DEATH INVESTIGATION FIELD CHECKLIST

BUREAU OF DETECTIVES - CHICAGO POLICE DEPARTMENT

R.D. Number	Date /Time of Occurrence (If known)	Date/Time of Reporting Officer's Arrival

Name of Decedent ☐ ID verified	Address / Name of Business	Beat No.

DECEDENT DISCOVERY

☐ Inside ☐ Outside	Date/Time	Address (If different from above)

TYPE OF LOCATION	ROOM LOCATION	VEHICLE LOCATION	POSITION OF BODY
☐ Apartment ☐ House ☐ Townhouse ☐ Condo ☐ Business ☐ Garage ☐ Vehicle ☐ Other ________ ________ ________ ________	☐ Living Room ☐ Dining Room ☐ Kitchen ☐ Bedroom ☐ Bathroom ☐ Basement ☐ Attic ☐ Other ________ ________ ________ ________	☐ Front ☐ Back ☐ Middle (Van/SUV) ☐ Trunk ☐ Under ☐ Other ________ REGISTRATION______ ST ____ VIN ________ MAKE________ YEAR ____ MODEL ________	☐ On Back/Face Up ☐ Face Down ☐ Side ☐ R ☐ L ☐ Sitting ☐ Hanging ☐ Lateral ☐ Other ________ Was Body Moved? ☐ Yes ☐ No By Whom?

CONDITION OF BODY

CLOTHING	PRESERVATION	OBSERVABLE RIGOR	COLOR	LIVIDITY
☐ Fully Clothed ☐ Partially Clothed ☐ Unclothed	☐ Well Preserved ☐ Decomposed ☐ Mummified ☐ Bug Infestation	☐ Complete ☐ Head ☐ Arms ☐ Legs	☐ Blue ☐ Purple ☐ Black ☐ Other	☐ Front ☐ Back ☐ Localized
BLOOD	**LIGATURES**	**APPARENT WOUNDS**	**LOCATION**	**HANGING**
☐ Absent ☐ Present ☐ Location ________	☐ Yes ☐ No Identifying Composition ________	☐ None ☐ Gunshot #____ ☐ Stab # ____ ☐ Blunt Force #____ ☐ Burn	☐ Head ☐ Neck ☐ Chest ☐ Abdomen ☐ Extremities	☐ Yes ☐ No ☐ Rope ☐ Cord ☐ ________

SCENE SUMMARY

ENTRANCE MADE BY		OTHER DOORS & WINDOWS			ROBBERY/BURGLARY
☐ Key ☐ Cutting Chain ☐ Forcing Door	☐ Open Door ☐ Other ☐ N/A	☐ Open ☐ Closed ☐ Locked	☐ Unlocked ☐ Glass Broken ☐ Screen Cut	☐ Pry Marks ☐ Other ________	☐ Yes ☐ No ☐ Undetermined

WEATHER CONDITIONS			LIGHTING CONDITIONS		DATED MATERIAL
☐ Hot ☐ Humid ☐ Warm ☐ Cool ☐ Cold	☐ Rain ☐ Frost ☐ Snow ☐ Clear ☐ Cloudy	TEMPERATURE OUTSIDE ______ INSIDE ______	☐ Unknown ☐ Dawn ☐ Dusk ☐ Daylight ☐ Dark (Unlighted)	☐ Dark ☐ Street Light ☐ Table Lamp ☐ Other ________	☐ Mail ☐ Newspaper ☐ TV Guide ☐ Liquor Bottles ☐ Cigarette Package ☐ Prescription Bottles

CONDITION OF SCENE		EVIDENCE OF LAST FOOD PREPARATION (If known)
☐ Odor ☐ Orderly ☐ Untidy NOTES: ________ ________ ________	☐ Disarray ☐ Signs of Struggle ☐ Other NOTES:________ ________ ________	Where: ________ ________ Type: ________ ________ Number of Servings/Place Settings ______ Smoking Products ______

EVIDENCE TECHNICIAN / DETECTIVE NOTIFICATION

Evidence Technician Notified	Date	Time	Detective Notified	Date	Time
Evidence Technician-On Scene	Date	Time	First Detective On-Scene	Date	Time

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WEAPONS PRESENT		TYPE OF WEAPON		EVIDENCE OF SUICIDE NOTE
☐ Yes ☐ No	Location: ☐ Weapons Diagram	☐ Firearm ☐ Knife	☐ Bludgeon ☐ Other	☐ Yes Location ☐ No

EVIDENCE OF DRUG USE	DRUG PARAPHERNALIA	MEDICAL EQUIPMENT PRESENT
☐ No Evidence of Drug Use ☐ Prescription ☐ Non-Prescription	☐ Yes Describe: ☐ No	Describe:

Items Inventoried:	CPD Inventory Numbers:

IDENTIFICATION OF DECEASED

☐ IDENTIFIED
☐ NOT IDENTIFIED

Type of Identification:

I.R. No.

NAME OF DECEASED							Marital Status
Full Name Last	First	Middle	Sex	Race	Age	Date of Birth	☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Unknown
Address, City, State							
Home Phone No. /	Work Phone No. /	Cell Phone No. /	Occupation				
Clothing Description	Physical Descriptors (e.g., eye color, height, weight, scars, tattoos)						

DEATH NOTIFICATION MADE TO							Contact Type
Full Name Last	First	Middle	Sex	Race	Age	Date of Birth	Date/Time
Address, City, State	Bureau of Detectives Death Information Notice tendered? ☐ Yes ☐ No						☐ In-Person ☐ Telephone
Home Phone No. /	Work Phone No. /	Cell Phone No. /	Relationship				

PERSON HAVING LAST CONTACT WITH DECEDENT							Last Contact
Full Name Last	First	Middle	Sex	Race	Age	Date of Birth	☐ On-Scene ☐ Telephone
Address, City, State							
Home Phone No. /	Work Phone No. /	Cell Phone No. /	Occupation				

PERSON NOTIFYING POLICE							
Full Name Last	First	Middle	Sex	Race	Age	Date of Birth	DATE
Address, City, State							TIME
Home Phone No. /	Work Phone No. /	Cell Phone No. /	Occupation				

OTHER WITNESS							Last Contact
Full Name Last	First	Middle	Sex	Race	Age	Date of Birth	Date/Time
Address, City, State							☐ In-Person ☐ Telephone
Home Phone No. /	Work Phone No. /	Cell Phone No. /	Occupation				

PERSONAL PHYSICIAN	
Physician's Name	Office Name
Address, City, State	Date of Last Visit

DEATH INVESTIGATION FIELD CHECKLIST

BUREAU OF DETECTIVES - CHICAGO POLICE DEPARTMENT

Home Phone No. /	Work Phone No. /	Cell Phone No. /	Any Known Medical Condition(s)
Comment/Notes :			

PRONOUNCEMENT: CORONER / MEDICAL EXAMINER INFORMATION

Pronounced By		Date &Time		Hospital Taken To
Deputy Coroner/Medical Examiner - County		I.D. No.	ME Case Number - County	EMS No.
Work Phone No. /	Cell Phone No. /	Date/Time of Notification ____ Date/Time on Scene ____		Coroner/ME to Scene: ☐ Yes ☐ No
Comment/Notes				

VIDEO EVIDENCE

CANVASS COMPLETED	SOURCE LOCATION (S) AND CONTACT INFORMATION
☐ YES ☐ TIME ____	
BY ____ / #	
____ / #	
☐ NO ☐ OTHER	
☐ VIDEO DISCOVERED	
☐ ATC NOTIFIED/ TIME ____	

TIME	LIST ALL PERSONS ALLOWED ACCESS TO THE SCENE

ADDITIONAL RELEVANT SCENE NOTES OR OBSERVATIONS

DEATH INVESTIGATION FIELD CHECKLIST

BUREAU OF DETECTIVES - CHICAGO POLICE DEPARTMENT

INFANT SUPPLEMENT

SUDDEN INFANT DEATH INVESTIGATION SUPPLEMENT

DCFS Incident No.	Date & Time of Occurrence	Date & Time Reporting Officer Arrival	Date & Tirne Detective Notified

NAME OF DECEASED CHILD

Full Name Last First Middle	Sex	Race	Age in mos.	Date of Birth	Birth Weight

Place of Death/Location of Body when discovered?

- ☐ Own Crib
- ☐ Own Bed
- ☐ Parents Bed
- ☐ Car Seat or Carrier
- ☐ Other ______

Person discovering child found child:

- ☐ Laying face up
- ☐ Lying face down
- ☐ Laying on Right side
- ☐ Laying on Left side

Articles in crib/bed

- ☐ Pillow
- ☐ Blanket
- ☐ Toy(s)
- ☐ Pacifier
- ☐ Other ______

Note: Take custody of all bedding.

Was Child sleeping with another family member?

- ☐ Yes
- ☐ No

If so, with whom?

- ☐ Mother
- ☐ Father
- ☐ Other ______

Was Infant's original position changed?

- ☐ Yes
- ☐ No

If moved, by whom? ______

Why? ______

Has infant been sick lately?

- ☐ Yes
- ☐ No

Recent Child Illnesses?

- ☐ Cold
- ☐ Sniffles
- ☐ G.I. Symptoms
- ☐ Other

Was the child taking medication(s)? ☐ Yes ☐ No

If Yes, List medication(s). ______

Note: Take custody of all medications.

Date/Time of last dose given. ______

Attending Physician? ______

Phone No. /

When was baby last examined by physician?

Was there a resuscitation attempt?

- ☐ Yes By Whom?
- ☐ No ______

Length of gestation? (40 wks. Term)

______Weeks

Date & Time of last Feeding? ______

Type of Feeding?

- ☐ Breast
- ☐ Bottle

If bottle-fed, brand name? ______

Note: Take custody of item.

Recent illnesses of parents or siblings, or any person in contact with infant. ______

Have the parent's noticed any difference in the infant's appearance or behavior in the last few days? If yes, describe in detail.

☐ Yes ☐ No

______

Note: All other information required on preliminary pages of the Death Investigation Field Checklist must be completed in as much detail as required. An Evidence Technician will be required to completely photograph the scene particularly the location the child was found. ALL articles found in the crib or bed will be properly inventoried including surrounding bedding and clothing, and any medications and remaining food from last feeding should also be taken and refrigerated if necessary. Please refer to all reports documented in furtherance under this Records Division and Medical Examiner Number. This document is meant to exhibit a checklist guide.

Additional Relevant Scene Notes or Observations

Reporting Officer(s) & Star No.(s)	Supervisor & Star No.	Assigned Detective & Star No.