
3 responsibilities of his or her office or position.

4 Sec. 2. Section 23-1213, Reissue Revised Statutes of
5 Nebraska, is amended to read:

6 23-1213 There is hereby created the Nebraska County
7 Attorney Standards Advisory Council which shall consist of ~~seven~~
8 eleven members, four of whom shall be either a county attorney or
9 deputy county attorney, one member being a professor of law, and
10 two members being county commissioners or supervisors, one member
11 being a member of the Nebraska State Patrol, one member being a
12 county sheriff, one member being a chief of police, and one member
13 being a certified forensic pathologist. The members of such council
14 shall be appointed by the Governor. Of the county attorneys or
15 deputy county attorneys appointed to such council, one shall be
16 from Douglas County, one shall be from Lancaster County, and the
17 remaining two shall be appointed from the remainder of the state.
18 Members of the council shall serve a term of four years, except
19 that of the members first appointed one member shall serve a term
20 of one year, two members shall serve a term of two years, two
21 members shall serve a term of three years, and two members shall
22 each serve a term of four years. A member may be reappointed at
23 the expiration of his or her term. Any vacancy occurring other
24 than by expiration of a term shall be filled for the remainder of
25 the unexpired term in the same manner as the original appointment.

1 The council shall select one of its members as chairperson. The
2 Governor shall make the appointments under this section within
3 ninety days of July 19, 1980.

4 Members of the council shall have such membership
5 terminated if they cease to hold the office of county attorney,
6 deputy county attorney, ~~or~~ county commissioner or supervisor, or
7 county sheriff. A member of the council may be removed from the
8 council for good cause upon written notice and upon an opportunity
9 to be heard before the Governor. After the hearing, the Governor
10 shall file in the office of the Secretary of State a complete
11 statement of the charges and the findings and disposition together
12 with a complete record of the proceedings.

13 Sec. 3. The council shall have the following duties
14 with respect to ensuring quality and uniform death investigation
15 processes throughout the state:

16 (1) The council shall establish a region-based
17 state medical examiner system consisting of certified forensic
18 pathologists serving as death investigation consultants to law
19 enforcement and the county attorney serving as coroner;

20 (2) The council shall ensure a certified forensic
21 pathologist is available at all times throughout the state to serve
22 on an on-call, fee-per-service basis as a medical examiner;

23 (3) The council shall determine and establish the duties
24 of medical examiners serving as on-call consultants to the death
25 investigator and autopsy service providers;

1 (4) The council shall create and distribute uniform
2 checklists of best practices to promote uniform and quality death
3 investigations for county coroners;

4 (5) Such checklists shall include guidance to the county
5 coroner in determining the need for autopsies involving:

6 (a) Deaths of individuals nineteen years of age or older;

7 (b) Deaths of individuals under nineteen years of age;

8 (c) Sudden, unexplained infant deaths;

9 (d) Deaths while in custody;

10 (e) Deaths caused by motor vehicle collisions;

11 (f) Deaths by burning; and

12 (g) Suspicious deaths;

13 (6) The council shall create standardized procedures for
14 death investigations, including death scene procedures. The council
15 shall also make recommendations as to best practices for county
16 coroners with respect to:

17 (a) The utilization of investigative tools and equipment;

18 (b) Entering the death scene;

19 (c) Documenting and evaluating the death scene;

20 (d) Documenting and evaluating the body;

21 (e) Establishing and recording decedent profile
22 information; and

23 (f) Completing the death scene investigation;

24 (7) The council may undertake reviews of death
25 investigations and offer recommendations for improvement to county

1 coroners and to the Legislature, if needed;

2 (8) The council shall determine the number of hours
3 required for initial death investigation training for newly elected
4 or appointed county attorneys serving as county coroners;

5 (9) The council shall determine the number of hours
6 required for annual continuing education death investigation
7 training of county attorneys serving as county coroners;

8 (10) The council shall determine the curriculum and
9 location for such training and continuing education events;

10 (11) The council may distribute funds to cover the costs
11 of initial training and continuing education; and

12 (12) The council shall serve as a facilitator to improve
13 communication between law enforcement, county attorneys, certified
14 forensic pathologists serving as death investigation consultants,
15 and forensic lab personnel.

16 Sec. 4. The council may also:

17 (1) Help establish a voluntary network of regional
18 officials including, but not limited to, law enforcement, county
19 coroners, and medical personnel to provide death investigation
20 support services for any location in Nebraska;

21 (2) Help determine the membership of such networks; and

22 (3) Develop, design, and provide standardized forms in
23 both hard copy and electronic copy for use in death investigations.

24 Sec. 5. Every person who is elected or appointed as
25 a coroner or deputy coroner in or for the State of Nebraska

1 shall satisfactorily complete initial death investigation training
2 within one year after the date of election or appointment, and
3 thereafter annually complete continuing education as determined by
4 the council.

5 Sec. 6. (1) The County Coroner Death Investigations
6 Fund is created. The fund shall consist of money collected
7 under subsection (2) of this section, money appropriated by the
8 Legislature, and gifts, grants, costs, or charges from any source,
9 including federal, state, public, and private sources. The fund
10 shall be used by the council to carry out sections 3 and 4 of
11 this act. Any money in the fund available for investment shall be
12 invested by the state investment officer pursuant to the Nebraska
13 Capital Expansion Act and the Nebraska State Funds Investment Act.

14 (2) Beginning January 1, 2010, a fee of one dollar shall
15 be taxed as costs in each criminal proceeding, including traffic
16 infractions and misdemeanors, filed in all courts of this state for
17 violations of state law or city or village ordinances. No such fee
18 shall be collected in any juvenile court proceeding or when waived
19 under section 29-2709. Such fee shall be remitted to the State
20 Treasurer on forms prescribed by the State Treasurer within ten
21 days after the close of each calendar quarter. The State Treasurer
22 shall credit the money to the County Coroner Death Investigations
23 Fund.

24 Sec. 7. Section 23-1218, Reissue Revised Statutes of
25 Nebraska, is amended to read:

1 23-1218 The Nebraska Commission on Law Enforcement and
2 Criminal Justice, after consultation with the council, shall:

3 (1) Establish curricula for the implementation of a
4 mandatory continuing legal education program, including instruction
5 providing a working knowledge of electronic speed measurement
6 principles and instruction on the investigation and prosecution of
7 crimes against children, for county attorneys and deputy county
8 attorneys;

9 (2) Administer all programs of continuing legal
10 education, including instruction providing a working knowledge
11 of electronic speed measurement principles and instruction on
12 the investigation and prosecution of crimes against children,
13 for county attorneys and deputy county attorneys required under
14 sections 23-1212 to 23-1222 and sections 3 to 6 of this act;

15 (3) Evaluate the effectiveness of programs of continuing
16 legal education, including instruction providing a working
17 knowledge of electronic speed measurement principles and
18 instruction on the investigation and prosecution of crimes against
19 children, required under sections 23-1212 to 23-1222 and sections
20 3 to 6 of this act;

21 (4) Certify the number of hours of continuing legal
22 education, including instruction providing a working knowledge of
23 electronic speed measurement principles and instruction on the
24 investigation and prosecution of crimes against children, completed
25 by a county attorney and deputy county attorney as required under

1 sections 23-1212 to 23-1222 and sections 3 to 6 of this act and
2 maintain all records relating thereto;

3 (5) Report to the Attorney General the names of all
4 county attorneys and deputy county attorneys who have failed
5 to complete the number of hours of continuing legal education,
6 including instruction providing a working knowledge of electronic
7 speed measurement principles and instruction on the investigation
8 and prosecution of crimes against children, as required under
9 section 23-1217;

10 (6) Establish tuition and fees for all programs of
11 continuing legal education, including instruction providing a
12 working knowledge of electronic speed measurement principles and
13 instruction on the investigation and prosecution of crimes against
14 children, as required under sections 23-1212 to 23-1222 and
15 sections 3 to 6 of this act;

16 (7) Adopt and promulgate necessary rules and regulations
17 for the effective delivery of all programs of continuing legal
18 education, including instruction providing a working knowledge of
19 electronic speed measurement principles and instruction on the
20 investigation and prosecution of crimes against children, for
21 county attorneys and deputy county attorneys as required under
22 sections 23-1212 to 23-1222 and sections 3 to 6 of this act;

23 (8) Do all things necessary to carry out the purpose of
24 training county attorneys and deputy county attorneys as required
25 by sections 23-1212 to 23-1222 and sections 3 to 6 of this act; and

1 (9) Receive and distribute appropriated funds to the
2 Nebraska County Attorneys Association to develop, administer, and
3 conduct continuing legal education seminars, prepare and publish
4 trial manuals and other publications, and take any other measure
5 that will enhance the investigation and prosecution of crime in
6 this state.

7 Sec. 8. Original sections 23-1212, 23-1213, and 23-1218,
8 Reissue Revised Statutes of Nebraska, are repealed.

**Nebraska Statute:
Existing Standards and Oversight of Death Investigations.**

Nebraska Revised Statutes of 1943

Chapter 23. County Government and Officers
Article 12. County Attorney
§23-1210

Article 18. Coroner
§23-1801-1824

Chapter 60. Motor Vehicles
Article 6. Nebraska Rules of the Road
(D) Accidents and Accident Reporting
§60-6,102

Chapter 71. Public Health and Welfare
Article 6. Vital Statistics
§71-605
§71-605.04

Summary of Statutes Pertaining to Death Investigations in States Surrounding Nebraska

State	System/Qualifications	Training	State Assistance	Death Investigations	Autopsy
<p>Colorado 30-10-600 — 30-10-622 30-2-108</p>	<p>County coroners are elected. Qualification include: 1) be a citizen of U.S.; 2) be a resident of the state and county; 3) be a high school graduate; 4) submit complete set of fingerprints.</p> <p>The statutes also set out a conflict of interest prohibition.</p>	<p>Training requirements include (unless waived per statute): 1) 40 hours for newly elected coroners; 2) Opportunity to be certified in medical-legal death investigation; 3) 16 hours annual in-service training.</p> <p>Salary suspended if noncompliant.</p> <p>Colorado Coroners Association is a continuing education provider.</p>	<p>Assistance is provided through the <i>Coroners Standards and Training Board</i>, which develops training curriculum and approves instructor qualifications.</p>	<p>Investigations are required for certain statutorily enumerated causes of death. A coroner may hold an inquest.</p>	<p>Autopsies are required if a coroner or district attorney “deems advisable”.</p>
<p>Iowa 331.801 — 331-805 691.5 — 691.6C</p>	<p>County medical examiners are appointed by county boards and must be physicians.</p> <p>A State Medical Examiner is appointed by the state director of public health. The Examiner must be physician and surgeon, and be board certified, or eligible to be board certified, in anatomic and forensic pathology.</p>	<p>Training is required for county medical examiner investigators, who work for county M.E.</p>	<p>Assistance is provided through: 1) <i>Iowa Office of State Medical Examiner</i>, which provides assistance, consultation, and training; keeps records of investigations; and promulgates rule and regs for county medical examiners. The office is funded primarily by fees paid by counties utilizing its resources. 2) <i>Interagency Coordinating Council</i>, which advises the state medical examiner concerning the coordination of the functions and operations of the office of the state medical examiner with the needs of the departments of public safety and public health. 3) <i>State M.E. Advisory Council</i> which advises the state medical examiner on a range of issues affecting the office and the effectiveness of the state’s medical</p>	<p>Preliminary investigations are required for deaths affecting the “public interest”.</p>	<p>Autopsies are required for certain causes of death that are enumerated in administrative code. Autopsies are also required statutorily for certain deaths of children younger than two.</p>

			examiner system.		
State	System/Qualifications	Training	State Assistance	Death Investigations	Autopsy
Kansas 22a-226 — 22a-246	District coroners (districts based on judicial districts) are appointed by county boards. Qualifications include: 1) be licensed to practice medicine and surgery; 2) be a resident of the state.	There are no training requirements set out in statute.	Assistance is provided through the <i>District Coroners Fund</i> , which provides money for autopsies. Any remaining funds are distributed to counties based on the number of recorded deaths as ratio of recorded deaths statewide.	Investigations are discretionary except they are required for children under 18 and death is suspicious or cause unknown. Coroners may hold inquests.	Autopsies are discretionary unless deaths involves children under 18 and the death is suspicious or the cause is unknown.
Missouri 58.010 — 58.620 58.700 — 58.770	County coroners in 100 of the counties are elected. Coroners must be over 21, U.S. citizens, residents of the state for 1 year, and residents of the county for 6 months. There are county medical examiners in 14 counties that are appointed by the governing body of each county. Appointed examiners must be physicians licensed to practice medicine.	County coroners are required to register with the Missouri Coroners' and Medical Examiners' Association. \$1,000 of a coroner's salary is dependent upon 20 hours training each year.	County coroner salaries are set by formula in state statute.	Investigations are required for certain deaths. Coroners may impanel a coroner's jury.	Autopsies are discretionary.
Nebraska 23-1210 23-1801 — 23-1824 60-6,102 71-605	County attorneys serve as county coroners.	There are no training requirements set out in statute.	Assistance is provided through the <i>Attorney General's office</i> , which is required to provide guidelines to county coroners regarding autopsies of persons who are less than 19 at the time of death.	"Inquests" are required for deaths of "persons only as are supposed" to have died by unlawful means. Coroners may impanel a jury. Coroners are required to perform an "examination, test, or autopsy" on persons who die during an apprehension. Examinations are required of bodies of drivers killed in car crashes and pedestrians, under 16, killed by cars to determine if alcohol	Autopsies are required for persons who die suddenly and are under 19 years of age. Autopsies are also required to certify Sudden Infant Death.

State	System/Qualifications	Training	State Assistance	Death Investigations	Autopsy
South Dakota 7-7-1.1 — 7-7-1.4 7-14-1 — 7-14-9 23-14-1 — 23-14-20	County coroners are elected except that in counties with population of 75,000 or more coroners may be appointed.	There are no training requirements set out in statute.	Upon request by a coroner, a special death investigator may be appointed by the state's Secretary of Health, who has the same duties as a coroner. A special death investigator is compensated on a fee-for-service basis by the requesting county.	Investigations are required when deaths are in the "public interest". Coroner must hold an inquest and impanel three electors.	Autopsies are required if ordered by a coroner or district attorney.
Wyoming 7-4-101 — 7-4-211 9-1-634	County coroners are elected	Training requirements include: 1) 40 hour basic coroner's course within 1 year of assuming office; 2) continuing education.	Assistance is provided through: 1) <i>Board of Coroner Standards</i> , which promulgates standards for investigating coroner's cases; provides education and training requirements; and has authority to initiate action against noncompliant coroners. 2) <i>Director of Wyoming law enforcement academy</i> , which provides 40 hour basic coroner's courses.	Investigations are required for deaths deemed "coroner's cases". Coroners may hold inquests.	Autopsies are discretionary although a district attorney may order autopsies.

Survey of Nebraska County Attorneys: Coroner duties in Nebraska Tabulated Results

Question 1

The primary responsibility for coroner duties in this county lies with: a. the county attorney, b. the deputy county attorney, c. law enforcement.

31 Respondents

Response Choices	Number Responding	Percent
a. The County Attorney	25	80.6
b. The Deputy County Attorney	3	9.7
c. Law Enforcement	3	9.7
Total	31	100

Additional comments for Question 1:

Two respondents chose both “a. The County Attorney” and “b. The Deputy County Attorney”. One stated, “We use an on call system for our attorney’s.”

One respondent chose “a. The County Attorney” and “c. Law Enforcement” and stated, “They contact each other.”

One respondent stated, “d. Hybrid – the sheriff goes to the scene then calls the county attorney or deputy county attorney. The attorneys get the facts, then make determination whether attendance at scene is necessary under the circumstances.”

Question 2

As County Coroner, I have assisted in the investigation of a homicide or suicide: a. at least once since I took office, b. in the past twelve months, c. never, d. other.

30 Respondents

Response Choices	Number of Responses	Percent
a. At least once since I took office	7	21.9
b. In the past twelve months	18	56.2
c. Never	4	12.5
d. Other	3	9.4
Total	32	100

Additional comments for Question 2:

One respondent chose both “b. In the past twelve months” and “d. Other”.

Of the respondents that chose “b. In the past twelve months” one stated, “3X”.

Of the respondents that chose “d. Other” one stated, “15+”, and another stated, “In the past 3 years.”

Question 3

An autopsy has been requested in this county: a. at least once since I took office, b. in the past twelve months, c. never.

31 Respondents

Response Choices	Number Responding	Percent
a. At least once since I took office	5	16.1
b. In the past twelve months	26	83.9
c. Never	0	0
Total	31	100

Additional comments for Question 3:

Of the respondents that chose “a. At least once since I took office” one stated, “200 to 220/year.”

Of the respondents that chose “b. In the past twelve months” one stated, “4X”

How is that decision made?

28 Respondents:

“Decision for autopsy is made depending on nature of circumstances. Anything suspicious always gets autopsy; possible suicides and homicides. We also order autopsies any time nature of death not readily determinable or if potential of alcohol or drugs involved.”

“Consultation bt. county attorney and law enforcement.”

“As county attorney I order autopsies in cases where foul play is suspected or when the cause of death is unknown or not obvious. An obvious cause of death would be a head on auto collision. I do not order autopsies for people who die in a hospital or nursing home or who were being treated for a chronic illness.”

“By me as CA with input from EMT’s, law enforcement.”

“My decision.”

“Co Atty and Sheriff concur.”

“Consultation w/law enforcement & on scene investigation. If statutorily required or a criminal case may result.”

“Made either by a request by law enforcement to cty attny or if cty attny believes the cause of death is unknown.”

“Made by coroner.”

“When cause of death is not readily apparent and when a homicide is suspected and for children outside the exceptions.”

“By county attorney – almost always do one – ‘cya’ move.”

“Circumstances suspicious or cause of death undetermined.”

“Review of facts – circumstances of death, statutory requirements.”

“Decision made by the County Attorney or Deputy County Attorney based on whether deceased is in custody, accident, suicide, suspicious, age of deceased, and medical history of deceased as well as likelihood of a future prosecution.”

“If the cause of death is undetermined and there is no logical reason for death i.e.: age; known previous illness; demonstrable injury.”

“County Attorney makes the decision.”

“If the death may result in criminal charges, grand jury or unexplained. Will also be used for ID purposes.”

“Consultation w/law enforcement.”

“Under 19 years of age, possibility of prosecution, unexplained death.”

“County Attorney.”

“Case by case basis, circumstances, cause of death, mechanism of injury, age, nature of or manner of death, medical history.”

“County Attorney goes to scene, observes scene and body, and confers with law enforcement before making decision.”

“Suspicious or questionable circumstances regarding the events surrounding the death or the cause of death; anytime that a criminal case may be filed; anytime the statute requires. The decision is made by me (county attorney) after reviewing all circumstances and the death scene.”

“After gathering evidence and after careful contemplation or required by statute.”

“Suspicion of foul play. Unexplained death.”

“Written guidelines. I put together.”

“Written office policy.”

“In conjunction w/law enforcement. We post all homicides and suicides.”

Question 4

How much does an autopsy cost your county?

*These categories were created during the tabulation of the surveys and were not offered to respondents as choices.

28 Respondents

*Autopsy Cost	Number Responding	Percent
Up to \$1,000	4	14.3
Up to \$2,000	12	42.8
Up to \$3,000	7	25.0
Up to \$4,000	3	10.7
Up to \$7,500	1	3.6
Several thousands	1	3.6
Total	28	100

Additional comments for Question 4:

“\$2,000”

“± \$1,200/autopsy”

“Around \$1,200”

“\$1,000 ?”

“\$2,700”

“\$800 - \$1,000”

“\$850-\$1,250 +”

“\$1,250 + cost of transportation & toxicology. (Another \$500 or so.)”

“Depends on type of autopsy and who does it. \$2,500 - \$7,500.”

“Approximately \$1,000”

“\$1,500 ≅”

“\$2,500”

“\$800 - \$1,000”

“\$3,000”

“\$1,500 - \$3,000”

“At least \$1,200”

“\$1,500 to \$2,000”

“\$750 - \$1,200”

“Around \$2,000”

“\$2,500 per autopsy”

“\$1,400”

“\$2,500 to \$3,500”

“Range depending on extent of autopsy (with or without blood work, x-ray, etc.) \$1,500 – \$3,000.”

“Between \$1,500 to \$4,000 (average = \$2,500) (total costs including transport, storage, autopsy.”

“Depends on the autopsy – usually several thousands a year – individual autopsy depends on what is required - toxicology, x-ray, odontology, etc.”

“\$1,500”

“\$3,000 - \$4,000 - depends on tests.”

“\$2,500”

Question 5

How many autopsies are you annually budgeted to request?

*These categories were created during the tabulation of the surveys and were not offered to respondents as choices.

29 Respondents

Number of Autopsies	Number Responding	Percent
1	1	3.45
1-2	1	3.45
2	1	3.45
2-3	1	3.45
3	2	6.90
4	2	6.90
4-5	1	3.45
5	2	6.90
7-8	1	3.45
8-10	1	3.45
9-10	1	3.45
10	2	6.90
220	1	3.45
\$4,000	1	3.45
\$20,000 budgeted per year for all autopsies	1	3.45
\$60,000 budgeted per year for all autopsies	1	3.45
Not required/no limit/county board pays	9	31.00
Total	29	100

Additional comments for Question 5:

Of those responding that there were no requirements, no limit, or the county board pays, the following comments were also offered:

“N/A. Covered by general budget.”

“No limit”

“Open ended budget”

“County pays. No limits!”

“Included in county’s misc. budget – not county attorney – as needed.”

“I do not know. We do not consider that as a factor in our decision”

“0 – general funds pay for it.”

“No limit”

“Autopsies are not budgeted per autopsy. I have \$20,000.00 budgeted.”

“Not required. I advised bd. that 1-10 may be necessary.”

Question 6

The responsibilities for investigation of cause of death should be: a. kept by individual counties, b. shared by several counties, c. handled by the State of Nebraska.

30 Respondents

Response Choices	Number Responding	Percent
a. Kept by individual counties	16	53.3
b. Shared by several counties	4	13.3
c. Handled by the State of Nebraska	10	33.3
Total	30	99.9

Additional comments for Question 6:

Of the respondents choosing “a. Kept by individual counties” the following comments were offered:

“For Douglas, Lancaster, Sarpy.”

“Unless the state intends to pay for ME investigations.”

“With opportunity for shared by several counties.”

“Along with help from Nebraska State Patrol”

Question 7

I have received additional professional training specifically in the area of the investigation of cause of death or forensic science: a. yes, b. no.

31 Respondents

Response Choices	Number Responding	Percent
a. Yes	20	64.5
b. No	11	35.5
Total	31	100

Additional comments for Question 7:

Of those responding “a. Yes” the following comments were offered:

“I am today.”

“NCAA seminars only.”

Of those responding” b. No” the following comments were offered:

“Except yesterday.”

“Until this conference. And I have requested such training so I am very happy a full day of our fall training is devoted to coroner duties this year! I happen to have a sister who’s a physician so she has helped explain some things about what to look for on different types of injuries (i.e. drownings, etc.)”

Question 8

Strengths in the current system of county coroners in Nebraska (pick two): a. maintains local control, b. more affordable than alternatives, c. gives county attorney additional investigatory powers, d. provides highest quality investigation of cause of death possible, e. other.

30 Respondents

Response Choices	Number of Responses	Percent
a. Maintains local control	18	32.1
b. More affordable than alternatives	13	23.2
c. Gives county attorney additional investigatory powers	14	25.0
d. Provides highest quality investigation of cause of death possible	2	3.6
e. Other	9	16.1
Total	56	100

Additional comments for Question 8:

Of those responding “e. Provides highest quality investigation of cause of death possible” the following comments were offered:

“County attorney will be the person to prosecute homicide charge. They must be present at death scene and in control of same to fully understand and control case.”

“There are no strengths in the current system.”

“Allows county attorneys into investigation at ground floor – crucial for prosecution when becomes necessary.”

Question 9

Weaknesses in the current system of county coroners in Nebraska (pick two): a. county attorneys are not trained in forensic science and technology, b. lack of expertise could result in mistakes being made in a major investigation, c. the position poses possible conflict of interest in investigation of deaths, d. an independent coroner or medical examiner is useful on the witness stand, e. other.

31 Respondents

Response Choices	Number of Responses	Percent
a. County attorneys are not trained in forensic science and technology	19	32.2
b. Lack of expertise could result in mistakes being made in a major investigation	17	28.8
c. The position poses possible conflict of interest in investigation of deaths	4	6.8
d. An independent coroner or medical examiner is useful on the witness stand	13	22.0
e. Other	6	10.2
Total	59	100

Additional Comments for Question 9:

Of those responding “a. County attorneys are not trained in forensic science and technology” one stated “This can easily be changed and should be required.”

While not responding “a. County attorneys are not trained in forensic science and technology” one stated “We can order autopsies.”

Of those responding “e. Other” the following comments were offered:

“Need more pathologists.”

“None”

“Lack of resources because of county lid limits.”

“I can’t choose two because no one including a physician has a better understanding whether autopsy testimony will be needed. In addition, getting us involved early helps guide law enforcement for a better investigation.”

Question 10

Having the County Attorney also serve as coroner is a good idea: a. strongly agree, b. agree, c. no opinion, d. disagree, e. strongly disagree.

30 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	5	16.7
b. Agree	10	33.3
c. No opinion	4	13.3
d. Disagree	5	16.7
e. Strongly disagree	6	20.0
Total	30	100

Additional comments for Question 10:

Of those responding “a. Strongly agree” one stated, “An outsider may disagree, but anyone who actually works with death investigations would be better qualified to give an opinion, and would agree.”

Question 11

I enjoy my role as county coroner: a. strongly agree, b. agree, c. no opinion, d. disagree, e. strongly disagree.

31 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	4	12.9
b. Agree	9	29.0
c. No opinion	9	29.0
d. Disagree	7	22.6
e. Strongly disagree	2	6.5
Total	31	100

Additional comments for Question 11:

Of those responding “e. Strongly disagree” one stated, “Especially when good training is made available! Like Dr. Todd Bennett. I think would also be good to attend an autopsy.”

Question 12

The current system for death investigations is effective: a. strongly agree, b. agree, c. no opinion, d. disagree, e. strongly disagree.

30 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	10.0
b. Agree	15	50.0
c. No opinion	4	13.3
d. Disagree	4	13.3
e. Strongly disagree	4	13.3
Total	30	99.9

Additional comments for Question 12:

Of those responding “b. Agree” one stated, “if it is done correctly!”

Question 13

The current system for death investigations produces quality results: a. strongly agree, b. agree, c. no opinion, d. disagree, e. strongly disagree.

29 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	10.3
b. Agree	13	44.8
c. No opinion	9	31.0
d. Disagree	2	6.9
e. Strongly disagree	2	6.9
Total	29	99.9

Additional comments for Question 13:

One respondent appeared to have chosen both “a. Strongly Agree and “b. Agree”.

Question 14

Alternatives to the current coroner system in Nebraska should be investigated:

a. strongly agree, b. agree, c. no opinion, d. disagree, e. strongly disagree.

31 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	9	29.0
b. Agree	13	41.9
c. No opinion	6	19.4
d. Disagree	1	3.2
e. Strongly disagree	2	6.5
Total	31	100

Additional comments for Question 14:

Of the respondents that chose “b. Agree” one stated “Although I believe County Attys. should remain coroners. Like possibly a State Medical Examiner as a consultant.”

If you agree the current system should be investigated, what suggestions do you have for improving the system? *Establishing criteria, system structure, funding, etc.*

19 respondents:

“Statewide lab work by Creighton or UNMC to reduce costs by volume. Statewide coroners available to consult. Mandatory, annual observation of 1 autopsy/county attorney”

“When investigating current system and creating any alternatives, legislature needs to consider the resources and issues that are unique to western Nebraska. Too often, legal systems are created only focusing on Lincoln and Omaha and surrounding areas. Western Nebraska (including the panhandle) cannot be treated in the same way. They are unique issues that need to be considered.”

“There should be a statewide medical examiner system so the same level of investigative services are provided for deaths that occur in Omaha and the most rural areas of our state.”

“The biggest issue is access to and payment for pathologists.”

“provision for autopsy to be done & returned quickly.”

“Establish a system of regional, trained in forensic science investigators”

“I prefer an independent coroner or medical examiner system that maintains or preserves ‘local control’ – coordinated effort. I do not have faith in the state of NE appropriately handling these issues – this survey alone indicates a lack of comprehensive understanding of the current system.”

“Provide annual coroner training (by qualified forensic pathologists). Make it required like the crimes against children requirements.”

“State or district medical examiner.”

“Have the state hire medical examiners to assist with investigations and do autopsies”

“1. Funding. 2. Establishing criteria. 3. Education of law enforcement investigators”

“The State should pay for autopsies for all inmates who die in the custody of the Dep’t of Corrections.”

“Funding. Training for law enforcement.”

“Medical Examiner system. See Oklahoma’s.”

“state medical examiner to assist county attorneys.”

“Establish a state coroner system so appropriate training can occur. A state office would offer a higher level of professionalism and knowledge of the subject. A state district attorney system would go hand-in-hand with this and allow for fewer problems in funding and differences between big and small counties.”

“Regional coroner’s physicians, paid for by state”

“Funding. Designation of medical examiners. Establishing criteria for autopsy.”

“Put in State Patrol”

Question 15

The individual who investigates the cause of death should have specialized technical training in that area: a. strongly agree, b. agree, c. no opinion, d. disagree, e. strongly disagree.

31 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	13	41.9
b. Agree	17	54.8
c. No opinion	0	0
d. Disagree	1	3.2
e. Strongly disagree	0	0
Total	31	99.9

Additional comments for Question 15:

Of the respondents that chose “b. Agree” one stated, “law enforcement.”

Question 16

Coroner training should (*choose all that apply*): a. focus on the investigation of cause of death, b. focus on forensic science, c. occur annually, d. last at least two days in length, e. be mandated.

30 Respondents

Response Choices	Number of Responses	Percent
a. Focus on the investigation of cause of death	24	31.6
b. Focus on forensic science	15	19.7
c. Occur annually	20	26.3
d. Last at least two days in length	5	6.6
e. Be mandated	12	15.8
Total	76	100

Additional Comments for Question 16:

Of the respondents that chose “a. Focus on the investigation of cause of death”, one stated “and manner of death.” and another stated, “Primary Focus”.

Of the respondents that chose “b. Focus on forensic science” one stated “And evidence collection.”

While not choosing “b Focus on forensic science” a respondent noted along side the response “should be addressed”

Of the respondents that chose “c. Occur annually” one stated, “Examples.”

While not choosing “d. Be mandated” a respondent noted along side the response “(at least one day)”

Question 17

It is important that a civilian authority, other than a police officer, review the cause of death: a. strongly agree, b. agree, c. no opinion, d. disagree, e. strongly disagree.

31 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	7	22.6
b. Agree	12	38.7
c. No opinion	6	19.4
d. Disagree	5	16.1
e. Strongly disagree	1	3.2
Total	31	100

Additional comments for Question 17:

The respondent who chose “e. Strongly disagree” stated, “No one ‘reviews’ the cause or manner of death. Law enforcement investigates and coroner determines.”

Question 18

The population of my county is: under 10,000, between 10,000 and 30,000, over 30,000.

31 Respondents

Response Choices	Number Responding	Percent
Under 10,000	18	58.1
Between 10,000 and 30,000	10	32.2
Over 30,000	3	9.7
Total	31	100

OTHER COMMENTS:

Five respondents:

“I am afraid I will make a horrible mistake because of my lack of expertise and this antiquated system.”

“Please do not assume the system is broken and work from that premise – some counties are broken and some do it well. In general, county coroners need funding for training and training should be coordinated with law enforcement. Funding should be available for autopsies and the Douglas County morgue facilities are dreadfully outdated and inadequate. The state has not solved county-wide issues yet in juvenile issues. I encourage the legislature to contact all 93 counties for their input and not assume Douglas or Lancaster know best and the other 91 counties are ignorant. A medical examiner system is favorable but not if it is under funded or controlled by a political appointee...I concur with State Medical Examiners as consult only. We must maintain local control of investigations.”

“Please do not mandate training unless funding is provided and courts are required to grant us continuances to attend.”

“It would be a tragic error to take coroner’s duties away from county attorneys. Nebraska has it right, and we should not feel obligated to change our laws to conform to other states. Our current statutes are superior in this area. County attorneys are some of the most educated people in the state – there is no reason to think for a moment that we aren’t fully capable of acting as coroners. In fact, who better to make the call for autopsies? We see the big picture and we start building trials from Day 1, wanting to preserve the best evidence.”

“Specialized training is needed for coroners and investigators. Law enforcement are the investigators and should be involved in death scene investigations. It is an asset to them to have an attorney involved to assist them with the legal considerations of the investigation. CA’s being involved in the investigations helps prepare the criminal case. We are strongly opposed to any state requirement upon the counties that the county will be responsible for paying for. If the state wants to fund experts to assist the county coroners – that would be helpful so long as any systematic change is not at county expense.”



Originally aired Sept.11, 1998

PERSPECTIVE

Opinion Survey: County Coroners in Nebraska

A joint project of the Nebraska County Attorneys Association
& **STATEWIDE**, on Nebraska Public Television
77 of 93 county attorneys responded during August of 1998

STATEWIDE wanted to find out how county attorneys felt about their role as coroner, so STATEWIDE, in cooperation with the NE Association of County Attorneys sent a survey out to every county attorney in the state. What we found is that while county attorneys are almost evenly split on whether they should maintain their role as coroner, there is overwhelming support to look for alternatives to the current system.

71 percent... either agreed or strongly agreed that alternatives to the current system should be investigate.

Nearly three out of four county attorneys feel it's a weakness in the system that they are not trained in forensic science.

More than half feared their lack of expertise could result in mistakes being made in a major investigation.

It's been almost twenty years since there's been any serious discussion about overhauling the coroner system in the state. And there is no legislation anticipated in this legislative session. But it would require a change in state law, and possibly an infusion of state funds if there is to be any change possible at all. About half of the state's county attorneys surveyed claim some additional training in death investigation.

The following questions were posed to the county attorneys and the subsequent reply statistics are listed below:

1) Primary responsibility for coroner duties in this county:

- 78% of counties say it is handled by the County Attorney
- 3% of counties say it is delegated to a deputy County Attorney
- 20% of counties say it is delegated to a law enforcement officer

2) As County Coroner, I have assisted in the investigation of a homicide or suicide..

- 35% responded: at least once since I took office
- 57% responded: in the past twelve months
- 4% responded: Never

3) An autopsy has been requested in this county:

- 27% responded: at least once since I took office
- 68% responded: in the past twelve months
- 4% responded: Never

4) The responsibilities for investigation of cause of death should be

- 75% responded: kept by individual counties
- 10% responded: shared by several counties
- 15% responded: handled by the State of Nebraska

5) I have received additional professional training specifically in the area of the investigation of cause of death or forensic science.

- 55% responded: Yes
- 45% responded: No

6) Strengths in the current system of county coroners in Nebraska (***pick two***)

- 68% maintains local control
- 51% more affordable than alternatives
- 38% gives county attorney additional investigatory powers
- 21% provides highest quality investigation of cause of death possible
- 12% Other.

7) Weaknesses in the current system of county coroners in Nebraska (***pick two***)

- 74% county attorneys not trained in forensic science and technology
- 57% lack of expertise could result in mistakes being made in a major investigation.
- 16% position poses possible conflict of interest in investigation of deaths
- 30% an independent coroner or medical examiner useful on witness stand.
- 12% Other.

8) Having the County Attorney also serve as coroner is a good idea.

STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
8%	39%	20%	21%	13%

9) I enjoy my role as county coroner.

STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
8%	26%	25%	33%	9%

10) Alternatives to the current coroner system in Nebraska should be investigated.

STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
21%	51%	16%	33%	9%

11) The individual who investigates the cause of death should have specialized technical training in that area.

STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
29%	60%	8%	4%	0%

12) It is important for a civilian authority, other than a police officer, available to review the cause of death.

STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGLY DISAGREE
17%	40%	29%	14%	0%

13) The population of my county is:

- 66% Under 10,000
- 23% Between 10,000 and 30,000
- 10% Over 30,000

Comparative Analysis of responses based on size of county.

"Only two items were responded to differently as a function of county population. Using chi-square tests of goodness-of-fit, large counties responded significantly differently than medium or small counties to Item #1 and Item #6":

Large counties were significantly less likely (50%) to report that primary responsibility for coroner duties are handled by the County Attorney, compared to small counties (78%) and medium counties (89%) [$\chi^2=19.2$, $df=4$, $p<.01$].

And, in Item #6, large counties were significantly more likely (63%) to mark "provides highest quality investigation of cause of death possible" as a strength of the current system than were small counties (14%) or medium counties (22%) [$\chi^2=10.0$, $df=2$, $p<.01$].

County-size differences in responding to all other items were not statistically significant."

COMMENTS ADDED BY COUNTY ATTORNEYS RESPONDING

STRENGTHS_____

"PROVIDE PROMPT RESPONSE-LESS BUREAUCRACY"

"GIVES 1ST HAND KNOWLEDGE"

"INVOLVEMENT IN POTENTIAL CRIMINAL CASE RIGHT AWAY"

"ALLOWS THE CITY ATTY. TO BEGIN PREPARATION OF ANY POTENTIAL CRIMINAL CASE FROM THE INCEPTION OF THE INVESTIGATION"

"EXPERTS CAN BE HIRED WHEN APPROPRIATE"

"RURAL COUNTIES CAN'T WAIT AROUND FOR A STATE INVESTIGATION"

"ALLOWS LOCAL KNOWLEDGE OF CIRCUMSTANCES TO BE GIVEN CREDIBILITY"

"PROVIDES FOR EFFECTIVE INVESTIGATION THROUGH COORDINATION OF LOCAL AUTHORITIES"

"PROVIDED PROMPT RESPONSE--LESS BUREAUCRACY"

"PROMPT RESPONSE TIME"

WEAKNESSES

"WE HAVE NOT HAD A PROBLEM TO DATE"

"COUNTY ATTORNEYS ARE NOT TRAINED ADEQUATELY IN FORENSIC SCIENCE AND TECH"

"LACK OF FUNDS IN SMALLER COUNTIES"

"I DO NOT SEE OTHER CHOICES (BESIDES FIRST ONE IN ITEM #7) AS REAL PROBLEMS. IF MORE SPECIALIZED EXPERTISE IS NEEDED, THEY ARE CALLED TO ASSIST."

"NOT PHYSICIAN"

"EXPENSIVE FOR COUNTY"

"TAKES ADDITIONAL TIME FROM COUNTY ATTORNEY'S OFFICE WHICH IS ALREADY OVERLOADED"

"DISTANCE TO MEDICAL FACILITY TO ATTEND AUTOPSY"

"SMALL COUNTIES LACK RESOURCES"

"TOO MANY POSSIBILITIES ARE TOTALLY OVERLOOKED."

OTHER COMMENTS

"-AUTOPSIES SHOULD BE REQUIRED FOR ALL PERSONS UNDER 18 YR OLD"

"-FORENSIC PATHOLOGISTS SHOULD BE USED IN ALL MEDICO-LEGAL AUTOPSIES & SHOULD BE PRESENT AT THE SCENE OF ALL DEATHS IN WHICH AUTOPSIES ARE ORDERED."

"THE CURRENT SYSTEM IS VERY POOR. PEOPLE WITH LITTLE TRAINING ARE REQUIRED TO MAKE FINDINGS. IT WOULD SEEM THAT THE BEST SYSTEM MIGHT BE FOR LAW ENFORCEMENT UPON CONTACT WITH PATHOLOGISTS OR OTHER DOCTORS TO MAKE DECISIONS IN MOST CASES WITH ANYTHING QUESTIONABLE AT ALL PASSED TO A TRAINED CORONER'S OFFICE."

"A STATEWIDE MEDICAL EXAMINER SYSTEM WITH FILE DECISION IN HANDS CIVILIAN PROSECUTOR."

"PLEASE NOTIFY COUNTY ATTORNEY OF THE DATE STORY IS TO BE AIRED ON "STATEWIDE".

"MY MOTTO: IF IN DOUBT, ORDER AN AUTOPSY."

"I BELIEVE THE PRESENT SYSTEM WORKS BECAUSE MOST COUNTY ATTORNEY/CORONERS HAVE SOME FORENSIC TRAINING AND ARE WILLING TO ASSEMBLE "TEAMS" OF TRAINED INVESTIGATORS, FORENSIC PATHOLOGISTS, ETC., AS NEEDED TO PROPERLY DETERMINE CAUSES OF DEATH."

"SHOULD BE MANDATORY HOURS SAME AS CLE. THERE ARE A NUMBER OF QUALITY DEATH INVESTIGATION SCHOOLS."

"WE NEED TRAINED EXPERTS BUT THE COST MAY BE PROHIBITIVE: PERHAPS A TRAVELING MEDICAL EXPERT WITH COSTS SHARED BY SEVERAL COUNTIES."

"OUR COUNTY HAS AND USES A CORONER'S PHYSICIAN. AS COUNTY ATTORNEY-I SIGN ZERO DEATH CERTIFICATES. THE LAW SHOULD PROVIDE FOR THE COUNTY ATTORNEY AS CORONER, BUT ALSO PROVIDE FOR A CORONER'S PHYSICIAN."

"LOCAL LAW ENFORCEMENT IS OFTEN SIMPLY NOT ABLE TO DEAL WITH LONG COMPLEX INVESTIGATIONS, AND TOO "TERRITORIAL" TO CALL IN OUTSIDE ASSISTANCE. A STATE

PATROL DEATH INVESTIGATION TEAM WITH AUTHORITY TO OVERRIDE LOCAL'S IS NEEDED."

"THE COUNTY CORONER SHOULD EITHER BE A FORENSIC PATHOLOGIST OR THE STATE SHOULD PROVIDE TRAINING FOR ITS COUNTY ATTORNEYS."

"LAW OFFICERS CURRENTLY HAVE ADEQUATE TRAINING TO HELP THE COUNTY ATTORNEY DECIDE IF MORE SPECIALIZED ASSISTANCE IS NEEDED, OTHERWISE IT WOULD BE A WASTE OF RESOURCES TO HAVE A MEDICAL EXAMINER REVIEW ALL OF THEIR CASES."

"THE SYSTEM OF COUNTY CORONER MAY BE BENEFITED BY HAVING TRAINED PERSONNEL W/MEDICAL BACKGROUND (POSSIBLY PAID BY STATE) W/CA & LAW ENFORCEMENT PRIMARILY INVOLVED IN INVESTIGATION."

"MAJOR PROBLEMS WITH HOSPICE PERSONNEL & SOME DOCTORS. HOSPICE DOESN'T WANT TO CALL A CORONER. DOCTORS, WITH TERMINALLY ILL PEOPLE IN THEIR CARE WHO DIE AT HOME, DON'T WANT TO CALL A CORONER. THEY WILL SIGN THE DEATH CERTIFICATE EVEN IF NOT PRESENT AT THE DEATH."

"STATE SHOULD HAVE A POOL OF FUNDS FOR AUTOPSY EXPENSE. LACK OF LOCAL FINANCIAL RESOURCES FOR AUTOPSY COST IS PROBLEM. OMAHA & LINCOLN & LARGER JURISDICTIONS HAVE READY ACCESS TO AUTOPSY FACILITY. SMALLER JURISDICTIONS HAVE TO TRAVEL HUNDREDS OF MILES & STORAGE & TRANSPORTATION IS PROBLEMATIC."

"CORONER SYSTEMS ARE ARCHAIC. THERE SHOULD BE AN INDEPENDENT MEDICAL EXAMINER SYSTEM TO ACCURATELY ACCESS CAUSE OF DEATH. ME'S SHOULD BE LOCATED IN SPECIFIC DISTRICTS (EITHER JUDICIAL DISTRICTS OR NSP AREA) NEITHER COUNTY ATTORNEYS NOR LAW ENFORCEMENT HAVE THE APPROPRIATE TRAINING FOR THE CORNER'S POSITION."

"I BELIEVE THE O.J. SIMPSON CASE POINTS OUT THE PROBLEMS WITH A SEPARATE CORONER SYSTEM NOT CONNECTED TO LAW ENFORCEMENT. WHEN THE PROSECUTING ATTORNEY IS INVOLVED IT WORKS AS A BRIDGE BETWEEN LAW ENFORCEMENT AGENCIES AND THE COURTS ALONG WITH ANY OUTSIDE EXPERTS. ALSO THE COUNTY ATTORNEY HAS A VESTED INTEREST IN A PROPER INVESTIGATION SINCE HE OR SHE WILL BE TRYING THE CASE."

"I HAVE 16 YEARS OF EXPERIENCE GOING OUT ON CORONER CALLS. I THINK MANY COUNTY ATTORNEYS ARE A HELP NOT A HINDRANCE TO A INVESTIGATION."

"IT'S A GOOD SYSTEM-OVERALL-COST IS A BIG FACTOR THAT DOES HURT SMALLER COUNTIES."

"I HAVE ALWAYS THOUGHT THIS WAS 1) A CONFLICT OF INTEREST 2) UTTERLY RIDICULOUS FOR CA TO DO: 3) LIKELY TO OPEN CTY TO LAW SUITS UNLESS EACH CASE IS AUTOPSIED BUT AS CA, I MUST ALSO CONSERVE \$ AND THE CLOSEST FORENSIC PATHOLOGIST IS 4 HOURS AWAY. FURTHERMORE, WE, AS CA'S HAVE NO TRAINING & MOST OF US WOULD HAVE GONE TO MED SCHOOL FOR A MUCH BETTER CAREER OPPORTUNITY IF WE LIKED, BLOOD, GORE, & DEATH-SO, MOST OF US ARE ANYWHERE FROM UNCOMFORTABLE TO DOWNRIGHT SICK WHEN DOING THIS ANYWAY. ADD LACK OF KNOWLEDGE & REQUIRED TRAINING AND IT ADDS UP TO STUPID POLICY!!! BUT-DO NOT ADD A BUNCH OF REQUIREMENTS TO AN ALREADY OVERBURDENED JOB-ESP. DO NOT -LEAVE COST WITH COUNTY. GIVE IT TO STATE."

"-SURVEYS LIKE THIS SCARE THE HELL OUT OF ME, BECAUSE IT MEANS A GROUP OF

BUSYBODIES ARE PREPARING TO TINKER WITH A SYSTEM THAT HAS BEEN IN PLACE FOR YEARS & HAS BEEN SHOWN TO WORK WELL. I HAVE NEVER UNDERSTOOD THE CONSTANT COMPULSION OF SOME PEOPLE TO MESS WITH SYSTEM THAT WORKS INSTEAD OF ADDRESSING REAL PROBLEMS WE FACE IN THE STATE."

"-LAWYERS KNOW AS MUCH OR MORE ABOUT EVIDENCE PRESENTATION THAN OTHERS. THE LAW PROVIDES FOR EXPERTS & FORENSICS UNDER THE DIRECTION OF THE COUNTY ATTORNEY. NO CHANGE NEEDED."

"-STRONG PROSECUTION UNITS IN THE ATTORNEY GENERAL'S OFFICE ARE A GOD SEND & SHOULD BE MAINTAINED TO ASSIST COUNTY ATTORNEYS."

"MOST OF THE DEATHS I INVESTIGATE MERELY REQUIRE THE APPLICATION OF COMMON SENSE, AND THERE IS NOT MUCH NEED FOR SPECIALIZED TRAINING."

"IN THE CASE OF ACCIDENTS OR DEATHS WHERE THERE IS LIKELY TO BE A QUESTION AS TO CAUSE OF DEATH, I SEND THE BODY TO A PATHOLOGIST WHO HAS THE EXPERTISE TO MAKE A DETERMINATION AS TO THE CAUSE OF DEATH."

"I AM SURE THIS QUESTIONNAIRE IS IN RESPONSE TO THE BONHAM CASE IN WASHINGTON COUNTY. I DON'T THINK THAT THE MANNER IN WHICH THAT CASE WAS HANDLED IS REFLECTIVE OF THE WAY THINGS ARE DONE TODAY. THE DIFFERENCE IS THAT AN AUTOPSY WOULD BE ORDERED INSTEAD OF USING A LOCAL DOCTOR WHO HAS NO EXPERTISE IN PATHOLOGY. THE QUALITY OF THE OPINION REALLY DEPENDS ON THE QUALITY OF THE MEDICAL EXAMINER, NOT ON THE TRAINING OF THE COUNTY ATTORNEY."

"FROM JANUARY 1, 1998, I HAVE ORDERED 5 AUTOPSIES, ONE FOR A BAR ROOM FIGHT, ONE FOR A FATAL CAR ACCIDENT, ONE FOR A FATAL BICYCLE ACCIDENT, AND TWO FOR BODIES FOUND FLOATING IN THE MISSOURI RIVER. IN MOST CASES COMMON SENSE PROVIDES THE ONLY WAY TO DETERMINE CAUSE OF DEATH, THE AUTOPSY SIMPLY CONFIRMS THAT COMMON SENSE."

"IN THE BONHAM CASE THERE WAS CLEARLY AN INABILITY TO APPLY COMMON SENSE."

"IN MY EXPERIENCE, THE NEBRASKA STATE PATROL HAS BEEN VERY HELPFUL TO ME AS CORONER, IN SENDING TRAINED INVESTIGATORS TO ASSIST IN CAUSE OF DEATH DETERMINATION."

"IN THE ABSENCE OF SUSPICIOUS CIRCUMSTANCES, THE SHERIFF PREPARES A DEATH REPORT AND THE COUNTY ATTORNEY COMPLETES THE DEATH CERTIFICATE."

"IN THIS COUNTY, PRIMARY RESPONSIBILITY FOR CORONER DUTIES ARE HANDLED BY THE COUNTY ATTORNEY IF IT'S A SUICIDE OR VIOLENT CRIME; DELEGATED A LAW ENFORCEMENT OFFICER IF NATURAL CAUSES."

"(RE: ITEM 5:) ADDITIONAL (TRAINING) TO WHAT? IF YOU MEAN ADDITIONAL TO LAW DEGREE, YES. IF YOU MEAN TRAINING IN CAUSE OF DEATH, AND THEN MORE TRAINING, NONE OTHER THAN CONTINUING EDUCATION FOR COUNTY ATTORNEYS."

Survey of Nebraska Law Enforcement: Death Investigations in Nebraska Tabulated Results for Survey of County Sheriffs

Question 1

The primary responsibility for coroner duties in this county lies with:

16 Respondents

Response Choices	Number Responding	Percent
a. The County Attorney	10	62.5
b. The Deputy County Attorney		0
c. Law Enforcement	6	37.5
Total	16	100

Additional comments for Question 1:

One respondent chose both “a. The County Attorney” and “c. Law Enforcement,” and after “Law Enforcement” wrote “Sheriff.”

One respondent who chose “a. The County Attorney” also wrote “a neighboring Co Attorney can be called when necessary or the Sheriff is in charge and consults with the Attorney.”

One respondent who chose “c. Law Enforcement” also wrote “County Sheriff”

One respondent did not select an option but wrote, “The duties are shared by the County Attorney and Sheriff or Deputies. Normally the Sheriff’s office investigates and contacts County Attorney and a joint decision is made how to proceed. The county attorney fills out the death certificate.”

Question 2

As County Sheriff, I have assisted in the investigation of a homicide or suicide:

16 Respondents

Response Choices	Number Responding	Percent
a. At least once since I took office	4	27
b. In the past twelve months	6	40
c. Never		0
d. Other	5	33
Total	15	100

Additional comments for Question 2:

Of the five respondents choosing “d. Other,” the following comments were made:

“15 -20 times”

“On many occasions”

“Over 100”

“At least 30 times in the past 22 years.”

“Several suicides, accidental and unattended deaths over the years, just no Homicides or Suicides HERE since I took Office HERE as Sheriff, but I have investigated several at-home Unattended Deaths.”

One respondent did not select an option but wrote “Several suicides, traffic deaths and natural deaths over the years but no homicides ever and no suicides this last year.”

Question 3

An autopsy has been requested in this county:

16 Respondents

Response Choices	Number Responding	Percent
a. At least once since I took office	1	6
b. In the past twelve months	14	88
c. Never	1	6
Total	16	100

Additional comments for Question 3:

Of the 14 respondents choosing “b. In the past twelve months”, the following comments were offered:

“Many times”

“Quite regularly (18-30 per year)”

“Several”

“Many times”

How is that decision made?

“Discussion between the investigating officer and the County Attorney.”

“By County Attorney.”

“Joint decision of County Coroner and Sheriff.”

“Consult w/Co. Attorney – My County Attorney gives me a broad range of control and input on Death Investigation due to my training and experience as a Death Investigator.”

“Decision is made by the County Attorney.”

“County Attorney.”

“At the discretion of the County Attorney. Sometimes with the advice of law enforcement.”

“Joint decision with County Attorney and Law Enforcement.”

“Joint decision with County Attorney.”

“If there isn’t a clear and convincing cause of death supported by evidence, an autopsy is ordered and approved by the County Attorney’s Office.”

“A discussion is held between law enforcement and the County Attorney.”

“Don’t know about my Co. Attorney – Can’t answer for him – My office uses the ‘Totality of the Circumstances’ to determine if an autopsy is necessary.”

“Over all case, Facts, that lead to unknown, questionable circumstances.”

“Funds available. We have none.”

Question 4

The responsibilities for investigation of cause of death should be:

16 Respondents

Response Choices	Number Responding	Percent
a. Kept by individual counties	12	80
b. Shared by several counties	1	7
c. Handled by the State of Nebraska	2	13
Total	15	100

Additional comments for Question 4:

Of the 12 respondents choosing “a. Kept by individual counties” the following comments were made:

“With the availability of other agencies if necessary”

“With assistance of multi-city task force for violent crime”

“With the assistance of a regional State Medical Examiner’s Office.”

“However, there are circumstances that can change this issue. The State should be available to assist if called. A homicide case can be overwhelming to smaller counties and their abilities to investigate.”

One respondent choosing “b. Shared by several counties” wrote “‘Task Force’ approach”

One respondent did not select an option, but wrote, “Could be shared by several counties as long as all counties involved are treated as equals and good response time is assured. Would need some kind of funding mechanism so smaller counties were not financially burdened. Small counties may not be able to keep up with larger counties if we start requiring more autopsies. Initial investigation must be done immediately. We have several elderly people that pass away of natural causes and it would not be acceptable to leave these people lay for hours waiting for an ‘investigator’ to arrive from 30 or more miles away.”

Question 5

I have received additional professional training specifically in the area of the investigation of cause of death or forensic science.

16 Respondents

Number of Autopsies	Number Responding	Percent
a. Yes	14	93
b. No	1	7
Total	15	100

Additional comments for Question 5:

Of the 14 respondents choosing “a. Yes” the following comments were made:

“Most of the deputies have also received some sort of training”

“St. Louis Medicolegal Death Investigation School”

“Long ago”

One respondent did not select an option, but wrote, “Limited training. Mostly in criminal investigation. Very little in natural cause of death.”

Question 6

Strengths in Nebraska's current death investigation system (*pick two*)

16 Respondents

Response Choices	Number of Responses	Percent
a. Maintains local control	12	43
b. More affordable than alternatives	9	32
c. Gives county attorney additional investigatory powers	4	14
d. Provides highest quality investigation of cause of death possible	1	4
e. Other	2	7
Total	28	100

Additional comments for Question 6:

Two respondents chose only 1 response.

One respondent did not select an option, but wrote, "None of these answers"

One respondent who chose "e. Other" wrote "Good in some counties, poor in others."

Question 7

Weaknesses in the Nebraska's current death investigations system (*pick two*)

16 Respondents

Response Choices	Number of Responses	Percent
a. County attorneys are not trained in forensic science and technology	13	40.6
b. Lack of expertise could result in mistakes being made in major investigation	10	31.3
c. The position poses possible conflict of interest in investigation of deaths	1	3.1
d. An independent coroner or medical examiner is useful on the witness stand	4	12.5
e. Other	4	12.5
Total	32	100

Additional comments for Question 7:

One respondent chose every option.

Two respondents selected just one option.

Of the respondents choosing “e. Other,” the following comments were made:

“In some cases the decision on autopsy is made by funding issues”

“(None)”

“need more forensic pathologists in the state”

“All of the above”

Question 8

The current system for death investigations is effective.

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly Agree	3	19
b. Agree	5	31
c. No opinion	1	6
d. Disagree	4	25
e. Strongly disagree	3	19
Total	16	100

Additional comments for Question 8:

Of the five respondents selecting “b. Agree” the following comments were offered:

“in some of the jurisdictions.”

“mostly effective but much room for improvement.”

Question 9

The current system for death investigations produces quality results.

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	18.75
b. Agree	4	25.00
c. No opinion	2	12.50
d. Disagree	4	25.00
e. Strongly disagree	3	18.75
Total	16	100

Additional Comments for Question 9:

One respondent who selected “b Agree” wrote “provided the agencies are equipped to investigate unattended deaths”

Question 10

Having the County Attorney also serve as coroner is a good idea.

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	18.75
b. Agree	2	12.50
c. No opinion	2	12.50
d. Disagree	5	31.25
e. Strongly disagree	4	25.00
Total	16	100

Additional comments for Question 10:

Question 11

Alternatives to the current coroner system in Nebraska should be investigated.

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	7	43.75
b. Agree	5	31.25
c. No opinion	2	12.50
d. Disagree	2	12.50
Total	16	100

Additional comments for Question 11:

One respondent who selected “b. Agree” wrote “Everything can be improved but just as easily screwed up.”

If you agree the current system should be investigated, what suggestions do you have for improving the system? Establishing criteria, system structure, funding, etc.

“A regional Medical Examiner to replace the current coroner system. Mandating required training for officers investigating unattended deaths.”

“Funding is always an issue when you change things. We are a small county and although we are not as far as some agencies are from a large city we could have to wait over 2 hrs to get someone to come down from Lincoln or Omaha just to say someone is dead on an unattended

death or suicide. This causes a burden on an agency that only has one officer available most of the time.”

“Regional Medical Examiners or State Medical Examiners”

“A State Medical Examiner system would be great – but you still are going to need the local input and investigation. We don’t need the state trying to take over our initial investigations. We need a place for regulated autopsy and collection of forensic evidence. Not the State Patrol trying to micro-manage!”

“FUNDING”

“‘Task Force’ approach to death investigations similar to the current drug task forces, specialized medical training for both county attorney and law enf, possibility of ME system.”

“Additional training; more pathologists; multi-county special investigation teams (pooling of resources)”

“An actual doctor or physician’s assistant that we could call and confer with and call to the scene if necessary. Funding would be an issue. Small counties can not afford any more unfunded mandates and we would be pressured to not use the service if it cost money.”

“Change the statutes and establish a regional State Medical Examiner system across the state to assist the counties.”

“Each County or group of Counties in the less populated areas should have a County Medical Examiner that reports to the County Attorney or the County Sheriff, funded by the County or Counties.”

“County Attorneys need to attend Medicolegal Death Investigation training. They and Law Enforcement can handle most of these deaths. If there is any questionable/suspicious death (or a murder/homicide) there should be a team of qualified investigators available to assist that county. That team would be state funded and act under State laws.”

“Pretty much answered by ques. 12 & 13”

“That is the million dollar question. It will be much more costly having a state wide medical examiner. This was visited in legislature several years ago. In our economic times, now is not best time to revisit.

“IF KEPT AS IS: 1) It should be a REQUIREMENT that all County Sheriffs and Law Enforcement personnel undergo a minimum of 40 hours of death investigation training. 2) All counties should be allowed State assistance for a fund for such autopsies and special investigative tools of at least \$25,000.00 per year. 3) Decision for autopsies should rest with the investigating officers, NOT a part-time County Attorney. 4) Utilize some sort of uniform Death Investigation template / form / procedure.

“IF CHANGED: 1) Establish a state-wide Coroner system with multi-county Districts and one full-time, dedicated ‘Death Investigator’ or ‘Medical Examiners’ for each district who

can call upon a full-time, centrally located forensics team to come to that district and collect evidence and conduct the investigation.

“The funding for any of this could come from the deaths themselves. Allocate a portion of the Inheritance Taxes collected upon people’s deaths and their estates to help off-set the costs of investigating other deaths. OR, perhaps we could also have insurance companies pay a premium to the State as often the results of a death investigation benefit them in their endeavors. OR, since many of the contested deaths or suspicious deaths end up in Court, add on a \$10 court cost to all court actions to be utilized towards the State-wide Medical Examiners systems. OR all three!!!”

Question 12

The individual who investigates the cause of death should have specialized technical training in that area.

16 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	11	69
b. Agree	5	31
c. No opinion		
d. Disagree		
Total	16	100

Additional comments for Question 12:

One respondent who selected “a. Strongly Agree” wrote “I personally have nearly 1000 hours of additional death and homicide training (including specialized coroner training)”

Question 13

It is important that a civilian authority, other than a police officer, review the cause of death.

Number of Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	2	12.50
b. Agree	10	62.50
c. No opinion	2	12.50
d. Disagree	1	6.25
e. Strongly disagree	1	6.25
Total	16	100.00

Additional comments for Question 13:

Two of the 10 respondents who selected “b. agree” offered the following comments:

“Define ‘civilian authority’ – a trained police officer should be able to see the same things & maybe more than our County Attorney.”

“If that authority is the Coroner i.e. Co Attorney”

One respondent who selected “c. No opinion” wrote “(Do not understand the context of the question, a civilian may not have enough forensic understanding to know why the death is suspicious.)”

OTHER COMMENTS:

“All investigators should have adequate training for death investigations. There should be minimum standards set state wide for each agency assigned death investigations need to meet, regardless of how small or large. The County Attorney being the County Coroner needs to be changed or their roles defined. While they may pronounce death, they do not have the training or experience of a veteran investigator. They should only determine cause of death based on the investigation done by a law enforcement agency with no interference or influence from the County Attorney.

My investigators have a minimum of 120 hrs of investigative training that includes crime scene, evidence, and homicide in addition to an unlimited amount of continuing education. I also have an investigator that we sent to Tennessee to a 10 week forensic school. Washington County has the ability to investigate any death that may occur.”

“Death investigation courses should be required of those that act as coroner, if it is the Co. Attorney, Sheriff, etc. However that can be mandated and done for a lot less that complete revamping of the system. One centrally located state lab for post-mortem (autopsy) exams would be wonderful such as Iowa uses in Ankeny.”

“I would be willing to serve on a committee to help research this matter and offer suggestions to the Governor.”

“We currently participate in an area violent crimes task force which includes death investigations known as the South Central Area Law Enforcement Services (SCALES) which was established in 2001. There are currently 10 agencies participating.

“Through Inter-local Agreement and Memorandum of Understanding, participating SCALES agencies are able to utilize a broad range of law enforcement personnel with experience, training and specialized equipment. A system was developed to designate a lead agency and investigator; assisting officers of participating agencies are delegated investigative assignments. This process is designed to provide an objectively thorough and professional criminal investigation while minimizing the possibility of potential conflict of interests, either real or apparent. Ongoing oversight and protocol is collectively provided by law enforcement administrators from participating SCALES agencies. This area task force has been a real benefit to those participating.”

“I feel the system works if an obvious crime is involved. An autopsy and proper investigation will be done. For other coroner calls, the ones we handle the most, such as apparent natural cause death or accidental death, help is needed to confirm cause of death without the expense of an autopsy. We have no problem starting an involved and expensive investigation if a crime is involved, but are very hesitant to spend the money and man hours if no crime is apparent. Another trained and informed opinion would be welcome in these investigations just to help make sure we did not miss something. For this to work though, funding is a definite issue.”

“We recently had an investigation of a Homicide in our County. The investigation was turned over to the Nebraska State Patrol. The majority of the investigators in the case were new at this position and had little or no experience in handling this type of investigation. This case was a brutal murder case that ended up being so botched it nearly didn’t make it to trial. The Suspect in the case should have been sentenced to 1st degree murder ended up as a 1st degree assault. I would be hard pressed to contact the State Patrol for assistance in a case of this type. I haven’t seen that anything has changed over the years. I contacted the Attorney General’s Office and was told they are trying to fix it (two years ago). If I had another case as such I would contact Douglas County for their team to assist.”

“Death investigations have been one of my career pursuits. To provide as thorough an investigation as possible to everyone. Since Nebraska is so informal in our approach to investigating deaths, over the years, I have even developed a ‘Form’ or a ‘Checklist’ which at last count was being used by over eight agencies in Nebraska. Over the last 20 years, I have observed numerous deaths that seemed very suspicious and in some cases, homicide was strongly indicated, but due to lax investigations and a lack of services and forensics, they have gone on and the perpetrators un-charged. I have often heard it said, ‘If you want to get away with murder, do it in western Nebraska.

Also, lately there has been a lot of discussion that Law Enforcement is not qualified to determine that someone is ‘crazy’ or in need of mental help and therefore needing to be placed into Emergency Protective Custody. The opponents claim that Law Enforcement is neither trained nor qualified to make such a diagnosis. I would argue, that with my training and experience, I am far better equipped to determine that the naked subject running down the street at 3:00 a.m. wearing underwear on their head and claiming the Pope’s guards are out to murder them, is ‘Crazy.’ Much more so than I am trained or equipped to determine a medical cause of death upon an individual. Over the years, I have seen many Sheriffs determine that the deceased died of ‘A Heart Attack.’ Based solely on the fact that they were ‘old’.”

**Survey of Nebraska Law Enforcement: Death Investigations in Nebraska
Tabulated Results for Survey of the Board for the Police Officers
Association of Nebraska**

Question 1

The responsibilities for investigation of cause of death should be:

7 Respondents

Number of Autopsies	Number Responding	Percent
a. Kept by individual counties	4	57
b. Shared by several counties	2	29
c. Handled by the State of Nebraska	1	14
Total	7	100

Question 2

Do police officers receive additional professional training specifically in the area of the investigation of cause of death or forensic science?

7 Respondents

Number of Autopsies	Number Responding	Percent
a. Yes	2	29
b. No	5	71
Total	7	100

Question 3

Strengths in Nebraska's current death investigations system (*pick two*)

7 Respondents

Response Choices	Number of Responses	Percent
a. Maintains local control	6	46
b. More affordable than alternatives	5	38
c. Gives county attorney additional investigatory powers	1	8
d. Provides highest quality investigation of cause of death possible		
e. Other	1	8
Total	13	100

Question 4

Weaknesses in Nebraska's current death investigations system (*pick two*)

7 Respondents

Response Choices	Number of Responses	Percent
a. County attorneys are not trained in forensic science and technology	7	50
b. Lack of expertise could result in mistakes being made in major investigation	5	36
c. The position poses possible conflict of interest in investigation of deaths	2	14
d. An independent coroner or medical examiner is useful on the witness stand		
e. Other		
Total	14	100

Question 5

The current system for death investigations is effective.

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly Agree		
b. Agree	1	14
c. No opinion	2	29
d. Disagree	4	57
e. Strongly disagree		
Total	7	100

Question 6

The current system for death investigations produces quality results.

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly Agree		
b. Agree	1	14
c. No opinion		
d. Disagree	6	86
e. Strongly disagree		
Total	7	100

(There is no Question 7 on survey.)

Question 8

Alternatives to the current coroner system in Nebraska should be investigated.

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	2	29
b. Agree	5	71
c. No opinion		
d. Disagree		
e. Strongly disagree		
Total	7	100

Question 8a

If you agree the current system should be investigated, what suggestions do you have for improving the system? *Establishing criteria, system structure, funding, etc.*

“Believe the whole system needs to be looked at and make changes.”

“I think each county should have a person designated as a county coroner other than the county attorney. That person should be trained. It should be the responsibility of each county to fund that training. I think the person could be a law enforcement officer. That would eliminate the cost of having to pay a person to be designated as a coroner.”

“A forensic medical examiner/coroners office for the state could be established to (mandatory) respond in assistance to local jurisdictions. There is not enough need/frequency in outstate Nebraska to establish forensic medical examiners/coroners in each county, nor probable in more than two locations in the state.”

“Investigate the feasibility of having a person designated as a medical examiner in each county that would decide when autopsies are necessary and conduct those autopsies without consideration of cost.”

“A properly trained Medical Examiner in forensic science and evidence collection would be a good start. Nebraska is a big state in area, with two large metropolitan areas with most of the rest of the state is primarily rural with about 10 cities over 20,000 in population. For the rural areas, counties will need to be consolidated for regional M.E. Laboratories to determine cause of death. My assumption is that cause of death investigations would include: Fatality Traffic Accidents; Suspected Homicides; Unattended Deaths; Hospice Deaths and Unexplained Deaths. Too often, money and politics become an issue when an elected official is responsible for Medical Exams. There have been several cases where we have had the victim transported to Omaha for forensic cause of death examinations. This is a one-way three (3) hour trip. Not cost

effective by any means. Establishing Regional ME Labs would be expensive but much more effective and efficient. I am not sure of the status in Lincoln or Omaha, but my assumption is that there are resources available in these metro cities.

The State needs to step up to the plate on the services that are required by statute. I would also assume there are Federal guidelines as to minimum requirements set for the States to provide these services (even to outstate Nebraska). Being a lifetime resident of this state, I have the feeling for many years that there is Omaha, Lincoln and then NEBRASKA. Omaha and Lincoln receive all the focus and a huge portion of funding. NEBRASKA is under represented in the Legislature. NEBRASKA also has infrastructure that is ignored by the State. Since the State has shown in the recent past not to fulfill State Obligations and pass it on to the community level, i.e. the Mental Health fiasco. The least the state could do is at least lift the lid on Local Communities so the communities can at least fund these State obligations that the state cannot fund.”

Question 9

The individual who investigates the cause of death should have specialized technical training in that area.

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree	3	43
b. Agree	4	57
c. No opinion		
d. Disagree		
e. Strongly disagree		
Total	7	100

Question 10

It is important that a civilian authority, other than a police officer, review the cause of death.

7 Respondents

Response Choices	Number Responding	Percent
a. Strongly agree		
b. Agree	1	14
c. No opinion	2	29
d. Disagree	4	57
e. Strongly disagree		
Total	7	100

Other comments:

“Not a big fan of our forensic pathologist. In the past, we’ve had an M.D. and was one of the best. Simplified things and made it understandable for others (jury, officers, etc.) Need good training for both coroner and law enforcement. Coroner should have money to contract with a forensic pathologist. Question is, where does that money come from? Coroners need more expertise to work with a medical professional. Also, clarify the pathologist’s role: parameters, science, autopsy.

Could the Attorney General assist in prosecutions instead of investigations? Could the Attorney General send investigators to a county that feels it’s over its head and needs assistance? Could the coroner contact the Attorney General and the Attorney General contact staffed precincts - like in Lancaster County - and ask them to free up an investigator? Shore up agencies who feel they have a shortcoming by putting this under the umbrella of the AG.

Dust off statutes regarding in custody deaths. Tweak this to allow for county coroner to call on Attorney General for some assistance. The Attorney General could then assign an investigator. Coroners could also contact other departments to find experienced investigators. They could create a task force in that case.

Give the Attorney General a mechanism to pay for outside expertise. The Attorney General would make sure both medical aspect and investigative aspect are covered. Could also do a civilian medical examiner but not recommending that.”

Survey of Nebraska Law Enforcement: Death Investigations in Nebraska Response from the Nebraska State Patrol

Question 1

The responsibilities for investigation of cause of death should be:

- √ a Kept by individual counties
- b. Shared by several counties
- c. Handled by the State of Nebraska

Question 2

Does the State Patrol receive additional professional training specifically in the area of the investigation of cause of death or forensic science.

- √ a. Yes
- b. No

Additional Comment:

“Medicolegal Death Investigation, 40 hour course offered through St. Louis University Medical School.”

Question 3

Strengths in Nebraska’s current death investigations system (*pick two*)

- √ a. Maintains local control
- √ b. More affordable than alternatives
- c. Gives county attorney additional investigatory powers
- d. Provides highest quality investigation of cause of death possible
- e. Other

Question 4

Weaknesses in Nebraska’s current death investigations system (*pick two*)

- √ a. County attorneys are not trained in forensic science and technology
- √ b. Lack of expertise could result in mistakes being made in a major investigation
- c. The position poses possible conflict of interest in investigation of deaths
- d. An independent coroner or medical examiner is useful on the witness stand
- e. Other

Additional Comment:

“Due to a & b occurring, some homicides aren’t recognized until autopsy. Occasionally, the crime scene has been released to the perpetrator of the homicide.”

Question 5

The current system for death investigations is effective.

- a. Strongly agree
- b. Agree
- c. No opinion
- √ d. Disagree
- e. Strongly disagree

Question 6

The current system for death investigations produces quality results.

- a. Strongly agree
- b. Agree
- c. No opinion
- d. Disagree
- √ e. Strongly disagree

(There is no Question 7 on survey.)

Question 8

Alternatives to the current coroner system in Nebraska should be investigated.

- √ a. Strongly agree
- b. Agree
- c. No opinion
- d. Disagree
- e. Strongly disagree

If you agree the current system should be investigated, what suggestions do you have for improving the system? *Establishing criteria, system structure, funding, etc.*

“Criteria: In any unattended death in which manner and cause of death are not certain, a Dr. or in the absence of a Dr. a LEO or County Attorney specially trained in the investigation of manner and cause of death must examine the deceased before removal from the scene.

System structure: This could be done with a true County Coroner system or a District Attorney system designated to investigate all unattended deaths in which the manner and cause of death are unknown.

Funding: Add a \$10 fee to all life insurance policies issued or purchased within Nebraska and a \$2 fee for each year of renewal of such policies.”

Question 9

The individual who investigates the cause of death should have specialized technical training in that area.

- √ a. Strongly agree
- b. Agree
- c. No opinion
- d. Disagree
- e. Strongly disagree

Question 10

It is important that a civilian authority, other than a police officer, review the cause of death.

- √ a. Strongly agree
- b. Agree
- c. No opinion
- d. Disagree
- e. Strongly disagree

Other comments:

None

Montana Code Annotated 2007

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46-4-101. Jurisdiction -- death and cause of death in different counties.

- (1) The coroner of the county where a dead human body is found has jurisdiction if:
- (a) the place of death is unknown;
 - (b) the dead human body was shipped into the county without proper permits; or
 - (c) the death occurred while the deceased was in transit in the state.

(2) When death occurs as a direct result of acts or events that occurred in another county, the coroner of the county where the acts or events causing death occurred has jurisdiction. If a coroner that has jurisdiction of a death fails to act, the state medical examiner has jurisdiction.

(3) A county coroner has primary jurisdiction in the county in which he is appointed or elected to serve; however, a qualified coroner may serve in another county upon the request of the coroner or county attorney of that county. A coroner may travel to another county to inquire into a death pursuant to [46-4-122](#).

History: En. 95-812 by Sec. 1, Ch. 196, L. 1967; R.C.M. 1947, 95-812; amd. Sec. 13, Ch. 660, L. 1991.

46-4-102. Repealed. Sec. 21, Ch. 660, L. 1991.

History: En. 95-801 by Sec. 1, Ch. 196, L. 1967; amd. Sec. 24, Ch. 530, L. 1977; R.C.M. 1947, 95-801.

46-4-103. Autopsy -- when conducted, scope. (1) If in the opinion of the coroner an autopsy is advisable, the coroner shall order one performed on any dead human body for which the death requires an inquiry and shall retain a medical examiner or associate medical examiner to perform it. Performance of autopsies is within the discretion of the coroner except that the county attorney or attorney general may require one. Consent of the family or next of kin of the deceased is not required for an autopsy that is ordered by the coroner, county attorney, or attorney general. In ordering an autopsy the coroner, county attorney, or attorney general shall order the body to be exhumed if it has been interred.

(2) The right to conduct an autopsy includes the right to retain specimens the medical examiner performing the autopsy considers necessary.

(3) The state of Montana shall pay any expenses incurred whenever an autopsy or investigation is initiated at the request of the state medical examiner or attorney general. The county shall pay any expenses incurred whenever an autopsy, investigation, or inquiry is initiated at the request of the county attorney or county coroner.

(4) If a county does not provide a morgue or other facility for postmortem examination, the county coroner may order the use of a funeral home or an appropriate hospital facility for the examination.

(5) Autopsies performed under this section on a decedent whose death is under investigation and who has made an anatomical gift or on whose behalf an anatomical gift has been made must be performed in accordance with [72-17-217](#) and [72-17-218](#).

History: En. 95-802 by Sec. 1, Ch. 196, L. 1967; amd. Sec. 104, Ch. 349, L. 1974; amd. Sec. 25, Ch. 530, L. 1977; R.C.M. 1947, 95-802; amd. Sec. 14, Ch. 660, L. 1991; amd. Sec. 1, Ch. 345, L. 2007.

46-4-104. Liability of mortuary or physician. A mortuary owner or person employed in a mortuary is not liable for the acts of the coroner performed in the removal of a body to a mortuary or during the course of an autopsy on that body. No criminal or civil action may arise against a licensed physician for performing an autopsy authorized by this chapter or for performing an autopsy on request of a federal officer investigating a death within a federal jurisdiction.

History: En. 95-813 by Sec. 1, Ch. 196, L. 1967; R.C.M. 1947, 95-813; amd. Sec. 2, Ch. 492, L. 1985; amd. Sec. 12, Ch. 800, L. 1991.

46-4-105 through 46-4-109 reserved.

46-4-110. Powers of coroner. In the performance of his duties under this chapter, the coroner may:

(1) pronounce the fact of death of any human being under circumstances in which he has a duty to inquire pursuant to [46-4-122](#);

(2) certify and amend death certificates as considered necessary in circumstances under which he has a duty to inquire pursuant to [46-4-122](#);

(3) issue subpoenas pursuant to [46-4-112](#);

(4) order autopsies as provided in [46-4-103](#);

(5) conduct examinations and tests as considered necessary to determine the cause, manner, and circumstances of death and identification of a dead human body as provided in [46-4-101](#) and [46-4-113](#);

(6) order a dead human body to be disinterred or removed from its place of disposition, with or without the consent of the next of kin, under circumstances in which he has a duty to inquire pursuant to [46-4-122](#);

(7) conduct inquests pursuant to [46-4-201](#); and

(8) order cessation of any activity by any person or agency, other than the law enforcement agency having jurisdiction, that may obstruct or hinder the orderly conduct of an inquiry or the collection of information or evidence needed for an inquiry.

History: En. Sec. 2, Ch. 660, L. 1991.

46-4-111. Coroner's authority to seize and preserve evidence.

(1) A county coroner may enter any room, dwelling, building, or other place in which he has probable cause to believe that a dead human body or evidence of the circumstances of a death that requires investigation may be found. If refused entry, a coroner who is investigating a death pursuant to his authority may apply to a judge authorized to issue search warrants for a warrant to enter the premises and to search for and seize evidence of the cause of a death, including a dead human body.

(2) The application for a search warrant must:

- (a) state facts sufficient to show probable cause that a human body or evidence of the circumstances of death is present in the place to be searched;
- (b) particularly describe the place to be searched; and
- (c) particularly describe the things to be seized.

(3) To preserve evidence of the cause of death, a coroner may:

(a) place under his custody and control any dwelling, building, item, vehicle, aircraft, railroad engine or train, vessel, enclosure, or open area for a period of not more than 10 days; and

(b) forbid entrance by an unauthorized person into any area specified in subsection (3)(a).

(4) A person may not enter an area that is restricted pursuant to subsection (3) without the permission of the coroner or the law enforcement agency having jurisdiction if there is also a criminal investigation in progress.

History: En. Sec. 1, Ch. 660, L. 1991.

46-4-112. Subpoenaing of witnesses and documents.

(1) In an inquiry or inquest, a coroner may:

- (a) issue subpoenas for witnesses as provided in [46-4-203](#); and
- (b) issue subpoenas commanding the production of books, records, papers, documents, and other objects as may be necessary and proper to the inquiry or inquest.

(2) Any material subpoenaed pursuant to subsection (1)(b) is confidential criminal justice information, as defined in [44-5-103](#), and public access to the information may be obtained only in accordance with [44-5-303](#). However, any material produced at an inquest is public information.

(3) Disobedience of a subpoena issued under [46-4-203](#) or this section is punishable in the same manner as disobedience of a subpoena issued by a justice of the peace as provided in Title 3, chapter 10, part 4.

History: En. Sec. 7, Ch. 660, L. 1991.

46-4-113. Examinations and tests. The coroner may direct a properly qualified expert to conduct any test or examination that he reasonably believes is necessary to determine the cause, manner, and circumstances of a death or to identify a dead human body. The coroner may also require examination by the next of kin or any other person when necessary to identify a dead human body.

History: En. Sec. 8, Ch. 660, L. 1991.

46-4-114. Reporting fetal deaths. A licensed nurse, a midwife, a physician assistant, an emergency medical technician, a birthing assistant, or any other person who assists in the delivery that occurs outside a licensed medical facility of a fetus that is believed or declared to be dead shall report the death by the earliest means available to the coroner of the county in which the death occurred.

History: En. Sec. 6, Ch. 660, L. 1991; amd. Sec. 22, Ch. 519, L. 2005.

46-4-115 through 46-4-119 reserved.

46-4-120. Notification of finding human remains. A person who finds a dead human body or fetus or remains that appear to be human shall immediately report this fact to the county coroner by telephone or by the fastest available means of communication.

History: En. Sec. 1, Ch. 287, L. 1993.

46-4-121. Inquiry defined. For the purposes of this part, an inquiry by a county coroner is an informal examination of a death and its attendant circumstances to determine whether:

- (1) an inquest, which is a formal inquiry, should be held;
- (2) the reporting physician should certify the death;
- (3) any further action or examination should be made concerning a death; or
- (4) there is anything unusual or remarkable about a death that may warrant further action by the county attorney or the law enforcement agency that has jurisdiction.

History: En. Sec. 3, Ch. 660, L. 1991.

46-4-122. Human deaths requiring inquiry by coroner. The coroner shall inquire into and determine the cause and manner of death and all circumstances surrounding a human death:

- (1) that was caused or is suspected to have been caused:
 - (a) in any degree by an injury, either recent or remote in origin; or
 - (b) by the deceased or any other person that was the result of an act or omission, including but not limited to:
 - (i) a criminal or suspected criminal act;
 - (ii) a medically suspicious death, unusual death, or death of unknown circumstances, including any fetal death; or
 - (iii) an accidental death; or
 - (c) by an agent, disease, or medical condition that poses a threat to public health;

- (2) whenever the death occurred:
 - (a) while the deceased was incarcerated in a prison or jail or confined to a correctional or detention facility owned and operated by the state or a political subdivision of the state;
 - (b) while the deceased was in the custody of, or was being taken into the custody of, a law enforcement agency or a peace officer;
 - (c) during or as a result of the deceased's employment;
 - (d) less than 24 hours after the deceased was admitted to a medical facility or if the deceased was dead upon arrival at a medical facility; or
 - (e) in a manner that was unattended or unwitnessed and the deceased was not attended by a physician at any time in the 30-day period prior to death;

- (3) if the dead human body is to be cremated or shipped into the state and lacks proper medical certification or burial or transmit permits; or

- (4) that occurred under suspicious circumstances.

History: En. Sec. 4, Ch. 660, L. 1991; amd. Sec. 2, Ch. 287, L. 1993.

46-4-123. Inquiry report. The coroner shall make a full report of the facts discovered in all human deaths requiring an inquiry under the provisions of [46-4-122](#). In the case of a fetal death inquiry under [46-4-122](#), the department of justice shall adopt rules for respectful transportation and delivery of the fetus to the place where the autopsy will be performed. The rules must require that a fetus be transported in a crush-proof container and be labeled with the words "fragile--human remains inside". The report must be made in triplicate on a form provided by the division of forensic sciences of the department of justice. The coroner and the medical examiner shall each retain one copy and shall deliver the other copy to the county attorney. If the coroner orders an autopsy during the course of an inquiry, the coroner shall also provide the medical examiner with a copy of the autopsy report. The forms must be completed and distributed as provided in this section as promptly as practicable.

History: En. Sec. 5, Ch. 660, L. 1991; amd. Sec. 1, Ch. 268, L. 2007.

**Sudden, Unexplained Infant Death Investigation
Infant Death Investigation:**

Guidelines for the Scene Investigator

Department of Health and Human Services

Centers for Disease Control and Prevention (2007)

Training Material:

- Sudden Infant Death Syndrome (SIDS)
- Sudden Unexpected Infant Death (SUID)
- Sudden, Unexplained Infant Death Investigation (SUIDI)

Currently, you may find this material online at:

<http://www.cdc.gov/SIDS/TrainingMaterial.htm>

**Executive Summary
Strengthening Forensic Science in the United
States: A Path Forward**

Committee on Identifying the Needs of the Forensic Sciences Community; Committee on Applied and Theoretical Statistics, National Research Council, (2009)

Currently, you may find this online at:

http://www.nap.edu/catalog.php?record_id=12589#toc

or

<http://www.nap.edu/catalog/12589.html>

DISCLAIMER / REMINDER

The information contained in this form is as accurate and up to date as possible, and was taken from personal experiences, professional consultations from attorneys, medical personnel, experienced death investigators, and other agencies' general forms and policies.

**However, there may be some grammatical and / or spelling errors. Also, some of the terminology may be in dispute between the various legal, medical and / or scientific professions.
This form is intended to act as a general guideline, NOT a definitive source.**

This form is intended to be a guide for the Death / Death Scene Investigator to facilitate the gathering of information for current and future reference.

If a determination of Homicide is made, this form is NOT meant to replace any additional and more detailed Homicide Investigation forms or manuals. This form is also NOT meant to replace any forensic examination and / or evidence collection and storage methods or techniques.

*- Patrick M. McNeil -
Sheriff of Logan County
Stapleton, Nebraska*

<<<REMEMBER: IF THE SITUATION IS UNKNOWN, THEN IT *COULD* BE A HOMICIDE, AND THE SUSPECT COULD STILL BE ARMED AND ON-THE-SCENE AND POSSIBLY HIDING. IF IT IS A SUICIDAL PERSON, THEY CAN ALSO BE ARMED AND HOMICIDAL. **USE EXTREME CAUTION**. ALSO: OTHERS AT THE SCENE COULD MISINTERPRET THE SITUATION AND BECOME UNPREDICTABLE AND/ OR VIOLENT>>>

IS THIS DEATH A HOSPICE? -NO -YES ...

:
:

If YES, NAME OF
NURSE ATTENDING DEATH:

Title Name-First, Middle, Last Agency / Hospital

IF DEATH IS NOT A HOSPICE,
IS THERE A DNR (DO NOT RESUSCITATE) ORDER? -NO -YES ...

:
:

If YES, NAME OF DOCTOR WHO ISSUED:

DATE ISSUED:

HAS THAT ORDER BEEN VERIFIED? -NO -YES

If Death WAS a Hospice, or if a proper DNR Order was issued, further investigation may not be necessary. However, a DNR is NOT a legally binding obligation for Rescue Units / Personnel, and does NOT mean that a proper investigation of the circumstances surrounding the death should not be conducted.

If called or on-scene, at a minimum, fill out the **MAIN** section and the **KNOWN** section with brief **Medical** history.

Do NOT assume death was a result of Natural Causes ... Investigate the situation and eliminate all possibilities other than natural causes.

(Let the Circumstances, Officer Safety, Common Sense, The Law and Policies dictate your further actions.)

SITUATIONS REQUIRING DEATH INVESTIGATION

Source: CDC (Center for Disease Control and Prevention)

- # 1) Sudden deaths not caused by readily recognizable disease, or wherein the cause of death cannot be properly certified by a physician on the basis of prior (recent) medical attendance.
- # 2) Deaths occurring under suspicious circumstances, including those where alcohol, drugs or other toxic substances may have had a direct bearing on the outcome.
- # 3) Deaths occurring as a result of violence or trauma, whether apparently homicidal, suicidal or accidental (including, but not limited to, those due to mechanical, thermal, chemical, electrical or radiational injury, drowning, cave-ins and subsidences.)
- # 4) Any death in which trauma, chemical injury, drug overdose or reaction to drugs or medication or medical treatment was a primary or secondary, direct or indirect, contributory, aggravating or precipitating cause of death.
- # 5) Operative and preoperative deaths in which the death is not readily explainable on the basis of prior disease.
- # 6) Any death wherein the body is unidentified or unclaimed.
- # 7) Deaths known or suspected as due to contagious disease and constituting a public hazard.
- # 8) Deaths occurring in prison or a penal institution or while in the custody of Law Enforcement.
- # 9) Deaths of persons whose bodies are to be cremated, buried at sea or other wise disposed of so as to be thereafter unavailable for examination.
- #10) Sudden infant death syndrome.
- #11) Stillbirths.

*** DO NOT assume a cause, method or manner of death. ***

*** Fill out all of the forms applicable, and base determinations on information obtained through evidence, facts, and process of elimination. ***

~~~ DEATH INVESTIGATION CHECKLIST GUIDE ~~~

**SCENES:** Remember, you could have more than one scene/ crime scene. IE: Location of body, Location of Death, Vehicle used to transport Body, Suspects body/clothing & residence, etc.

**ENROUTE:**

#1 Notify Supervisor & / or Follow proper Policy & Procedures

(Do NOT use names or other detailed information over radio channels that can be monitored, **PERIOD!**)

If possibility death(s) are a result of Natural Disaster, Biological or Industrial / Hazardous Materials Incident ...  
- Notify **EMERGENCY MANAGEMENT AGENCY / Director** –

**APPROACH:** Try to approach other than the “obvious” or “normal” route, as that may be the route everyone else has taken to and from the scene & remember the path you take.

#1 Observe any other vehicles or person(s) in area.

#2 Approach Cautiously ... there may be Suicidal, Homicidal, or Distraught Subjects in area. (**OFFICER SAFETY IS PARAMOUNT!**)

#3 Be observant for any Foot, Tire or other imprints, Blood trails, etc.

#4 Observe current conditions such as if lights are On or Off, doors or windows locked, open, etc.

**AT SCENE – INVESTIGATION PHASE:** WEAR APPROPRIATE PROTECTIVE CLOTHING / GLOVES / FACE MASKS, Etc.

#1 Check for Signs of Life or people needing immediate medical attention or anyone else who may be injured or deceased.

#2 Check area for other subjects, suspects, witnesses. Then consider: **“DO I NEED A SEARCH WARRANT TO CONTINUE?”**

#3 Check Immediate area for any indicators that death was other than Natural Causes. **\*\*\* DO NOT COVER THE BODY!!!**

#4 Secure Scene. Log Access of **EVERYONE** going to and from scene. Set up **DOUBLE** perimeter. (Center = Crime scene, Outer = Medical, Evidence Techs, Supervisors, etc. **\*\*\* Keep media at a distance beyond the outer perimeter.**)

#5 Photograph & / or Videotape Scene (Remember to look & Photo: UP, into, **Down upon**, around, over and under things in area.)

#6 Fill out required forms (I.E.: Death Scene, Vehicle Inventory, Etc.) & **ALL other applicable sections(ie:KNOWN, Etc.)**

#7 Check scene with any specialized equipment available, including a UV light sweep for stains and fluids, etc.

**AT SCENE – POST INVESTIGATIVE PHASE:**

#1 Contact County Coroner (If officer is acting coroner, note time for Time Pronounced Dead.) #2 Contact Funeral Home

**POST SCENE- IF AUTOPSY IS ORDERED:** MOVE BODY **“IN POSITION”**, **DO NOT FOLD ARMS, TURN OVER, ETC!**

#1 Place Chain-of-Custody Evidence Tag ON BODY & / or place SEAL ON Body Bag

#2 Directly Follow Body to location of Autopsy (Regardless if 1 mile or 500 miles.)

#3 Once body is delivered, if Autopsy is not to be conducted immediately, then the following applies:

3a) Once Body is Placed inside Morgue or Facility Cooler-SEAL DOORS WITH OFFICIAL EVIDENCE TAPE, SEALS, or DOOR PAD LOCKS. If pad-locks, Investigator retains ONLY key.

3b) Morgue or Facility Cooler Seal, Evidence Tape, or Pad Lock is NOT to be opened by any other than Investigator attending autopsy. (Wear mask-spores, fumes, etc.)

3c) Photograph everything at autopsy, side, top, 90 degree, straight on, etc. Including injuries and / or marks before and after clean up. (If Digital, take a few on NEGATIVE mode.)

3d) **X-ray body for foreign objects, wounds, injuries, (Request skeletal survey series.)**

3e) Make appropriate notations on Chain-of-Custody tags.

3f) Seize into evidence now broken Evidence Seals.

**\*\*\* INVESTIGATIVE - Obtain Copy of Obituary for file.**

**\*\*\* Keep ALL original (hand-written) notes, photos, etc. for file!!! \*\*\***

## ADDITIONAL FORMS

If ANY of the following are Involved, Applicable, or Used ...  
Check Box and COMPLETE CORRESPONDING SECTIONS / ATTACHMENTS:

**\*\*\* MAIN Section is to be completed for ALL Death Investigations \*\*\***

- INITIAL ARRIVAL CHECKLIST
- DEATH / CRIME SCENE ACCESS LOG {Should be maintained for ALL on-scene & initial investigations.}
- MAIN = Section **Main (Maroon)** {For all deaths of non natural causes or SIDS}
- KNOWN / IDENTIFIED PERSON = Section **DI-1(Blue)** {For all persons whose identity is known / established}
- DISPOSITION = Section **DI-D (Dark Blue)** {For final disposition of determination of death for ALL deaths}
- UNKNOWN / UNIDENTIFIED PERSON = Section **DI-2 (Gray)** {For all persons whose identity is NOT known}
- MEDICAL HISTORY / AILMENTS / PHYSICAL COMPLAINTS, Etc. = Section **DI-3 (Dark Green)** { For all persons who have known medical histories. }
- PRESCRIPTION MEDICATIONS = Section **DI-3a (Light Green)** (Prescription, Home Remedies, Herbal, Over-the-Counter, Beverages or Liquid, Etc.)
- CLOTHING/ VALUABLES/ PROPERTY/ EVIDENCE = Section **DI-4 (Purple)** {For all persons who have property on them}
- PROPERTY RELEASED = Section **(Light Blue)** {For any property released at scene and to whom.}
- MOTOR VEHICLE INVOLVED = Section **DI-5 (Black & White)** {For cases where a vehicle was present / involved}
- SIDS / CRIB DEATH = Section **DI-6 (Yellow)** {For all applicable children - **KNOWN** section **DI-1**, NOT needed}
- MISSING PERSONS = {For anyone missing from anywhere possibly related to a death.}
- DIAGRAM / BODY POSITION = Section **DP-1 (White & Black)** {For all diagrams / descriptions of body positions.}
- DEATH INVESTIGATION WRITTEN STATEMENT FORMS {Statements of anyone connected to Investigation}
- BODY OUTLINE / DIAGRAM SHEET {Only needed if there are injuries or deformities to the body.}
- ADDITIONAL SUBJECTS SHEET {For any additional identified subjects connected to Death Investigation.}
- VEHICLE INVENTORY FORM
- PERMISSION TO SEARCH FORM = **DARK YELLOW**
- Motor Vehicle / Boating / Motorcycle Accident or other REQUIRED STATE FORMS --List:

**(\*\*\*IF death is result of definable MVA – Obtain FORENSIC EXAM / LEGAL BLOOD SAMPLE\*\*\*)**

**EXAMPLES:** #1) Known subject, possible suicide, fully clothed and wearing jewelry ... Complete: **KNOWN, MAIN, PROPERTY, BODY DIAGRAM, BODY INJURIES & CASE DISPOSITION** sections ... #2) Known subject, extensive medical problems in past and taking numerous prescriptions, found only in underwear sitting inside their pickup ... Complete: **KNOWN, MAIN, BODY DIAGRAM, INJURIES, VEHICLE, VEHICLE INVENTORY, MEDICAL, PRESCRIPTIONS & CASE DISPOSITION**. Also complete Statements, Scene Access & Etc. as applicable or needed.

DEATH / CRIME INVESTIGATION >>><< SCENE ACCESS LOG >>><<

Case#                      Location:

Officer keeping log:  
(Note any change in log of Officer keeping log.)

Date log began:                      Date log ended:                      Page:                      of:

| <b>TIMES</b>                     | <b>Officer / Subject – Agency / Reason (If known)</b> |
|----------------------------------|-------------------------------------------------------|
| : <input type="checkbox"/> - IN  |                                                       |
| : <input type="checkbox"/> - OUT |                                                       |
| : <input type="checkbox"/> - IN  |                                                       |
| : <input type="checkbox"/> - OUT |                                                       |
| : <input type="checkbox"/> - IN  |                                                       |
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| : <input type="checkbox"/> - IN  |                                                       |
| : <input type="checkbox"/> - OUT |                                                       |

\*\*\* IS DEATH CONSIDERED "In Custody", ie: A RESULT OF OFFICER / CORRECTIONS INVOLVEMENT? \*\*\*

-No -YES / IF YOU ARE OFFICER INVOLVED ... **STOP !! CONTACT A SUPERVISOR**  
**& / OR OUTSIDE LAW ENFORCEMENT AGENCY IMMEDIATELY.**

**<<< IS SEARCH WARRANT & / or MIRANDA NEEDED TO PROCEED? >>>**

>>> If in doubt, **OBTAIN WARRANT** - or at least **WRITTEN PERMISSION TO SEARCH** <<<

~~~ NAME & ADDRESS OF INVESTIGATING AGENCY ~~~

>>><<< SECURE SCENE / RESTRICT & LOG ACCESS >>><<<

| | |
|--|--|
| Time Officer Arrived: | Case# |
| Date/Time Discovered: | Date / Time REPORTED: |
| ANY BIOHAZARDS INVOLVED?
<input type="checkbox"/> -No <input type="checkbox"/> -Unknown
<input type="checkbox"/> -YES/If Yes State here: | SPECIAL CLEANUP NEEDED?
^→ <input type="checkbox"/> -No <input type="checkbox"/> -Yes ←^ |
| * DID DECEASED HAVE ANY CONTAGIOUS DISEASE(S)? <input type="checkbox"/> -NO <input type="checkbox"/> -UNKNOWN <input type="checkbox"/> -YES / If Yes, State here: | |
| Address/ Physical Location | |
| Body or Remains found: | |
| ***** | |
| PRONOUNCED | DATE & TIME PRONOUNCED: |
| DEAD By : | |

***** Is reporting party the same as the person who discovered? -NO -YES *****

***(IF NOT THE SAME PERSON, OBTAIN INFORMATION ON BOTH SUBJECTS)**

CODES: W = WITNESS RP = REPORTING PARTY DP = DISCOVERING PERSON O = OTHER

This Section for Initial persons ONLY, Others-Use Additional form

*** Any witnesses or persons involved, obtain written statements. ***

CODE: Name: DOB:
 (Obtain-First, Middle, Last / Check Correct spelling)
 Address:
 (Street, Apt., City, State, Zip)
 Main Phone: Alternate Phone: E-Mail:
 Connection or Relationship to deceased: If OTHER – Explain:

CODE: Name: DOB:
 (Obtain-First, Middle, Last / Check Correct spelling)
 Address:
 (Street, Apt., City, State, Zip)
 Main Phone: Alternate Phone: E-Mail:
 Connection or Relationship to deceased: If OTHER – Explain:

CODE: Name: DOB:
 (Obtain-First, Middle, Last / Check Correct spelling)
 Address:
 (Street, Apt., City, State, Zip)
 Main Phone: Alternate Phone: E-Mail:
 Connection or Relationship to deceased: If OTHER – Explain:

(IF NEEDED, USE ADDITIONAL SUBJECTS SHEET.)

Official(s) & / or other Agencies at scene prior to arrival.
(If *OTHER* than Medical or Law Enforcement, list separately.)

OFFICIAL(S)/ AGENCY ----- ADDRESS ----- PHONE -----

| |
|--|
| |
| |
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| |
| |
| |

(Ultimately, list **ALL** persons *known* to be at the scene, **prior, during and after** arrival.)

INTERNAL ENVIRONMENTAL CONDITIONS of : -RESIDENCE -STRUCTURE ...

AC- HEAT- ... -OFF -ON / Approx. temp. : Thermostat reading: LIGHTS:-

Radio/Stereo/TV:- If On / station set to / CD / Tapes:
(Check Trash, Ashtray contents, Etc.)

DEATH SCENE LOCATION - Describe room or area & conditions such as above:

ARE THERE ANY OBVIOUS PATHWAYS & / OR TRAMPLING / FOOTPRINTS/ ETC. TO / FROM BODY LOCATION? -No -Yes / If Yes, Photograph and Explain in Report.

HAS FURNITURE BEEN MOVED? -No -YES (MOVE & SEE IF IT IS OBSCURING SOMETHING. IF IT IS, PHOTOGRAPH & REMOVE SECTIONS OF WALL(S) OR CARPET(S), ETC.)

DOES SCENE SEEM TO BE UNUSUALLY IN ORDER / CLEAN / ETC? -No -Yes / If Yes, Photograph and Explain in Report.

ANY UNUSUAL SMELLS LIKE BLEACH / CLEANERS / ETC? -No -Yes / If Yes, Note in Report.

----- CURRENT WEATHER CONDITIONS -----

((Wind Speed Wind Direction Temperature Humidity Other)))

CONDITION OF BODY ~~~ (List found or missing Parts Separately)

When searching, do not forget that body may be in parts and concealed in small bags of trash & etc.

REMAINS: BODY- [] or SKELETAL-[] WHOLE - [] or PARTIAL-[]
(Check for smaller skeleton within larger one, may have been pregnant.)

[]-Infant []-Juvenile []-Adult: Young-[] Mature-[] MALE-[] FEMALE-[] UNKNOWN-[]

Note if body is found in, near or at: []-Vehicle []-Open area []-* Water/ []-Floating []-Submerged
* (If in or near moving water, check up & down stream)

[]-Completely Nude []-Clothed ... []-Fully []-Partially

and if: []-Covered []-Restrained []-Buried []-Inside Structure/ Residence / Vehicle []-Hidden

[]-Other / Explain:

RIGORMORTIS? []-No []-Yes
(1st in face & jaw, spreads from there: Approx.
Hours=1-4 face & jaw, 1-12 entire body, 24-36
Leaves body in order it developed.)

LIVOR MORTIS / LIVIDITY? []-No []-Yes
(Blood "pooling" at lowest points-Begins approx. 1-2 hrs
after death with blanching to touch possible up to 5 hrs
post-mortem. Blanching also possible due to points of
contact. Check for patterns / outlines / Etc.)

CADAVERIC SPASM? []-No []-Yes (Often confused with Rigor Mortis. Usually NOT in jaw, stiffness in arms & hands
ONLY. Often associated w / severe injury to central nervous system.)

DECOMPOSITION? []-No []-Yes / Rate: []

MUMMIFICATION: []-No []-Yes

ODORS? []-No []-Yes
If Yes to Odors-Describe:

BRUISING? []-No []-Yes / If Yes, Photograph, Etc.

JAUNDICE? []-No []-Yes
(Yellow coloration-often due to liver problems)

CYANOSIS? []-No []-Yes
(Bluish or Purple skin tone from lack of oxygen)

BLOATING? []-No []-Yes

SKIN SLIPPAGE? []-No []-Yes
(Usually begins 2-3 days after death.)

OBVIOUS AIRWAY
OBSTRUCTION? []-No []-Yes / If Yes, Detail in Report.

PUTREFACTION? []-No []-Yes
(Green discoloration, starts at abdomen
after 24 hours, then "marbles")

FOAM or FROTH IN MOUTH? []-No []-Yes (Often suggestive of Drowning, Respiratory Failure, Drug Overdose & / or
Congestive Heart Failure in Elderly.)

BODY / SKIN TEMPERATURE TO TOUCH: []
(Was temp. measured? By what method?)

SKIN COLORATION:
(Black, White, Brown, etc. ... & / or: Remember the
3 C's: Bright red skin could be: C Carbon Monoxide,
C Cyanide poisoning, & / or C Cold weather bruising.)

EYES / PUPILS: []

SKIN CONDITION:
(COMPLEXION, Sun burnt, Tan- lines, Mottled, Etc.)

Condition of Body Continued ...

***PETECHIAE or OCULAR PETECHIAL**HEMORRHAGES: -No -Yes

*(Small bloody spots on eyes or inside eyelids. Indicates physical stress, ie: Heart Attack / Stroke, etc. May also indicate strangulation / asphyxiation.)

PURGE PRESENT? -No -Yes

(Combinations of mucous, blood, fluids that come up & out after death.)

VOMIT? -No -YesANAL BLEEDING? -No -Yes"RACCOON" EYES? -No -YesHESITATION WOUNDS? -No -Yes

(Example: Wrist cutting, small, non-lethal scratches.)

LOWER LEGDISCOLORATION? -No -Yes(Both can be suggestive of poor circulation, caused by either blood vessel disease, such as diabetes or heart failure.)ADIPOCERE PRESENT? -No -Yes (Fatty build-up, chalky appearance to skin, often suggestive of body under water for extended periods.)BIO-MATTER PRESENT? -No -Yes / Describe:

(Type, Amount: Bone, Blood, Tissue, Condition, Color, Etc.)

PHYSICAL DEFORMITIESor IMPAIRMENTS? -No -Yes / If Yes, List:

(Include a list of any disabilities that limited movement or normal functions & / or missing limbs, fingers, Etc.)

PROSTHETIC DEVICES? -No -Yes / If Yes, List:

(Include such things as: Pacemakers, Glass eyes, Hip joints, Knees & etc.)

DAMAGE TO INSIDE OF MOUTH & / OR FRENELLUM? -No -Yes

(Frenellum is "ridge" of skin in center on top and lower lip & under tongue.)

ANY DEFENSIVE WOUNDS or OTHERINDICATIONS OF PHYSICAL ASSAULT? -No -Yes / If Yes, List:INDICATIONS OF SEXUAL ASSAULT? -No -Yes / If Yes, List:

(Caution: In some Exposure deaths, subjects will remove their own clothing even in extreme cold.)

CONDITION OF GENITALIA:

(Damaged, Shaved pubic area, erect, bloody, missing, etc.)

PETECHIAE OFFACE & NECK? -No -Yes

(May be suggestive of a form of compression asphyxiation or sometimes can be caused by CPR)

MONGOLIAN SPOTS? -No -Yes

(Natural skin colorations that can be confused with bruises. Generally observed in younger children of Asian & Indian decent.)

HAIR GROWTH? -No -YesSUNKEN EYES? -No -YesCACHERIA? -No -Yes

("Prison Camp" look / Muscle Wastage.)

POST-MORTEM WOUNDS? -No -Yes

(Usually noticeable due to lack of blood from wound.)

LOSS OF HAIR (Males)TO LOWER LEGS? -No -Yes

Condition of Body Continued ...

OBVIOUS WOUNDS, MARKS or INJURIES?-No -Yes / If Yes, List:

(Incised, Stab, Scratches, Lacerations, Burns, Cuts, Impact, Bruises, Ligatures, Punctures, Gunshot, Knife, Blunt Force/Instrument, Bites, Etc.)

**** If gunshot wound(s) ... Document & Photograph - check for: Skin Charring, Smudging, & Tattooing to determine distances.****(Remember: Knife wounds do not accurately show the size of knife & with Gunshots, the exit wound is **NOT** always larger than the entrance wound)**IF THERE ARE WOUNDS, IS THERE A PATTERN TO THEM?** -No -Yes ...Describe, Photograph & Diagram.**ANY CORRELATION OF WOUNDS / INJURIES TO PREVIOUS MEDICAL / PHYSIOLOGICAL CONDITIONS?** -No -Yes / Detail:

(Example: Gunshot to chest and victim had heart problems, Hung by neck and had throat cancer, etc.)

WEAPONS, MACHINERY, DEVICES or OBJECTS FOUND which CORRESPOND with WOUNDS, MARKS or INJURIES? -No -Yes / If Yes, Explain:**CURRENT LOCATION of WEAPONS, MACHINERY, DEVICES or OBJECTS:****GYNECOMASTIA PRESENT?** -No -Yes
(Enlarged breasts on men – *suggestive* of liver damage due to alcoholism.)**FINGER CLUBBING?** -No -Yes
(Rounding of fingertips, *suggestive* to lung Disease.)**MOISTURE ON FACE?** -No -Yes
(*Suggestive* of bag over head.)**WASHERWOMAN EFFECT?** -No -Yes
(Extreme water-“wrinkling”)**BARREL SHAPED CHEST?** -No -Yes
(*Suggestive* of Chronic Emphysema.)**DAMAGE TO FONTANEL?** -No -Yes
(“Soft spot” on top of skull of small children.)**SWOLLEN ANKLES?** -No -Yes (Possible indicator of Heart Failure.)**OTHER:******* INVESTIGATIVE INFORMATION *******ROOM DOORS LOCKED?** -No -Yes / from which side / type of lock:**UPON ARRIVAL – DOORS:** -Open -Closed **UPON ARRIVAL – WINDOWS:** -Open -Closed**ROOM WINDOWS LOCKED?** -No -Yes / from which side / type of lock:**FORCED ENTRY?** -No -YES, Indicate if by:--**HOUSE ALARM?** -No -Yes / If Yes ... -Off -On / If On, Activated? -No -Yes -Unknown**TYPE OF ALARM:****INDICATIONS OF ILLEGAL DRUG USE?** -No -Yes / If Yes, List: ---**DETAILS OF ILLEGAL DRUG USE INDICATORS:****INDICATIONS OF LEGAL DRUG ABUSE?** -No -Yes / If Yes, List:---**DETAILS OF LEGAL DRUG USE INDICATORS:**

Investigative Information Continued ...

INDICATIONS OF HOME VISITS / DELIVERIES? -No -Yes / If Yes: --

DID THEY NOTICE ANYTHING UNUSUAL? -No -Yes / If Yes-Detail:

LOSS OF CONTROL OF
BODILY FUNCTIONS: -No -Yes

INDICATIONS OF POISONING? -No -Yes
If Yes-Details:

FINGERPRINTS & / or PRINTS OF FEET
FROM DECEASED? -No -Yes
***** IF NEEDED, PRESERVE HANDS
& FEET WITH PAPER BAGS*****

FINGERNAIL SCRAPINGS TAKEN? -No -Yes
(Note Condition & Length of nails separately.)

X-RAYS TAKEN? -No -Yes
(Children should have a Skeletal Survey Series done.)
(Adult bodies for indications of injuries or gunshots.)

FINGERNAIL MEES MARKINGS? -No -Yes
(“Bands of color in nails, suggestive of poisoning.)

GUNFIRE TESTS ON HANDS? -No -Yes ...
If Yes, Type of test:
Test Results:

SHOULD THERE BE MONITORING
Of FUNERAL ATTENDANCE? -No -Yes / Reason:

IF WEARING A WATCH, HAS IT STOPPED? -No -Yes / If Yes, Date & Time:

HAS THERE BEEN A FIRE OR SOME OTHER POSSIBLE
ATTEMPT TO COVER OR CONCEAL ANOTHER CRIME? -No -Yes / If Yes, Explain:

FORENSIC / PHYSICAL MEASUREMENTS? -No -Yes (Detail in Reports)
(ie: Length of Reach Vs Length of long gun, Rope, Distances off floor, physical location, etc.)

FOOT / SHOE IMPRESSIONS? -No -Yes

TIRE IMPRESSIONS? -No -Yes

BLOOD SPLATTER? -No -Yes (Detail in Report)
^DETAIL: Patterns, Measurements of drops, Diameter,
Distance, Point of Convergence, Point of Origin, Etc.
(Can be extremely small.)

LUMINOL TESTS? -No -Yes / RESULTS: ---

OTHER BLOOD EVIDENCE? -No -Yes / If Yes, Details:
(Note if blood is bright or dark red, fresh, coagulated, dried, etc. **Have blood collected & tested and with full forensic workups.**)

WATER DRAINS SWABBED OR TESTED? -No -Yes (Detail results in Report)

HAS BODY BEEN MOVED, CLEANED, DRESSED,
POSITIONED, POSED & / or “PREPARED”? -No -Yes / If Yes, by Whom & Why?

SIGNS of BURGLARY,
ROBBERY or THEFT? -No -Yes (Detail in Report)
(*If known: Notify & track: Checks, Gas, Bank & Credit Cards, ATM usage, etc.)

DNA / PATERNITY TESTING OF BODY
PART(s) or FETUS? -No -Yes (Detail results in Report)

BALLISTIC “SLAP” or RICOCHET
MARKS ON CEILING, WALLS, ETC.? -No -Yes

Investigative Information Continued ...

NEIGHBORHOOD CANVASSING? -No -Yes(Re-do days or weeks later, randomly AND on same day- of- week and time of possible crime.)INSECTS PRESENT ON / IN / NEAR BODY? -No -Yes / If Yes, Detail:EVIDENCE / SAMPLES OBTAINED? -No -Yes (Detail on separate Evidence Log)

(Bugs, Fly larvae – “Maggots” in or on body, Bullets/Casings, Hairs/Fibers, Cigarettes-butts, Clothes/Bedding, Stains-Spots, Etc.?)

*** IF NEEDED, REMOVE ENTIRE AREAS OF WALLS, FLOORS, CABINETS, RUGS, ETC. ***

-IF strangulation or hanging appears to be involved in death ... cut rope or cord above knot to preserve Knot INTACT-

DID ANYONE ELSE HAVE

ACCESS TO LOCATION? -No -Yes / If Yes, Give Name & Relationship:

{Access = Right or ability to be there, Key, Alarm Code, etc.}

WAS DECEASED ON OXYGEN? -No -Yes / Reason & Company who supplied:

(If on substance from a tank or IV, obtain samples for testing. Consider such as Scuba tanks may be contaminated.)

TRASH INSPECTION / COLLECTION? -No -Yes / If Yes, Detail:

(Do not exclude area trash, dumps, dumpsters, etc.)

PHONE CHECKED? -No -Yes / If Yes, Detail:(*69-Last Call Received, *57-Last Call Trace, Redial-Last call made, Answering Machine-Last Message / **Take tape**, Caller ID?, Cell Phone-Calls received & Dialed, Pager, Calling card usage - track & / or obtain records.) If digital recorder, **Do NOT unplug prior to recording!**DOES VICTIM &/or SUSPECT HAVE A COMPUTER / LAPTOP / PDA / TEXT MESSAGING? -No -Yes

(If Yes, OBTAIN and have forensically searched for messages, investigative information, etc.)

NOTES, RECORDINGS, HOME & / or

SURVEILLANCE VIDEO? -No -Yes (Seize **ALL** as Evidence & Detail in Reports. NOTE: Warrant may be needed.)(Direct, Indirect, Suicide or Investigative ... Computer notes or files, Recent E-Mails received or sent, Palm Pilot, Day Planner, Diary, Traffic Light Cameras, Area CCTV, ATM cameras, Etc.) **SEIZE any for evidence!!!****** Examine notes for prints AND handwriting analysis. Ie: Did Victim actually write the note? ALSO, is writing instrument located in area? Is pad where paper came from present?, Etc.****OTHER? -No -Yes / If Yes, Detail:

(Examples: Dated materials, Last Mail Retrieved, Last food prep., Coins, Receipts in pockets? Dates? Etc.)

HAVE THERE EVER BEEN ANY SIMILAR DEATHS

OR INCIDENTS IN THIS SAME FAMILY? -No -Yes

If Yes, Note circumstances, Dates and Jurisdictions / Locations:

DID THE DECEASED HAVE ANOTHER / ADDITIONAL SIGNIFICANT OTHER? -No -Unknown -Yes

If Yes, List NAME & ADDRESS:

IF THE DECEASED WAS MARRIED, WAS THE SURVIVING SPOUSE PREVIOUSLY MARRIED? -No -Yes

If YES, list the following CURRENT information about the former spouse(s):

CONDITION:

DATE OF BIRTH:

NAME:

ADDRESS:

PHONE(s):

~~~ POST SCENE / INCIDENT - INVESTIGATIVE INFORMATION ~~

AUTOPSY ORDERED? -No -Yes / If Yes, List LOCATION / FACILITY:  
(Note Doctor and results of autopsy in separate reports.)

GASTROINTESTINAL TRACT CONTENT EXAMINATION? -No -Yes / Note results in supplemental report.

ALCOHOL SCREEN? -No -Yes / Note results in supplemental report.  
**\*(FORENSIC / LEGAL BLOOD REQUIRED IF MVA)**

DRUG SCREEN? -No -Yes / Note results in supplemental report.  
**(Toxicology should be conducted on ALL Deaths, Even apparent Accidental deaths or Suicides.)**

\*PHOTOGRAPHS TAKEN? -No -Yes / If Yes, by WHOM:  
(\*If digital, take some on Negative Mode. Before & After markings.) ((See instructions for computer storage.))  
<<Blood splatter = with bright tape Parallel to length of drops.>> (Take in circle around & TOWARDS body, and in circle around but OUTWARD & away from body. Triangulate angles, Floor and Perspective angles, and Overhead – from ladder if needed, ¾ Face angle, Color AND Black & White, etc.)

VIDEO OF SCENE? -No -Yes / By WHOM:

NCIC / NCIS CHECK? -No -Yes (If Yes: Note Results in Report)  
(Name, ID#, VIN#, Any Articles on body, Related to case or in general vicinity, Off-line search, etc.)

~~~~~ DISPOSITION OF BODY ~~~~~

BODY RETRIEVED BY:
(Name and address of funeral home or hospital.)

PHONE:

FUNERAL HOME PERSONNEL
PRESENT – LIST:
(List full names of all funeral home employees present at scene)

DECEASED IS SCHEDULED FOR:

NAME OF CEMETERY /
CREMATION SERVICE or OTHER:
(Provide Address)

~~OFFICER'S FIELD NOTES / Synopsis: (List Circumstances and / or Sequence of Events, Etc.)
(DOES NOT REPLACE FORMAL REPORT / NARRATIVE **)**

DOES DATE OF DEATH HAVE ANY SIGNIFICANCE TO DECEASED ?

-No -Unknown -Possible -YES / If Yes, Detail:
(IE: Anniversary of death of loved one, Marriage Anniversary, Proximity to personal, significant or stressful event(s), <Job Loss, Divorce, Criminal Indictment, etc.>)

***** **KNOWN (Non-SIDS) DECEASED / VICTIM'S INFORMATION ONLY** *****

DECEASED

NAME:

(Obtain COMPLETE name: First, Middle, Last, Suffix – verify correct spelling)

MAIDEN NAME or ALIAS(ES):

(If Applicable)

AGE: RACE:--- SEX: -Male -Female

DOB: SSN:

HT: WT: EYES:--- HAIR:---

HAIR-Length/Style:

ADDRESS: (Physical / Actual **and** Mailing)

PHONE(s):

SCARS, MARKS, TATTOOS,
BODY PIERCINGS? -No -Yes: (List & Detail separately.)

OTHER:

(Note Jewelry in appropriate location.) (**Facial hair**-Style? Dentures, etc.)

VISION CORRECTION NECESSARY? -No -Yes / Glasses or Contacts in Use or located? -No -Yes

ANY CHILDREN INVOLVED? -No -Yes / Status & Location:

RECENT TRAUMATIC or EMOTIONAL EVENTS? -No -Yes / Detail:

KNOWN Medical Conditions(s)? -No -YES ... COMPLETE MEDICAL Section Attachment **DI-3 (Green)**

KNOWN Allergies? -No -YES ... Complete Medical section. (Include ALL allergies: ie: Environmental, Food, Animals, Etc.)

MARITAL STATUS: ---

CURRENT LOCATION & STATUS OF SPOUSE /
SIGNIFICANT OTHER?

IF SURVIVING SIGNIFICANT OTHER IS FEMALE, IF DECEASED IS PREGNANT – No. of months:
ARE THEY EXPECTING A CHILD? -No -Yes (Obtain DNA samples for paternity & etc.)

DECEASED A TOBACCO USER? -NO -YES / Detail Type & Frequency Amount:
(Cigars, Cigarettes, Snuff --- Brand, Daily Amount, etc.)

DECEASED WAS WHICH HANDED? -RIGHT -LEFT -AMBIDEXTROUS (Both Equally)

METHOD OF IDENTIFICATION? --- Pets? -No -Yes / Location:
(In person? By whom? List on page one.
If by ID or OLN, include: STATE & No.)

PRIOR CRIMINAL HISTORY or LAW ENFORCEMENT CONTACTS? -No -Yes
(If Relevant-List in Detail with : Date(s) & Reasons in report.)

form COPS164DI/Rev.0210.08

*** Additional Known / Investigative Information ***

Military Veteran? -No -Yes / If Yes-Status: Branch:

Employed? -No -Yes / Employer or Company:
(Note if recent sick leave taken, Next scheduled shift due & If called in sick on date of death, Etc.)

Workplace people who may have had recent contact? -No -Yes:(LIST Data on **ADDITIONAL SUBJECTS Page**)

-No -Yes / If Yes, Location or Facility:
AUTOPSY? If Law Enforcement does not require, ASK: "Does family desire?"

Last Known Mental / Physical State:

As observed by whom:
(List full name, address, relationship, phone number & etc.)

Last Known *Interactive* Contact was With WHOM:
(List Name, DOB, relationship, Address & Phone.)

Date & Time of last KNOWN Contact:

Their Observations At that time:

Interviews / Statements? -No -Yes
(Check with Relatives, Close Friends, Neighbors, Co-Workers, Frequented Establishments, Etc.)

--- SUPPLEMENTAL KNOWN INVESTIGATIVE INFORMATION ---

LIFE INSURANCE? -No -Unknown -Yes: DATE OF POLICY:

Company Name:

Agent's Name:

Policy # :

\$ Amount:

BENEFICIARY:

(Name / Relation / Address /Phone)

OTHER INSURANCE? -No -Unknown -Yes: / If Yes-Detail:

WILL ON FILE? -No -Unknown -Yes / Location:

BANK(s) USED / SAVINGS / STOCKS /

BONDS? -No -Unknown -Yes / If Yes-List:

PAST HISTORY OF

MENTAL ILLNESS? -No -Yes / If Yes-Detail:

PAST HISTORY OF SUICIDE ATTEMPTS? -No -Yes / If Yes-Date(s):

(Possible suicide & with a note-examine for fingerprints AND handwriting comparison:
MAY have been written under force, duress, or by someone else.)

RECENT-NOTABLE CHANGES IN: DIET / WEIGHT /

MOOD / LIFESTYLE / HABITS / BEHAVIOR? -No -Yes / If Yes-Explain:

LAST KNOWN MEAL EATEN-DATE & TIME:

DESCRIBE LAST MEAL:

(If known)

~~~ SUPPLEMENTAL KNOWN INVESTIGATIVE INFORMATION CONTINUED ~~~

**(USE DISCRETION IN ASKING)-**

**WAS DECEASED SEXUALLY ACTIVE?** -No -Yes / If Yes / Date & Time of last activity:

**MEDICAL OR DENTAL RECORDS?** -No -Yes ... COMPLETE MEDICAL ATTACHMENT / SECTION **DI-3 (Green)**

**MEDICATIONS?** -No -Yes / If Yes-**SEIZE** and COMPLETE MEDICAL ATTACHMENT / SECTION **DI-3 (Green)**  
(Seize **ANY** possible medications including: Home Remedies, Herbal, Over-the-Counter, Beverages or Liquid medications, etc.)

**KNOWN / TREATED**

**MEDICAL CONDITIONS?** -No -Yes... COMPLETE MEDICAL ATTACHMENT / SECTION **DI-3 (Green)**

**OTHER INFORMATION?** -No -Yes / If Yes-Detail:

**NEXT OF KIN - NOTIFICATION**

Name:

DOB:

Address:

PH:

RELATIONSHIP:  NOTIFIED? -NO -YES / If Yes-How?

CLERGYMAN NOTIFIED? -No -Yes / If Yes-Name:

**ADDITIONAL NOTATIONS / INFORMATION:**

**\*\*\* Provide precise measurements of, to & at location ..... G-Sat Longitude & Latitude if available. \*\*\***

**FIELD DIAGRAM(s) : Body / Scene**

**Indicate North or Up by arrow ( )**

**(If needed, draw body with: Wound locations & Trajectories, etc.) ///// NOT TO SCALE \\\**

**BODY POSITION – Describe:**



~~~~~ **UNKNOWN VICTIM / DECEASED INFORMATION** ~~~~~

Deceased / Victim is: -MALE -FEMALE -UNDETERMINED

*If female, Pregnant? -No -Unknown -Yes / If Yes, No. of Months:
((Obtain DNA samples))

AGE - Deceased / Victim is: Approx. AGE: (or age range)

RACE - Deceased / Victim Appears to be:

PHYSICAL - Deceased /
Victim is: LENGTH / HT: WT: Eye(s): HAIR: HAIR Length / Style:

Facial Hair? -No -Yes / If Yes-Detail:

Scars, Marks, Tattoos,
Body Piercings? -No -Yes / Detail:

OTHER:
(Glasses/Contacts, Dentures, Etc.) (Note Jewelry & Clothing in appropriate locations)

NCIC / NCIS Missing / Unidentified Person Inquiry made? -YES / #:

NCIC / NCIS ENTRY Made? -Yes / #:

Additional Notes:

{ MEDICAL QUESTIONNAIRE }

MEDICATIONS? -No -Yes / **SEIZE and Log in appropriate area below.**

(Seize **ANY and ALL** possible medications belonging to **KNOWN** deceased, including: Home Remedies, Herbal, Over-the-Counter, Beverages or Liquid medications, etc.)

*** Check containers to determine correct Rx is in appropriate container. ***

DECEASED TAKING ANYONE ELSE'S

MEDICATIONS? -No -Unknown -Yes / DOCUMENT BELOW.

ANY UNKNOWN PILLS OR MEDICATIONS PRESENT? -No -Yes / DOCUMENT BELOW.

MEDICAL OR DENTAL RECORDS? -No -Yes / LOCATION?:

KNOWN BUT PROFESSIONALLY or MEDICALLY

UN-TREATED MEDICAL CONDITIONS? -No -Yes / Describe:

HOME REMEDIES /

SELF TREATMENTS? -No -Yes / Describe:

KNOWN & PROFESSIONALLY or MEDICALLY

TREATED MEDICAL CONDITIONS? -No -Yes / LIST BELOW Include: Complaints of Pain-Headaches, Toothaches, Stomachaches, Treated Symptoms, Past Surgeries, Etc.

MEDICAL HISTORY

| AILMENTS & ALLERGIES / DATES ----- DOCTOR'S NAME(S) ----- DR's GENERAL ADDRESS ----- PHONE |
|---|
| 1) |
| 2) |
| 3) |
| 4) |
| 5) |
| 6) |
| 7) |
| 8) |
| 9) |
| 10) |

UNKNOWN MEDICATIONS

| ___ UNKNOWN PILLS OR MEDICATIONS ___ | | | | | |
|---|--|--|--|--|--|
| Seq. No. ---- # of Pills ---- Color(s) ----- Type-Tablet, Capsule, Etc. ---- Size ----- Shape ---- Markings or Numbers --- | | | | | |
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| 10) | | | | | |
| 11) | | | | | |
| 12) | | | | | |

DEATH INVESTIGATION WORKSHEET MEDICATIONS Section (DI-3a): Page 1 of 1

-- PRESCRIPTION MEDICATIONS --

((SEIZE & Log: Rx brand, Name on Prescription, Dosage information, # left . Count & ultimately Destroy UNLESS needed for evidence. Include any Home Remedies, Herbal, Over-the-Counter, Beverages or Liquid medications, etc.))

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

No. of: Rx Brand Name:
 Name Prescription is for
 Date Issued: Dosage: No. of Pills: Vs No. of Pills Left: No. of Refills Left:
 Doctor: Pharmacy:

=====

<<< IF MORE NEEDED, CONTINUE ON SEPARATE SHEET >>>

DEATH INVESTIGATION

PROPERTY Section (DI-4): Page 1 of 1

DECEASED CURRENT CLOTHING *WORN*--- List Very Detailed: IE: Headgear, Coat, Shirt, Belt, Pants, Footwear, ETC.

Quantity Color Type Style Make / Model Other (example: Blue Jacket Long Sleeve BRAND cut right sleeve)

- # 1
- # 2
- # 3
- # 4
- # 5
- # 6
- # 7
- # 8
- # 9
- #10
- #11
- #12

(If not enough space, continue on a separate Inventory sheet)

IS CLOTHING FOUND ACTUALLY THE VICTIM'S? -No -Yes -Unknown

DID SUBJECT NORMALLY WEAR TYPES OF CLOTHING FOUND? -No -Yes -Unknown

PERSONAL VALUABLES, JEWELRY & / or PROPERTY RETRIEVED ---- BY WHOM -- - CURRENT LOCATION

***** JEWELRY OR METALS: Describe as: YELLOW, WHITE or GRAY. STONES as: CLEAR or Color *****

(Give **detailed** descriptions. List: Wallets or Purses & **contents**, Watches, Rings, Necklaces, Earrings & Etc.)

(Photocopy and / or Photograph items)

- 01)
- 02)
- 03)
- 04)
- 05)
- 06)
- 07)
- 08)
- 09)
- 10)

(If not enough space, continue on a separate Inventory sheet)

EVIDENCE ITEMS SEIZED

+++ LIST PERSONAL PROPERTY / ITEMS SEIZED AS EVIDENCE +++

Seq. No. ---- Color(s) ----- Type / Brand -Describe ----- Misc. ----- Markings or Numbers -----

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

List Additional Items on additional sheets.

MOTOR VEHICLE INFORMATION

(* IF death is result of a definable Motor Vehicle Accident – Obtain FORENSIC EXAM / LEGAL BLOOD SAMPLE ***)**

HOW WAS VEHICLE INVOLVED IN DEATH?---

COLOR(s): YEAR: MAKE:

MODEL: TYPE:

LICENSE PLATE No.: LIC. TYPE: STATE: EXP:

VIN#: REGISTERED OWNER(s):

INSURANCE CO.
& POLICY # :

NEW POLICY? -No -Yes / If Yes, Date of Policy:

POLICY ACTIVE? -No -Yes EXPIRATION DATE:

ADDRESS of OWNER(s):

PH:

COMMENTS:

**<< NOTE: Seat Adjustments-measure, Trash, Ashtray contents,
Bugs-type: on grill & windshield, Dirt-Mud & types, Etc. >>**

VEHICLE WINDOWS:--- VEHICLE DOORS:---

AC- HEAT- : -OFF -ON Approx. temp. : Thermostat Setting:

LIGHTS-INTERIOR: -OFF -ON LIGHTS-EXTERIOR: -OFF -ON

BATTERY CONDITION: -Charged -Dead IGNITION: -OFF -ON FUEL GAGE LEVEL:---

RADIO / STEREO: -Off -On: Station set to / or CD's / Tapes:

ODOMETER: ENGAGED in GEAR: -P -R -N -D -Other:

DOES VEHICLE HAVE A COMPUTER

"BLACK BOX " or GPS ? -No -Yes / If Yes, Check for record of events and note in report.

DID VEHICLE HAVE ON-STAR? -No -Yes / Check if Tracking records available.

VEHICLE ALARM? -No -Yes / If Yes ... -Off -On -Activated -Unknown TYPE:

DID ANYONE ELSE HAVE ACCESS TO VEHICLE? -No -Yes / Explain:

{Access = Right to use, Keys, Alarm Codes, Etc.}

NAME & RELATIONSHIP OF OTHER PERSON WITH ACCESS:

DISPOSITION OF VEHICLE: -Left at scene -Impounded / TOW CO:

CURRENT LOCATION:

***(If Impounded, INVENTORY completely before releasing on VEHICLE INVENTORY FORM.)**

CAN IT BE RELEASED? -No / Reason:

-Yes / TO WHOM:

DEATH INVESTIGATION WORKSHEET

**SIDS
(Sudden Infant Death Syndrome)**

Facts & Myths concerning SIDS Deaths

+ **SIDS is not**; Apnea ... Many people have apnea and apnea has killed infants. Infants with apnea can be resuscitated. A SIDS victim is already dead when the breathing stops. **+SIDS is not**; Predictable **+SIDS is not**; Preventable **+SIDS is not**; Something you can watch for or monitor for and stop. **+SIDS is not**; Caused by immunizations **+SIDS is not**; Caused by parents of a certain class or demeanor. **+SIDS is not**; Caused by poor treatment of a cold **+SIDS is not**; Caused by suffocation **+SIDS is not**; Caused by vomiting or choking **+SIDS is not**; Caused by heredity

INFANT'S PERSONAL DATA

INFANT'S NAME: AGE: DOB:
 RACE: - SEX: - LENGTH: WEIGHT: INFANT IS: -
 ADDRESS OF INFANT:
 MOTHER'S NAME: DOB:
 ADDRESS: PH:
 FATHER'S NAME: DOB:
 ADDRESS: PH:
 ANY OTHERS LIVING / STAYING AT SAME RESIDENCE
 AS INFANT? -No -Yes / Total #
 (Grandparents, Nanny, etc.-LIST ON "ADDITIONAL SUBJECTS SHEET")

IF INITIALLY TAKEN TO HOSPITAL / MEDICAL FACILITY ...

NAME OF HOSPITAL or FACILITY: PH:
 ARRIVAL DATE/TIME: RESCUE UNIT? -No -Yes / NAME:
 DOA? -No -Yes ... DATE & TIME PRONOUNCED DEAD:
 PRONOUNCED BY Doctor:
 RESUSCITATIVE EFFORTS BY RESCUE PERSONNEL? -No -Yes HOSPITAL PERSONNEL? -No -Yes
 ANY HOME ATTEMPT TO REVIVE INFANT? -No -Yes / Describe:

BACKGROUND / STATISTICAL / & INVESTIGATIVE INFORMATION

INFANT WAS LAID DOWN TO SLEEP > -Face Down -On it's back -Other:
 INFANT LAST OBSERVED
 ALIVE AT- DATE / TIME: BY:
 DATE / TIME DISCOVERED: BY WHOM:
 WAS ACTUAL MOMENT / ACT OF DEATH OBSERVED? -No -Yes / BY WHOM:
 DATE / TIME OF LAST FEEDING: WHAT FOOD WAS FED?
 ANY RECENT CHANGE IN INFANT'S EATING HABITS OR APPETITE? -No -Yes ? If Yes – Detail:

INFANT WAS SLEEPING IN A: ---

(Describe sleeping structures in detail including coverings, contents, attachments or any structural defects noted:)

POSITION OF CRIB AND
FURNITURE IN ROOM:

MATERIAL FLOOR

MADE OF: FLOOR COVERED? -No -Yes / Detail:

MATERIAL CRIB MADE OF:

(Examine for splits, cracks, toeholds, old paint, etc.)

MEASUREMENTS - SPACES BETWEEN MATTRESS AND SIDES OF CRIB =
(Should be less than 1/ one inch.)

SPACE BETWEEN RAILS =
(Should be less than 2 / two and 3/8th inches.)

DISTANCE BETWEEN MATTRESS POSITION AND TOP OF RAILS =
(Should be GREATER than 26 / twenty-six inches.)

DISTANCE FROM FLOOR TO MATTRESS =

FLOOR TO TOP OF RAILING: Railing UP = Railing DOWN =

IS THERE SUPPORT OF MATTRESS, ESPECIALLY EDGES? -No -Yes

STURDINESS OF RAILS – CAN THEY ACCIDENTALLY FALL? -No -Yes
(Apply pressure, Shake, Etc.)

CAN RAILS BE PULLED AWAY FROM SIDES OF CRIB? -No -Yes

DESCRIBE POSITION OF BODY WHEN FOUND:

DESCRIBE ANY COVERS FOUND NEAR INFANT, AS TO THERE
LOCATION AND THEIR PROXIMITY TO THE FACE:

ANYTHING FOUND IN THE
INFANT'S MOUTH? -No -Yes / Detail:

ANYTHING FOUND IN THE INFANT'S NOSE? -No -Yes /Detail:

DESCRIBE INFANT'S CLOTHING:

IS CLOTHING CLEAN? -No -Yes If **NO**, explain:

DOES CLOTHING FIT CHILD? -No -Yes If **NO**, explain:

OTHER OBSERVATIONS ABOUT CLOTHING /
SLEEPING AREA:

NUMBER OF PRENATAL CLINIC VISITS = NAME / ADDRESS OF CLINIC:

INFANT FULL TERM? -No -Yes PREMATURE? -No -Yes BREAST-FED? -No -Yes
Cow's Milk? -No -Yes Any Honey used in formula? -No -Yes

IS PARENT A SMOKER? -No -Yes / If Yes: MOTHER- FATHER- No. of packs per day =

ANY FAMILY-INSIDE PETS? -No -Yes / List:

~~~ SPECIFIC INFANT MEDICAL INFORMATION ~~~

DID INFANT HAVE ANY OF THE FOLLOWING? Check all that apply. For any checked, give details of Date(s) and if seen by a Doctor

-Cold -Sniffles -Diarrhea -Wheezing -Cough -Fever -Irritability -Fussy
-Other / Detail:

HAS INFANT BEEN EXPOSED TO ANY CONTAGIOUS DISEASE RECENTLY? -No -Yes / Describe, including date(s):

HISTORY OF ANY RECENT INJURY OR ILLNESS? -No -Yes / If Yes-Detail:

NAME OF INFANT'S PEDIATRICIAN:
PH:

DATE OF LAST VISIT: **REASON:**

HAS INFANT HAD USUAL "Baby Shots"? -No -Yes **ALLERGIES?** -No -Yes:

LAST INOCULATION-Type & Date:

DID CHILD APPEAR TO BE DEVELOPING NORMALLY? -No -Yes If **NO**, Describe:

DOES BODY HAVE ANY BRUISES, SCRAPES, CUTS, BURN MARKS, DIAPER RASH? -No -Yes If YES, describe in detail each lesion, mark or injury including: Color, Shape, Size and Location:

INFANT'S BACKGROUND DATA ...

ANY DIFFICULTY IN CHILDBIRTH? -No -Yes / If Yes:

BIRTH WEIGHT: **LENGTH:**

ANY ABNORMALITIES FOUND ON NURSERY EXAMINATION? -No -Yes / If Yes-Detail:

Apgar rating at 1 minute: **At 5 minutes:**

LENGTH OF GESTATION: **Complications of Gestation?** -No -Yes:

During Pregnancy did mother have any unusual nutritional habits? -No -Yes:

During Pregnancy did mother take any medications? (Prescription, Herbal, Over-the-Counter ...) -No -Yes / If Yes-List:

OTHER SIDS CASES IN FAMILY? -No -Yes / If Yes-Detail:

PREVIOUS PREGNANCIES? -No -Yes / If Yes, Total #: **OF THOSE-# OF LIVE BIRTHS:**

LIVING SIBLINGS? -No -Yes / LIST Ages & Sexes:

Location of siblings at time of incident:

ANY UNUSUAL OR DANGEROUS CIRCUMSTANCES IN HOUSEHOLD? -No -Yes:

INVESTIGATORS SUMMARY OR COMMENTS

Description of Three Main Components for Disposition

As outlined by Dr. Corey

(Dr. Corey is the Chief Medical Examiner for the State of Kentucky. Dr Corey is a Consultant to the FBI, National Center for the Analysis of Violent Crimes in the areas of Forensic Pathology & Pediatric Forensic Pathology since 1998. Dr. Corey is a member of College of American Pathologist, International Association of Bloodstain Pattern Analysts, American Academy of Forensic Sciences, and National Association of Medical Examiners. Dr. Corey lectures throughout the United States, including the FBI Academy, Quantico, Virginia and has many articles published in Peer-Reviewed Journals and Books.)

Medical Death Investigation

Cause: The cause of death is the injury or disease that begins the process that leads to death. The cause of death may be separated into a proximate cause and an immediate cause. The proximate cause is the initial event and the immediate cause is the last event prior to death. Importantly, the length of time between the proximate and immediate cause does not change the final diagnosis or cause of death as long as there is an unbroken chain of events between the two. The time frame may be minutes, days, or years. An excellent history and investigation are critical in making sure the train of events between the proximate and immediate cause are not broken.

Mechanism: The Mechanism of death is the biochemical or physiologic abnormality resulting in death. Common mechanisms of sudden death include arrhythmias of the heart, shock, or exsanguinations (bleeding). The mechanism is not the cause of death and should not appear alone on the death certificate. For example, in someone with a gunshot wound to the head, the specific injuries to the brain with resultant swelling (cerebral edema) and bleeding do not need to be included on the death certificate. The cause of death is the gunshot wound to head.

Manner: The manner of death is the circumstance surrounding the death. Traditionally, the manner is classified as one of the following: homicide, suicide, accident, natural, or undetermined. The ruling of homicide means one person killed another. It does **not** imply criminality or intent. This is left to the courts.

The ruling of undetermined is made when there isn't enough evidence to prove a specific manner. An example is the death of a drug abuser who overdosed on Demerol. The amount in the person's system was very high and suggestive of suicide, but there was no proof the person intended to commit suicide. The pathologist was not certain whether to call the death an accident or a suicide, so the diagnosis of undetermined was made.

Someone can die of a heart attack and the manner still can be homicide. It is a homicide if an assailant points a gun at someone during a robbery and the victim becomes excited and dies of a heart attack. In this circumstance, the assailant had the rotten luck of pointing his gun at someone with a bad heart.

The rule is, "you take your victim as you find him."

Estimated Date & Time of DEATH - Between --- DAY: DATE & TIME: AND --- DAY: DATE & TIME:

(Explain Circumstance & / or Type of Injury or Disease for Cause, IE: Abuse, Neglect, Exposure, Fire, Anaphylactic Shock, Animal Attack, Fall, Cave-in, Farm equip., Sexual Asphyxiation, Machinery, Hanging, Allergic Reaction, Electrocutation, Poisoning, Suffocation, Drowning, Etc.)

Immediate Cause of Death:

Proximate Cause of Death:

Elapsed Time between Immediate & Proximate Cause of Death: (If known)

Opinion of Estimated, General, or APPARENT – Medical Reason of Death: (IE: Heart Attack/Failure, Massive Blood Loss, Suffocation, Etc.) << If Known & / or IF REQUIRED >>

Estimated MECHANISM of Death:

Apparent MANNER of Death:

<><><><><> See above for Details <><><><><>

DECEASED - VICTIM . . . INVESTIGATIVE CASE DISPOSITION

As Related to Conclusion of Circumstances Leading to Determination of Classification, Manner, Method, Mechanism, Estimated Cause and / or Category of Death

~ CURRENT CATEGORY / DISPOSITION ~

- PROBABLE

(Use PROBABLE WHENEVER insufficient facts to support a definite conclusion.)

AT THIS TIME, DEATH IS DESIGNATED AS BEING:

(If Sudden Infant Death Syndrome or "Crib" death, use additional form)

Primary or Initial Investigating Officer – Name & Title:

NCIC#

NCIS#

Badge #

CODE: Name: **DOB:**
 (Obtain-First, Middle, Last / Check Correct spelling)
Address:
 (Street, Apt., City, State, Zip)
Main Phone: Alternate Phone: E-Mail:
Connection or Relationship to deceased: If OTHER – Explain: _____

CODE: Name: **DOB:**
 (Obtain-First, Middle, Last / Check Correct spelling)
Address:
 (Street, Apt., City, State, Zip)
Main Phone: Alternate Phone: E-Mail:
Connection or Relationship to deceased: If OTHER – Explain: _____

CODE: Name: **DOB:**
 (Obtain-First, Middle, Last / Check Correct spelling)
Address:
 (Street, Apt., City, State, Zip)
Main Phone: Alternate Phone: E-Mail:
Connection or Relationship to deceased: If OTHER – Explain: _____

CODE: Name: **DOB:**
 (Obtain-First, Middle, Last / Check Correct spelling)
Address:
 (Street, Apt., City, State, Zip)
Main Phone: Alternate Phone: E-Mail:
Connection or Relationship to deceased: If OTHER – Explain: _____

CODE: Name: **DOB:**
 (Obtain-First, Middle, Last / Check Correct spelling)
Address:
 (Street, Apt., City, State, Zip)
Main Phone: Alternate Phone: E-Mail:
Connection or Relationship to deceased: If OTHER – Explain: _____

CODE: Name: **DOB:**
 (Obtain-First, Middle, Last / Check Correct spelling)
Address:
 (Street, Apt., City, State, Zip)
Main Phone: Alternate Phone: E-Mail:
Connection or Relationship to deceased: If OTHER – Explain: _____

Logan County Sheriff's Office

Name of Person Advised: _____ DOB: ____/____/____ Age: _____

Miranda Warnings

(Have Advised Initial EACH Right)

Date Advised: _____ Time Advised: _____

I am a Law Enforcement Officer.

- _____ 1. You have the right to remain silent.
- _____ 2. Anything you say can be used against you in a court of law.
- _____ 3. You have the right to talk to an attorney before you are questioned.
- _____ 4. You can have an attorney present with you while you are being questioned.
- _____ 5. If you want an attorney, but can not afford to hire an attorney, an attorney will be appointed by a court to represent you if you request one.
- _____ 6. If you decide to start answering questions, you will still have the right to stop answering questions, and also the right to talk with an attorney at any time.

*** DO YOU UNDERSTAND YOUR RIGHTS, AS I HAVE EXPLAINED THEM?** _____

(Subject's Exact answer)

Are you willing to waive these rights and talk with Law Enforcement at this time without consulting an attorney or having an attorney here with you? []-YES []-No Initials _____

Signature of
Person Advised: x _____

Signature of
Advising Officer: x _____

Witness: x _____

Witness: x _____

Signature of Parent or Legal Guardian (If Required) x _____

LOGAN COUNTY SHERIFF'S OFFICE --- Statement

Case# _____

Page 1 of _____ page(s)

Statement of: _____, DOB: _____, Age _____
(First, Middle, Last – Maiden) (MO / DAY / Year)

AKA / Nick-Name(s): _____

Address: _____, **PHONE(S)**
(Street Address, City, State, ZIP) Home # _____

E-Mail(s): _____ Cell # _____

Location Work # _____

Statement Taken: _____ Date / Time Started: _____

I understand that I do not have to make any statements at all, and that any statements that I do make may be used as evidence in a case or against myself. I understand it is a crime to make false reports to Law Enforcement. With these understandings, I FREELY volunteer the following statement.

Multiple empty horizontal lines for writing the statement.

I affirm that this statement was written by myself, or if written by another, that it was read to me and that the statements and facts contained therein are true and correct, and that no threats or promises were made to me to obtain these statements, nor was I coerced, directed or manipulated in any manner to make these statements.

SIGNED X _____ Date/Time Finished: _____

Witness x _____ Officer x _____

LOGAN COUNTY SHERIFF'S OFFICE
(Continuation of Statement)

Case# _____

Page ____ of ____.

Statement of: _____

I understand that I do not have to make any statements at all, and that any statements that I do make may be used as evidence in a case or against myself. I understand it is a crime to make false reports to Law Enforcement. With these understandings, I FREELY volunteer the following statement.

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SIGNED X _____ Date/Time Finished: _____

Witness x _____ Officer x _____

LOGAN COUNTY SHERIFF'S OFFICE
(Continuation of Statement)

Case# _____

Page ____ of ____.

Statement of: _____

I understand that I do not have to make any statements at all, and that any statements that I do make may be used as evidence in a case or against myself. I understand it is a crime to make false reports to Law Enforcement. With these understandings, I FREELY volunteer the following statement.

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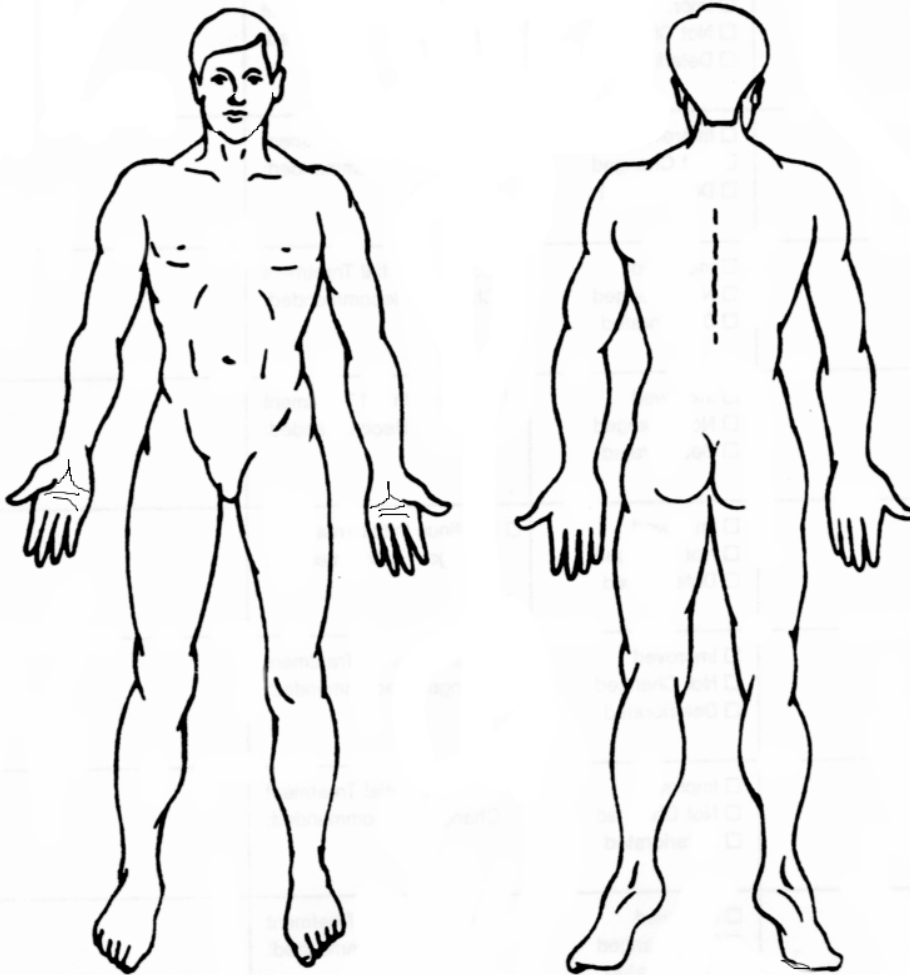
SIGNED X _____ Date/Time Finished: _____

Witness x _____ Officer x _____

DEATH INVESTIGATION

USE BODY OUTLINES TO INDICATE WOUNDS, MARKS or INJURIES. NUMBER & DESIGNATE THEIR LOCATIONS.

This outline belongs with Case# _____



USE THIS DIAGRAM FOR BOTH
MALE & FEMALE,
ADULT & JUVENILE
(GIVE DETAILED DESCRIPTIONS IN REPORT)

INJURIES, MARKS, DEFORMITIES or WOUNDS? -None Visible -Yes: Number, List & Describe below:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

(If more, continue on backside of diagram sheet and note in report.)


(Agency Name)

PERMISSION FOR SEARCH and SEIZURE

I, _____ D.O.B.: ____ / ____ / ____, Age: _____, Residing

At: _____
(Address-Street, Apt or Number) (City) (State) (ZIP)

Do hereby voluntarily authorize: _____ of the
(Officer Title, and Name)

Logan County Sheriff's Office, and any of their duly authorized agents or any other Law Enforcement under their direction, to search my residence, outbuildings, Curtilage, Lockers, Containers, or other real estate, currently located at:

_____ and / or my
(Complete address or location)

motor vehicles(s), Boats, or Aircraft, namely my

_____, _____, _____, _____
(Color) (Year) (Make) (Model)

bearing license No.: _____ and all items and
(Plate number) (State) (Year) (VIN)

containers therein, and any other vehicles, boats or trailers in tow and /or compartments and items and containers therein, and all contents thereof, presently located at: _____
(Complete Address or Location)

AND I FURTHER AUTHORIZE THESE said Logan County Sheriff's Officers to remove from my said residence, out-buildings, lockers, vehicles, trailers, real estate, and / or motor vehicles, whatever documents, articles, or other items of property whatsoever, which they deem pertinent to their investigation, with the understanding that these Officers will give me a receipt for whatever they remove.

I AM GIVING THIS WRITTEN PERMISSION to these Logan County Sheriff's Officers freely and voluntarily, without any threats or promises having been made to me, and with the understanding that I have the right to refuse to permit this search and seizure.

WITNESSES:

X _____
Signature of Person Giving PERMISSION to Search

DATE: ____ / ____ / ____ TIME: _____

-- Release of Property --

Property belonging to

(Print name of deceased)

was released to: who is to the deceased.

**I, , do hereby acknowledge receipt of the following items of
property belonging to the deceased.**

- # 1**
- # 2**
- # 3**
- # 4**
- # 5**
- # 6**
- # 7**
- # 8**
- # 9**
- #10**
- #11**
- #12**

Date: Time:

X _____
(Person receiving property)

X _____
(Officer / witness)



REQUEST FOR FORENSIC EXAMINATION

Montana Department of Justice
Forensic Science Division
 2679 Palmer Street
 Missoula, MT 59808
 (406) 728-4970

| |
|------------------|
| FOR LAB USE ONLY |
| LAB CASE NUMBER |
| |
| CASE MANAGER |

| | |
|--------------------------|---|
| Agency _____ | <input type="checkbox"/> Additional <input type="checkbox"/> Resubmittal to Lab |
| Address _____ | Lab Case No. _____ |
| City _____ | Investigating Officer _____ |
| State _____ Zip _____ | Phone No. _____ |
| Offense _____ | E-mail Address _____ |
| Date of Occurrence _____ | Agency Case No. _____ |
| Suspect _____ DOB _____ | Court Date Set: <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ |
| Suspect _____ DOB _____ | Victim _____ |
| Suspect _____ DOB _____ | Victim _____ |

Brief Summary of Circumstances: (Submit all pertinent data, i.e. reports, photos, etc.)

Brief Description of Evidence Submitted (One item per line.)

| Lab Use Only | | Lab Use Only | |
|--------------|--|--------------|--|
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Chain of Custody

| Lab Use Only | Evidence Received From | Evidence Delivered To | Date | Comments |
|--------------|------------------------|-----------------------|------|----------|
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Examinations Requested



REQUEST FOR TOXICOLOGY ANALYSIS

Montana Department of Justice
Forensic Science Division
2679 Palmer Street
Missoula, Mt 59808
(406) 728-4970

| |
|------------------|
| FOR LAB USE ONLY |
| LAB CASE NUMBER |
| |
| CASE MANAGER |

Coroner/Submitting Officer _____

Submitting Agency _____ Agency Case # _____

Address _____

City _____ State _____ Zip _____ Phone _____

Agency to which additional copy of reports should be sent:

Name _____ Address _____

Subject Name _____ DOB _____ Sex: M F Race _____

Autopsy performed: YES NO Autopsy # _____ Pathologist _____

CASE HISTORY _____

MEDICATIONS/DRUGS _____

SPECIMENS SUBMITTED (PLEASE SPECIFY)

Blood: Specify site of draw

Grey top _____ Bile _____ Tissues: _____

Red top _____ Vitreous _____ Liver _____ Lung _____

Bottle _____ Urine _____ Kidney _____ Brain _____

Gastrics _____

Other _____

Date Collected _____ Time Collected _____

Brief Description of Other Evidence Submitted

One item per line. Use additional forms as necessary.

| Lab Use Only | | Lab Use Only | |
|--------------|--|--------------|--|
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PLEASE LABEL, DATE, SIGN AND SEAL ALL SPECIMENS

| Lab Use Only | Evidence Received From | Evidence Delivered To | Date | Transfer Purpose |
|--------------|------------------------|-----------------------|------|------------------|
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REQUEST FOR TOXICOLOGY URINALYSIS

Montana Department of Justice
Forensic Science Division
2679 Palmer Street
Missoula, MT 59808
(406) 728-4970

| |
|------------------|
| FOR LAB USE ONLY |
| LAB CASE NUMBER |
| |
| |

Probation/Parole Officer _____ Phone _____

Agency _____

Address _____

_____ (Final report will be returned to the agency listed.)

Email _____

Subject Name _____ Agency Case No. _____

Sample Taken by _____ Date Collected _____ Time Collected _____

Medication(s) Prescribed _____

Drugs Suspected _____

Screened POSITIVE for:

- THC**
- METHAMPHETAMINE**
- AMPHETAMINE**
- COCAINE**
- OPIATES**
- ALCOHOL**
- OTHER:** _____

Sample has not been screened.

Flushing suspected

Adulteration suspected

| Lab Use Only | Evidence Received From | Evidence Delivered To | Date | Transfer Purpose |
|--------------|------------------------|-----------------------|------|------------------|
| | | | | |
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PLEASE LABEL, DATE, SIGN AND SEAL ALL SPECIMENS



Iowa Office of the State Medical Examiner

Department of Public Health

2250 S. Ankeny Blvd.

Ankeny, IA 50023-9093

Phone: 515-725-1400 / FAX: 515-725-1414

BODY IDENTIFICATION RECORD

Case Number: _____

Date: _____

Name of Decedent: _____

I, _____, hereby acknowledge that I have viewed

a photograph the body of a deceased person believed to be: _____

The photograph / body that I viewed is that of the above styled decedent. I am related to the styled decedent as:

Family (specify): _____

Friend (specify): _____

Acquaintance (specify length of time known): _____

Signed _____ Date _____

Address: _____

Telephone Number (include area code): _____

Witness _____

SCIENTIFIC AND SECONDARY IDENTIFICATION

Fingerprint Comparison: _____ Analyst: _____

Dental Comparison: _____ Analyst: _____

Hospital ID: _____ County ME: _____

Personal Effects (specify): _____

Law Enforcement Agency: _____ Officer: _____

Circumstances (specify): _____



Iowa Office of the State Medical Examiner

2250 S. Ankeny Blvd.

Ankeny, IA 50023-9093

Phone: 515-725-1400 FAX: 515-725-1414

PRELIMINARY REPORT OF CHILD / INFANT DEATH SCENE INVESTIGATION

*Please promptly call the Iowa Department of Public Health for notification of all infant deaths.
*Call 1-800-383-3826 or fax 515-242-6384. Once completed, this form should be sent directly
to the Iowa Office of the State Medical Examiner at the address above.*

| DECEDENT | | |
|----------------|----------------|----------------|
| Name: | SSN: | |
| Home Address: | | |
| Date of Birth: | Date of Death: | Time of Death: |

| MOTHER | | |
|---|---|--|
| Name: | SSN: | |
| Address: | | |
| Date of Birth: | Other States Where Resided: | |
| Telephone (include area code): | Does Mother Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Evidence / History of Substance Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| FATHER | | |
|---|---|--|
| Name: | SSN: | |
| Address: | | |
| Date of Birth: | Other States Where Resided: | |
| Telephone (include area code): | Does Father Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Evidence / History of Substance Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| CAREGIVER AT TIME OF DEATH (if other than parent) | | |
|---|---|--|
| Name: | SSN: | |
| Address: | | |
| Date of Birth: | Other States Where Resided: | |
| Relationship to Decedent: | How Long Cared for Child? | |
| Telephone (include area code): | Does This Caregiver Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Evidence / History of Substance Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

ALL OTHER PERSONS IN THE RESIDENCE ON DAY CHILD WAS FOUND UNRESPONSIVE

| | | |
|----------|----------------|---|
| 1) Name: | Date of Birth: | Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Name: | Date of Birth: | Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Name: | Date of Birth: | Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Name: | Date of Birth: | Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Name: | Date of Birth: | Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No |

POSITION AT TIME OF DEATH

| |
|---|
| Who Found Child? (parent, sitter, etc.) |
| Where Was Child Found? (bedroom, crib, etc.) |
| Was Child Moved from Original Location Where Found? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, by Whom? |
| In What Position Was the Child Found by Care Provider? (face up, down, side) |
| In What Position Was the Child Placed Down? (on stomach, back, side) |
| What Was Child's Usual Sleep Position? (back, side, stomach) |
| Was Child Sleeping with Someone Else? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, with Whom? Was This the Usual Sleep Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In What Condition Was the Child Found? (warm, cold, still, mottled, etc.): |

CLOTHING

| |
|---------------------------------------|
| Describe Child's Clothing When Found: |
|---------------------------------------|

BEDDING

| |
|---|
| Describe Bed Type Where Child Originally Found (crib, adult, waterbed, sofa): |
| Describe Bedding Type (baby blankets, adult blankets, pillows, etc.): |

HOME WHERE FOUND

Type of Home Where Child Was Discovered Unresponsive (mobile, apt. etc.):

Condition of Home (clean, orderly, etc.):

Presence or Evidence of: Tobacco Smoke? Yes No Drugs? Yes NoAlcohol? Yes NoIs There Evidence / History of Domestic Violence in the Home? Yes No**HOME TEMPERATURE WHERE FOUND**

Room Temperature: ° Describe Heating & Cooling System:

FEEDING HISTORY

When Did Child Last Eat?

What Did Child Last Eat?

Who Fed Child Last?

Who Prepared Food?

Describe Normal Dietary Habits (foods, amounts, etc.):

RECENT ILLNESS OR INJURY

Child History (fever, vomiting, cold, neurological abnormalities, etc.):

Recent Injury (bruises, cuts, head injury, etc.):

Recent Visit to Physician? Yes No When?

Who?

Why?

Public Services Used by Family (check all that apply): WIC Medicaid DHS**HEALTH INFORMATION**

Medicine:

Allergies:

Birth Defects:

Child's Primary Care Physician:

Last Visit to a Physician: When?

Why?

History of Genetic / Inheritable Disease Processes in Family? Yes NoImmunizations Current? Yes No When Was Last One?

If Within Past Month, Specify Type:

Does Child Use Any Home Monitors? Yes NoIf Yes, Was Child on Home Monitor at Time of Death? Yes NoAnyone Else in Household or Other Contacts (e.g. daycare) Recently Ill? Yes No

BIRTH INFORMATION

Birth Weight:

Length:

Birth Order:

Neonatal Complications? Yes No If Yes, Specify:Multiple Birth? Yes No If Yes: Twin Triplet Other Birth Order:Was Child Full Term? Yes No Gestational Age:Any Illness or Complications During Pregnancy? Yes No

If Yes, What Type?

Any Risk Factors During Pregnancy (alcohol, drugs, tobacco)? Yes No

If Yes, What?

RESUSCITATIONWas Basic Life Support Started? Yes No

If Yes, by Whom (include agency and contact information)?

SCENE DOCUMENTATIONPhotos of Death Scene Taken? Yes NoVideo Taken? Yes NoProperty Seized? Yes No

If Yes, What?

What Agency Seized Property?

PERSON COMPLETING FORM

Name (please print or type):

Agency:

Telephone (include area code):

FAX (include area code):

Signature:

Date Signed:



Iowa Office of the State Medical Examiner

Department of Public Health

2250 S. Ankeny Blvd.

Ankeny, IA 50023-9093

Phone: 515-725-1400 FAX: 515-725-1414

PERMIT BY MEDICAL EXAMINER FOR AUTOPSY

County of _____

Under the provisions of Chapter 331 of The Code of Iowa, in my opinion it is advisable and in the public interest that an autopsy be performed on the body of:

(Name) (Age) (Sex) (Color or Race) (Date of Birth)

who died on _____ at _____
(Date and Time) (Street No. or Rural Route)

_____ under the following circumstances:
(City or Town) (County)

Type of Death

- Violent
- Sudden, when in apparent health
- Unattended by a physician
- Custody of Law
- Suspicious, unusual or unnatural manner
- Disease which might threaten public health

Manner of Death

- Natural
- Accident
- Suicide
- Homicide
- Undetermined
- Pending

Narrative Summary of Circumstances Surrounding Death:

Authority is hereby given to Doctor _____
(Pathologist)

to perform such autopsy on the body of the decedent named herein.

(Name of Medical Examiner – please print or type)

(Signature of Medical Examiner)

(Date)

(City or Town)

One copy each to the medical examiner requesting the autopsy and the person performing the autopsy.



Iowa Office of the State Medical Examiner
Department of Public Health
2250 S. Ankeny Blvd.
Ankeny, IA 50023-9093
Phone: 515-725-1400 FAX: 515-725-1414

SCENE INVESTIGATION REPORT

MEMORANDUM TO FILE:

Case Number: _____

Subject: _____

By: _____

Requested to Attend Scene By: _____

Date and Time of Scene Arrival: _____

Date and Time of Scene Exit: _____

Location: _____

People Present at Scene: _____

Narrative: _____

Evidence Collected at Scene: _____



Iowa Office of the State Medical Examiner

Department of Public Health

2250 S. Ankeny Blvd.

Ankeny, IA 50023-9093

Phone: 515-725-1400 FAX: 515-725-1414

SUPPLEMENTAL ME-1

Date: _____

To: Iowa Office of the State Medical Examiner

PLEASE RECORD THE FOLLOWING CHANGE/S TO THE ORIGINAL ME-1 FOR THE BELOW INDIVIDUAL (required information as reported on original ME-1)

Name: _____

Date of Death: _____

County: _____

County Case ID: _____

Please check the box/es where supplemental or additional information is being reported. Fill in ONLY the fields that you want changed or added to the original ME-1 submitted.

DECEDENT/ADDRESS/COUNTY

- Name _____
- Address/County _____ / _____
- County Assigned Case Number _____

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

- Date of Birth _____
- Marital Status Married Never Married Widowed Divorced Separated Unknown
- Race White Black Hispanic Asian Other
- Sex Male Female Undetermined
- Other _____

INFORMATION ABOUT OCCURRENCE

- Injury or Onset of Illness _____
- Last Seen Alive _____
- Found Dead _____
- Witnesses _____
- Type of Premises _____
- On the Job? Yes No _____
- Other _____

MEANS OF DEATH (Agency or Object) – IF OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Driver [if known] | <input type="checkbox"/> Lap Belt Used | <input type="checkbox"/> Hit-Run | <input type="checkbox"/> Passenger Car |
| <input type="checkbox"/> Passenger [if known] | <input type="checkbox"/> Shoulder Belt Used | <input type="checkbox"/> Non-Highway _____ | <input type="checkbox"/> Truck |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Crash Helmet Worn | | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Child Restraint | | <input type="checkbox"/> Motorbike |
| | <input type="checkbox"/> Air Bag Deployed | | <input type="checkbox"/> Farm Vehicle |
| | | | <input type="checkbox"/> Other _____ |

IF GUN

- Rifle – Caliber _____
- Handgun – Caliber _____
- Shotgun – Gauge _____
- Unknown Type

ADDITIONAL FAMILY / NEXT-OF-KIN INFORMATION

ADDITIONAL LAW ENFORCEMENT / INVESTIGATING AGENCY INFORMATION

ADDITIONAL MEDICAL HISTORY

ADDITIONAL INFORMATION REGARDING CIRCUMSTANCES OR IDENTIFICATION OF DECEDENT

Name (please print or type) _____

Signature _____

Date _____



Iowa Office of the State Medical Examiner

2250 S. Ankeny Blvd.

Ankeny, IA 50023-9093

Phone: 515-725-1400 FAX: 515-725-1414

PRELIMINARY REPORT OF TEENAGER (AGE 13-17) DEATH SCENE INVESTIGATION

*Please promptly call the Iowa Department of Public Health for notification of all teenager deaths.
*Call 1-800-383-3826 or fax 515-242-6384. Once completed, this form should be sent directly
to the Iowa Office of the State Medical Examiner at the address above.*

DECEDENT

Name:

SSN:

Home Address:

Date of Birth:

Date of Death:

Time of Death:

CAREGIVER

Mother Father Other:

Name:

SSN:

Address:

Date of Birth:

Other States Where Resided:

Telephone (include area code):

Evidence/History of Substance Abuse? Yes No

CAREGIVER

Father Mother Other:

Name:

SSN:

Address:

Date of Birth:

Other States Where Resided:

Telephone (include area code):

Evidence/History of Substance Abuse? Yes No

CAREGIVER ISSUES

History of:

Domestic violence:

Substance Abuse:

Mental illness:

Perpetrator:

HEALTH INFORMATION

Medical History:

Medications:

Recent History (fever, vomiting, cold, neurological abnormalities, etc.):

Allergies:

Birth Defects:

Teenager's Primary Care Physician:

Last Visit to a Physician: When? Why?

History of Genetic/Inheritable Disease Processes in Family? Yes No

MENTAL HEALTH HISTORY

Treatment:

Medications:

VEHICULAR RELATED

Was Teenager the Driver? Yes No

Date License/Permit Issued: License Type:

Make of Vehicle:

Death Due to All-terrain Vehicle? Yes No

If Yes, What Type of Vehicle?

Number of Vehicles Involved in the Accident:

How did the Accident Occur?

Number of Vehicle Occupants and their Ages:

Alcohol Present in Vehicle? Yes No

Drugs Present in Vehicle? Yes No

Date and Time of Accident:

Was Teenager Wearing a Seatbelt? Yes No

Was Teenager Ejected from the Vehicle? Yes No

Distractions Present during the Accident: Cell Phone Changing Music Drag Racing

Other:

Weather Conditions: Dry Wet Icy Fog

Type of Road: City Highway Rural Hard Surface Rural Gravel

Other:

Was Teenager Sleep Deprived? Yes No

VIOLENT DEATH (POTENTIAL SUICIDE OR HOMICIDE)

Suspicious Behavior:

School:

Family:

Friends:

Bullying:

Pressure to Perform:

Learning Disability/Special Education:

Incarcerations:

Probation:

Parole:

Recent Drop in Academic Performance? Yes No

Recent Drop in Extra-curricular Activities? Yes No

Recent Trouble at School? Yes No

Recent Trouble with Law Enforcement? Yes No

Drug Use? Yes No

If Yes, What Drugs?

Depression? Yes No

History or Allegations of Physical or Sexual Abuse in the Home? Yes No

Sexual Orientation:

Recent Parent Divorce? Yes No

Pregnant or Cause Partner to be Pregnant? Yes No

Significant Losses of Parent/Caregiver:

Death:

Suicide:

Separation/Divorce:

Significant Losses of Close Friend:

Death:

Suicide:

Separation/Move:

Loss of Pet:

Loss or Disposal of Physical Possession:

Romantic Breakup/Conflict:

Change in Schools? Yes No

MISCELLANEOUS

History of Participation in: "Choking Games" "Autoerotic Asphyxia"

"Medication Grab Bags" Other:

Farm-related? Yes No

Job-related? Yes No

Sports-related? Yes No

POTENTIAL SUICIDE

Death Due to: Firearm Knife Hanging Drugs

Other:

Findings at Scene Suggestive of Suicide:

Suicide Note? Yes No

Dates and Methods of Previous Suicide Attempts:

Talk of Death or Suicide? Yes No

If Yes, What was Said (any plan)?

POTENTIAL HOMICIDE

Death Due to: Firearm Knife Blunt instrument Strangulation

Other:

Death Related to Domestic Violence? Yes No

Death Gang-related? Yes No

SCENE DOCUMENTATION

Photos of Death Scene Taken? Yes No

Video Taken? Yes No

Property Seized? Yes No

If Yes, What?

What Agency Seized Property?

PERSON COMPLETING FORM

Name (please print or type):

Agency:

Telephone (include area code):

FAX (include area code):

Signature:

Date Signed:

Reporting Form

INVESTIGATION DATA

Infant's Information: Last: _____ First: _____ M. _____ Case# _____

Sex: Male Female Date of Birth _____ / _____ / _____ Age _____ SS# _____
Month Day Year

Race: White Black/African Am. Asian/Pacific Islander Am. Indian/Alaskan Native Hispanic/Latino Other

Infant's Primary Residence Address:

Address _____ City _____ Zip _____

Incident Address:

Address _____ City _____ Zip _____

Contact Information for Witness:

Relationship to the deceased: Birth Mother Birth Father Grandmother Grandfather
 Adoptive or Foster Parent Physician Health Records Other:

Last _____ First _____ M. _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Place of Work _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Date of Birth _____

WITNESS INTERVIEW

1 Are you the usual caregiver? Yes No

2 Tell me what happened:

3 Did you notice anything unusual or different about the infant in the last 24 hrs? No Yes ⇨ Describe: _____

4 Did the infant experience any falls or injury within the last 72 hrs? No Yes ⇨ Describe: _____

5 When was the infant **LAST PLACED**? _____ : _____
Month Day Year Military Time Location (room)

6 When was the infant **LAST KNOWN ALIVE (LKA)**? _____ : _____
Month Day Year Military Time Location (room)

7 When was the infant **FOUND**? _____ : _____
Month Day Year Military Time Location (room)

8 Explain how you knew the infant was still alive. _____

9 Where was the infant - (P)laced, (L)ast known alive, (F)ound (circle P, L, or F in front of appropriate response)?

- | | | | |
|---------------------------|--------------------------|----------------|--------------------------|
| P L F Bassinet | P L F Bedside co-sleeper | P L F Car seat | P L F Chair |
| P L F Cradle | P L F Crib | P L F Floor | P L F In a person's arms |
| P L F Mattress/box spring | P L F Mattress on floor | P L F Playpen | P L F Portable crib |
| P L F Sofa/couch | P L F Stroller/carriage | P L F Swing | P L F Waterbed |
| P L F Other _____ | | | |

WITNESS INTERVIEW (cont.)

- 10** In what position was the infant **LAST PLACED**? Sitting On back On side On stomach Unknown
 Was this the infant's usual position? Yes No ⇨ What was the infant's usual position? _____
- 11** In what position was the infant **LKA**? Sitting On back On side On stomach Unknown
 Was this the infant's usual position? Yes No ⇨ What was the infant's usual position? _____
- 12** In what position was the infant **Found**? Sitting On back On side On stomach Unknown
 Was this the infant's usual position? Yes No ⇨ What was the infant's usual position? _____
- 13** **FACE** position when **LAST PLACED**? Face down on surface Face up Face right Face left
- 14** **NECK** position when **LAST PLACED**? Hyperextended (head back) Flexed (chin to chest) Neutral Turned
- 15** **FACE** position when **LKA**? Face down on surface Face up Face right Face left
- 16** **NECK** position when **LKA**? Hyperextended (head back) Flexed (chin to chest) Neutral Turned
- 17** **FACE** position when **FOUND**? Face down on surface Face up Face right Face left
- 18** **NECK** position when **FOUND**? Hyperextended (head back) Flexed (chin to chest) Neutral Turned
- 19** What was the infant wearing? (ex. t-shirt, disposable diaper) _____
- 20** Was the infant tightly wrapped or swaddled? No Yes ⇨ Describe: _____

21 Please indicate the types and numbers of layers of bedding both over and under infant (not including wrapping blanket):

| Bedding UNDER Infant | None | Number | Bedding OVER Infant | None | Number |
|---------------------------------------|--------------------------|--------|--|--------------------------|--------|
| Receiving blankets | <input type="checkbox"/> | _____ | Receiving blankets | <input type="checkbox"/> | _____ |
| Infant/child blankets | <input type="checkbox"/> | _____ | Infant/child blankets | <input type="checkbox"/> | _____ |
| Infant/child comforters (thick) | <input type="checkbox"/> | _____ | Infant/child comforters (<i>thick</i>) | <input type="checkbox"/> | _____ |
| Adult comforters/duvets | <input type="checkbox"/> | _____ | Adult comforters/duvets | <input type="checkbox"/> | _____ |
| Adult blankets | <input type="checkbox"/> | _____ | Adult blankets | <input type="checkbox"/> | _____ |
| Sheets | <input type="checkbox"/> | _____ | Sheets | <input type="checkbox"/> | _____ |
| Sheepskin | <input type="checkbox"/> | _____ | Pillows | <input type="checkbox"/> | _____ |
| Pillows | <input type="checkbox"/> | _____ | Rubber or plastic sheet | <input type="checkbox"/> | _____ |
| Rubber or plastic sheet | <input type="checkbox"/> | _____ | Other, specify: | _____ | _____ |
| Other, specify: | | | | | |

Which of the following devices were operating in the infant's room?
 None Apnea monitor Humidifier Vaporizer Air Purifier Other _____

24 What was the temperature of the infant's room? Hot Cold Normal Other _____

25 Which of the following items were near the infant's face, nose, or mouth?
 Bumper pads Infant pillows Positional supports Stuffed animals Toys Other _____

26 Which of the following items were within the infant's reach?
 Pacifier Nothing Other _____
 Blankets Toys Pillows _____

27 Was anyone sleeping with the infant? No Yes ⇨ Name these people.

| Name | Age | Height | Weight | Location in Relation to Infant | Impaired (intoxicated, tired) |
|-------|-------|--------|--------|--------------------------------|-------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

28 Was there evidence of wedging? No Yes ⇨ Describe: _____

29 When the infant was found, was s/he: Breathing Not breathing
 If not breathing, did you witness the infant stop breathing? No Yes

WITNESS INTERVIEW (cont.)

30 What had led you to check on the infant?

31 Describe infant's appearance when found.

| | Unknown | No | Yes | Describe and specify location: |
|---|--------------------------|--------------------------|--------------------------|--------------------------------|
| a) Discoloration around face/nose/mouth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ _____ |
| b) Secretions (foam, froth) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ _____ |
| c) Skin discoloration (livor mortis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ _____ |
| d) Pressure marks (pale areas, blanching) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ _____ |
| e) Rash or petechiae (small, red blood spots on skin, membranes, or eyes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ _____ |
| f) Marks on body (scratches or bruises) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ _____ |
| g) Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ _____ |

32 What did the infant feel like when found? (Check all that apply.)

| | | |
|---|--|--|
| <input type="checkbox"/> Sweaty | <input type="checkbox"/> Warm to touch | <input type="checkbox"/> Cool to touch |
| <input type="checkbox"/> Limp, flexible | <input type="checkbox"/> Rigid, stiff | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other ⇒ Specify: _____ | | |

33 Did anyone else other than EMS try to resuscitate the infant? No Yes ⇒ Who and when?

Who _____ / _____ / _____ : _____
Month Day Year Military Time

34 Please describe what was done as part of resuscitation:

35 Has the parent/caregiver ever had a child die suddenly and unexpectedly? No Yes ⇒ Explain

INFANT MEDICAL HISTORY

1 Source of medical information:

Mother/primary caregiver Doctor Other healthcare provider Medical record

2 In the 72 hours prior to death, did the infant have:

| | Unknown | No | Yes | | Unknown | No | Yes |
|---|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|
| a) Fever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Diarrhea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Excessive sweating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Stool changes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Lethargy or sleeping more than usual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j) Difficulty breathing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Fussiness or excessive crying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k) Apnea (stopped breathing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Decrease in appetite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l) Cyanosis (turned blue/gray) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Vomiting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m) Seizures or convulsions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Choking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n) Other, specify: _____ | | | |

3 In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?

No Yes ⇒ Describe: _____

4 In the 72 hours prior to the infant's death, was the infant given any vaccinations or medications?

(Please include any home remedies, herbal medications, prescription medicines, over-the-counter medications.)

No Yes ⇒ List below

| | | Date given | | | Approx. time | Reasons given/ comments: |
|----------|--|------------|-----|------|--------------|--------------------------|
| | | Month | Day | Year | | |
| 1 | | / | / | : | | |
| 2 | | / | / | : | | |
| 3 | | / | / | : | | |
| 4 | | / | / | : | | |

INFANT MEDICAL HISTORY (cont.)

5 At any time in the infant's life, did s/he have a history of?

| | Unknown | No | Yes | Describe: |
|---|--------------------------|--------------------------|--------------------------|-----------|
| a) Allergies (food, medication, or other) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| b) Abnormal growth or weight gain/loss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| c) Apnea (stopped breathing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| d) Cyanosis (turned blue/gray) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| e) Seizures or convulsions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| f) Cardiac (heart) abnormalities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| g) Metabolic disorders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |
| h) Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇨ _____ |

6 Did the infant have any birth defects(s)?

No Yes

Describe: _____

7 Describe the two most recent times that the infant was seen by a physician or health care provider:

(Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)

| | First most recent visit | Second most recent visit |
|---------------------|--|--|
| a) Date | _____
<small>Month / Day / Year</small> | _____
<small>Month / Day / Year</small> |
| b) Reason for visit | _____ | _____ |
| c) Action taken | _____ | _____ |
| d) Physician's name | _____ | _____ |
| e) Hospital/clinic | _____ | _____ |
| f) Address | _____ | _____ |
| g) City, ZIP | _____ | _____ |
| h) Phone number | () - _____ | () - _____ |

8 Birth hospital name:

Street _____

City _____ State _____ ZIP _____

Date of discharge _____
Month / Day / Year

9 What was the infant's length at birth? _____ inches _____ or _____ centimeters

10 What was the infant's weight at birth? _____ pounds _____ ounces _____ or _____ grams

11 Compared to the delivery date, was the infant born on time, early, or late?

On time
 Early - How many weeks early? _____
 Late - How many weeks late? _____

12 Was the infant a singleton, twin, triplet, or higher gestation?

Singleton
 Twins
 Triplet
 Quadruplet or higher gestation

13 Were there any complications during delivery or at birth? (emergency c-section, child needed oxygen)

No
 Yes ⇨ Describe the complications: _____

14 Are there any alerts to pathologist? (previous infant deaths in family, newborn screen results)

No
 Yes ⇨ Specify: _____

INFANT DIETARY HISTORY

1 On what day and at what approximate time was the infant last fed?

____/____/____ : _____
 Month Day Year Military Time

2 What is the name of the person who last fed the infant? _____

3 What is his/her relationship to the infant? _____

4 What foods and liquids was the infant fed in the **last 24 hours** (include last fed)?

| | Unknown | No | Yes | | Quantity | Specify: (type and brand if applicable) |
|---|--------------------------|--------------------------|--------------------------|---|--------------|---|
| a) Breast milk (one/both sides, length of time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ | _____ ounces | _____ |
| b) Formula (brand, water source - ex. Similac, tap water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ | _____ ounces | _____ |
| c) Cow's milk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ | _____ ounces | _____ |
| d) Water (brand, bottled, tap, well) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ | _____ ounces | _____ |
| e) Other liquids (teas, juices) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ | _____ ounces | _____ |
| f) Solids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ | _____ | _____ |
| g) Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ⇒ | _____ | _____ |

5 Was a new food introduced in the 24 hours prior to his/her death?

No Yes ⇒ Describe (ex. content, amount, change in formula, introduction of solids)

6 Was the infant last placed to sleep with a bottle?

Yes No ⇒ Skip to question **9** below

7 Was the bottle propped? (i.e., object used to hold bottle while infant feeds)

No Yes ⇒ What object was used to prop the bottle? _____

8 What was the quantity of liquid (in ounces) in the bottle? _____

9 Did death occur during? Breast-feeding Bottle-feeding Eating solid foods Not during feeding

10 Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified? (ex. exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with positional supports or wedges)

No Yes ⇒ Describe concerns: _____

PREGNANCY HISTORY

1 Information about the infant's birth mother:

First name _____ Middle name _____

Last name _____ Maiden name _____

Date of birth: _____ / _____ / _____ SS # _____ - _____ - _____
 Month Day Year

Current Address _____ City _____ State ZIP _____

How long has the birth mother been a resident at this address? _____ and _____
 Years Months Previous Address City State

2 At how many weeks or months did the birth mother begin prenatal care?

_____ Weeks _____ Months No prenatal care Unknown

3 Where did the birth mother receive prenatal care? (Please specify physician or other health care provider name and address.)

Physician/provider _____ Hospital/clinic _____ Phone (____) _____ - _____

Street _____ City _____ State _____ ZIP _____

PREGNANCY HISTORY (cont.)

4 During her pregnancy with the infant, did the biological mother have any complications?

(ex. high blood pressure, bleeding, gestational diabetes)

No Yes ⇨ Specify _____

5 Was the biological mother injured during her pregnancy with the infant? (ex. auto accident, falls)

No Yes ⇨ Specify _____

6 During her pregnancy, did she use any of the following?

| | Unknown | No | Yes | Daily consumption | | Unknown | No | Yes | Daily consumption |
|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------|---------------|--------------------------|--------------------------|--------------------------|-------------------|
| a) Over the counter medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | d) Cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b) Prescription medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | e) Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c) Herbal remedies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | f) Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

7 Currently, does any caregiver use any of the following?

| | Unknown | No | Yes | Daily consumption | | Unknown | No | Yes | Daily consumption |
|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------|---------------|--------------------------|--------------------------|--------------------------|-------------------|
| a) Over the counter medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | d) Cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b) Prescription medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | e) Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c) Herbal remedies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | f) Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

INCIDENT SCENE INVESTIGATION

1 Where did the incident or death occur? _____

2 Was this the primary residence? Yes No

3 Is the site of the incident or death scene a daycare or other childcare setting?

Yes No ⇨ Skip to question **8** below

4 How many children were under the care of the provider at the time of the incident or death? _____ (under 18 years or older)

5 How many adults were supervising the child(ren)? _____ (18 years or older)

6 What is the license number and licensing agency for the daycare?

License number: _____

Agency: _____

7 How long has the daycare been open for business? _____

8 How many people live at the site of the incident or death scene?

_____ Number of adults (18 years or older)

_____ Number of children (under 18 years old)

9 Which of the following heating or cooling sources were being used? (Check all that apply.)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Central air | <input type="checkbox"/> Gas furnace or boiler | <input type="checkbox"/> Wood burning fireplace | <input type="checkbox"/> Open window(s) |
| <input type="checkbox"/> A/C window unit | <input type="checkbox"/> Electric furnace or boiler | <input type="checkbox"/> Coal burning furnace | <input type="checkbox"/> Wood burning stove |
| <input type="checkbox"/> Ceiling fan | <input type="checkbox"/> Electric space heater | <input type="checkbox"/> Kerosene space heater | |
| <input type="checkbox"/> Floor/table fan | <input type="checkbox"/> Electric baseboard heat | <input type="checkbox"/> Other ⇨ Specify _____ | |
| <input type="checkbox"/> Window fan | <input type="checkbox"/> Electric (radiant) ceiling heat | <input type="checkbox"/> Unknown | |

10 Indicate the temperature of the room where the infant was found unresponsive:

_____ Thermostat setting _____ Thermostat reading _____ Actual room temp. _____ Outside temp.

11 What was the source of drinking water at the site of the incident or death scene? (Check all that apply.)

| | | |
|--|--|--|
| <input type="checkbox"/> Public/municipal water source | <input type="checkbox"/> Bottled water | <input type="checkbox"/> Other ⇨ Specify _____ |
| <input type="checkbox"/> Well | <input type="checkbox"/> Unknown | |

12 The site of the incident or death scene has: (check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> Insects | <input type="checkbox"/> Mold growth | <input type="checkbox"/> Odors or fumes ⇨ Describe: _____ |
| <input type="checkbox"/> Smoky smell (like cigarettes) | <input type="checkbox"/> Pets | <input type="checkbox"/> Presence of alcohol containers |
| <input type="checkbox"/> Dampness | <input type="checkbox"/> Peeling paint | <input type="checkbox"/> Presence of drug paraphenalia |
| <input type="checkbox"/> Visible standing water | <input type="checkbox"/> Rodents or vermin | <input type="checkbox"/> Other ⇨ Specify _____ |

13 Describe the general appearance of incident scene: (ex. cleanliness, hazards, overcrowding, etc.)

INVESTIGATION SUMMARY

1 Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the infant that have not yet been identified?

2 Arrival times: Law enforcement at scene: _____ : _____ Military Time DSI at scene: _____ : _____ Military Time Infant at hospital: _____ : _____ Military Time

Investigator's Notes

Indicate the task(s) performed.

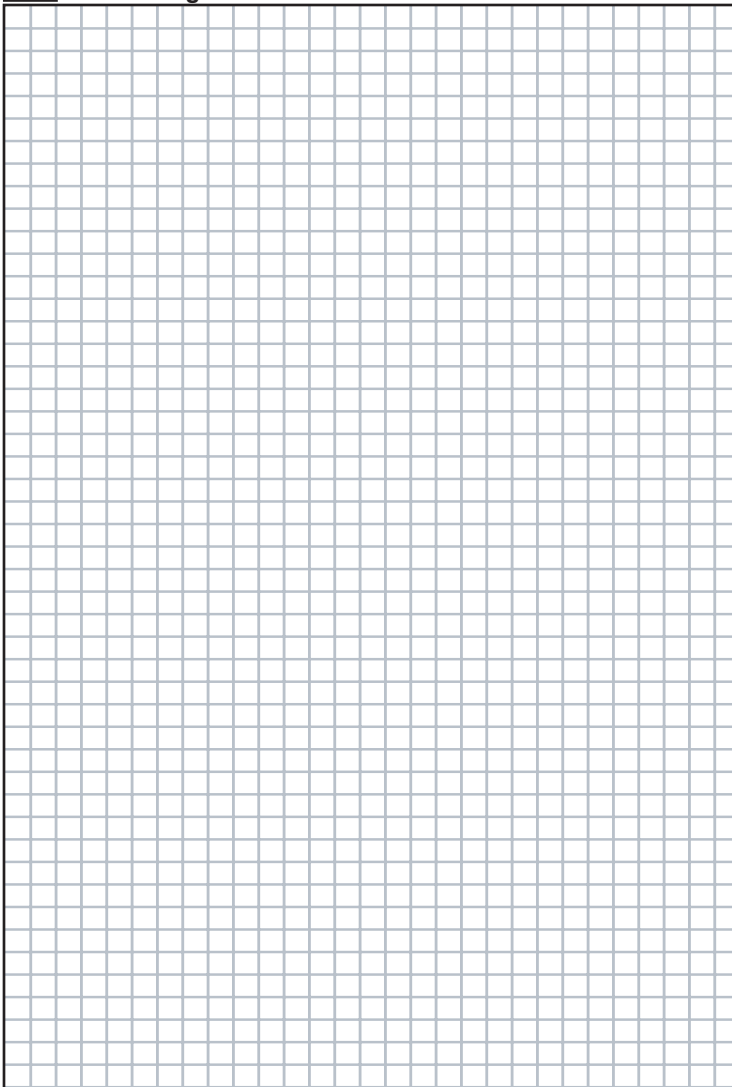
- | | | |
|--|---|--|
| <input type="checkbox"/> Additional scene(s)? (forms attached) | <input type="checkbox"/> Doll reenactment/scene re-creation | <input type="checkbox"/> Photos or video taken and noted |
| <input type="checkbox"/> Materials collected/evidence logged | <input type="checkbox"/> Referral for counseling | <input type="checkbox"/> EMS run sheet/report |
| <input type="checkbox"/> Notify next of kin or verify notification | <input type="checkbox"/> 911 tape | |

If more than one person was interviewed, does the information differ?

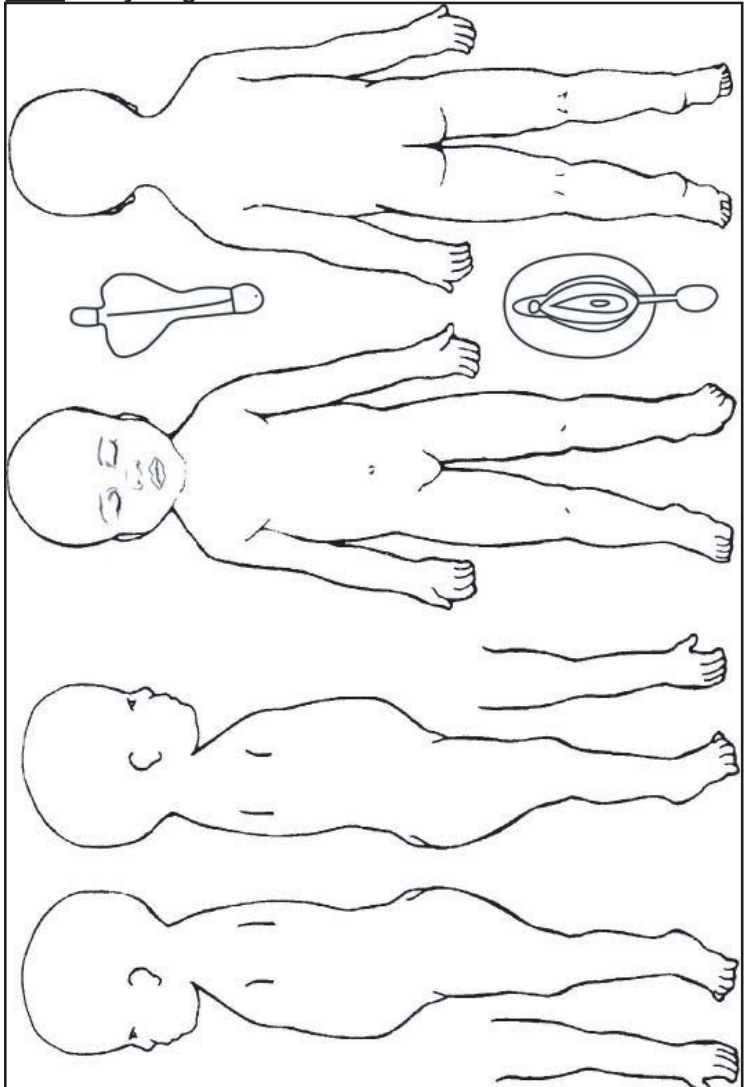
- No Yes ⇨ Detail any differences, inconsistencies of relevant information: (ex. placed on sofa, last known alive on chair.)
-
-
-

INVESTIGATION DIAGRAMS

1 Scene Diagram:



2 Body Diagram:



SUMMARY FOR PATHOLOGIST

Case Information

Investigator Information: Name _____ Agency _____ Phone _____

Investigated: _____ / _____ / _____ : _____ Military Time Pronounced Dead: _____ / _____ / _____ : _____ Military Time
Month Day Year Month Day Year

Infant's Information: Last _____ First _____ M. _____ Case # _____

Sex: Male Female Date of Birth _____ / _____ / _____ Age _____ Months
Month Day Year

Race: White Black/African Am. Asian/Pacific Islander Am. Indian/Alaskan Native Hispanic/Latino Other

Sleeping Environment

1 Indicate whether preliminary investigation suggests any of the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Asphyxia (ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sharing of sleeping surface with adults, children, or pets |
| <input type="checkbox"/> | <input type="checkbox"/> | Change in sleeping condition (ex. unaccustomed stomach sleep position, location, or sleep surface) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hyperthermia/Hypothermia (ex. excessive wrapping, blankets, clothing, or hot or cold environments) |
| <input type="checkbox"/> | <input type="checkbox"/> | Environmental hazards (ex. carbon monoxide, noxious gases, chemicals, drugs, devices) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unsafe sleeping conditions (ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding) |

Infant History

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Diet (ex. solids introduction etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent hospitalization |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous medical diagnosis |
| <input type="checkbox"/> | <input type="checkbox"/> | History of acute life-threatening events (ex. apnea, seizures, difficult breathing) |
| <input type="checkbox"/> | <input type="checkbox"/> | History of medical care without diagnosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent fall or other injury |
| <input type="checkbox"/> | <input type="checkbox"/> | History of religious, cultural, or ethnic remedies |
| <input type="checkbox"/> | <input type="checkbox"/> | Cause of death due to natural causes other than SIDS (ex. birth defects, complications of preterm birth) |

Family Info

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prior sibling deaths |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous encounters with police or social service agencies |
| <input type="checkbox"/> | <input type="checkbox"/> | Request for tissue or organ donation |
| <input type="checkbox"/> | <input type="checkbox"/> | Objection to autopsy |

Exam

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-terminal resuscitative treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Death due to trauma (injury), poisoning, or intoxication |

Investigator Insight

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Suspicious circumstances |
| <input type="checkbox"/> | <input type="checkbox"/> | Other alerts for pathologist's attention |

Any "Yes" answers should be explained and detailed.

Brief description of circumstances: _____

Pathologist

2 Pathologist Information:

Name _____ Agency _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

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