



DMORT

Post Mortem Exam Forms

January 2011

Tracking Form

Incident _____

Incident Date _____

PM Victim Status: _____

Site Recovery # _____

Date Received by Admitting: _____

Morge Reference # _____

Date Processed In Morgue: _____

ME/C # _____

Tracker: _____

Name

Presumptive

ID: _____

Last Name _____

First _____

Middle _____

Suffix _____

DOB _____

Gender _____

SSN _____

Section Leader **MUST** mark below when processing completed.
"Yes" = Completed, "No" = nothing was performed at that station.

Morgue Station:	Start Time	Station Leader's Name	Signature	Completed:
Admitting Triage	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Radiology <input type="checkbox"/>	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Pathology <input type="checkbox"/>	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Personal Effects <input type="checkbox"/>	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Fingerprints <input type="checkbox"/>	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Odontology <input type="checkbox"/>	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Anthropology <input type="checkbox"/>	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
DNA <input type="checkbox"/>	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Embalming <input type="checkbox"/>	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Admitting/Exit	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

From Site Recovery Description of Remains: _____

Tracking Form Comments

	▲
	▼

Barcode Number: _____

This Bag Also Produced _____
Morgue Reference No's: _____

Place Barcode Sticker Here.

Site Recovery # _____

Incident _____

Victim _____

Incident Date _____

Site Recovery Form

Morgue Reference No. _____

Put N/A in all unused fields.

Recovery Date _____
MM/DD/YYYY

Time: _____
24 hour (00:00)

Classification of Remains: _____

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

Recovery Grid #: _____ **GPS of Recovery:** _____

Place / Address of Recovery: _____

Condition: select all that apply

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> Autopsied Previously | <input type="checkbox"/> Decomposed | <input type="checkbox"/> Mummified | <input type="checkbox"/> Skeletonized-Partial |
| <input type="checkbox"/> Burned-Partial Thickness | <input type="checkbox"/> Embalmed | <input type="checkbox"/> Saponified | <input type="checkbox"/> Skeletonized-Full |
| <input type="checkbox"/> Burned-Full Thickness | <input type="checkbox"/> Fragmented | <input type="checkbox"/> Scavenged | <input type="checkbox"/> Wet-Environmental |
| <input type="checkbox"/> Cremains | <input type="checkbox"/> Fresh | <input type="checkbox"/> Skin Slippage | |

Description of Remains: _____

Position Remains Found In: _____

Estimated Age: Baby/Child Adolescent Young Adult Middle Aged Elderly No Estimate

Estimated Sex: Male Female Undetermined **Estimated Race:** _____

Clothing on Remains: Yes No
(brief description) _____

Personal Effects on Remains: Yes No
(brief description) _____

Recovery Comments: _____

Presumptive FIELD ID:	_____	_____	_____
	Last	First	Middle
ID Based On:	_____	_____	_____
	DOB (MM/DD/YYYY)	SSN	ID# / Drivers license # / State

Recovered By: _____ Phone # _____ Date Recovered _____ Time Recovered _____
Name and Agency (if applies)

Delivered to Transport Staging: _____ Phone # _____ Date Delivered _____ Time Delivered _____
Name and Agency (if applies)

Site Recovery Report Completed by: _____ Phone # _____
Name and Agency (if applies)

Delivered to Morgue by: Agency _____ Phone # _____

Team Leader: _____ Date Delivered _____ Time Delivered _____

Examining Pathologist _____

Pathology 1
Page 1 of 3

Incident _____

Incident Date _____

Scribe _____

Morgue Reference No. _____

Exam Date: _____

Gender: Male Undetermined Female
Estimated Age: 0-2 3-5 6-10 11-20 21-30 31-40 41-50 51-70 71+

Estimated Race: Caucasian Asian Hispanic Other - specify _____
 Black American Indian Undetermined _____

Classification of Remains:

Build Small/Gracile Large/Robust
 Medium/Intermediate Undetermined

Condition of Remains: check all that apply

Autopsied Previously Saponified
 Burned-Partial Thickness Scavenged
 Burned-Full Thickness Skin Slippage
 Cremains Skeletonized-Partial
 Decomposed Skeletonized-Full
 Embalmed Wet-Environmental
 Fragmented
 Fresh
 Mummified

Lividity: Fixed Unfixed

Location of Lividity - required

Rigor - check all that apply

Absent Jaw/Face Only
 Complete, all muscles Large Extremities
 Hands, Feet Resolving
 Fingers, Toes

Height inches: _____ **cm:** _____ **Estimated Weight lbs:** _____ **kg:** _____

Hair Info Color: Auburn Blonde Gray Salt & Pepper Other - specify _____
 Black Brown Red White _____

Length: Short Medium Long **If measured:** cm _____ inches _____
 Shaved Male Pattern Baldness
 Bald Undetermined

Description: Curly Wavy Straight N/A Other - specify _____

Accessory: Extension Hair Piece Hair Transplant Wig Other - Specify _____

Facial Hair: Yes No

Facial Hair Color: Auburn Blond Gray Salt & Pepper NA
 Black Brown Red White Other - Specify _____

Facial Hair Type: Clean Shaven Beard & Moustache Goatee Sideburns Other - specify _____
 Moustache Beard Stubble Lower Lip _____

Eyes Info Color: Blue Green Hazel Other - specify _____
 Brown Grey Undetermined _____

Condition: Both Intact Missing-Right Glass-Right Cataract-Right
 Missing-Left Glass-Left Cataract-Left Other - specify _____

Aids: None Glasses Corneal Implant-Left Other - specify _____
 Contacts Corneal Implant-Right _____

Dental Present: Yes No **Dentures:** Yes No Upper Engraved/Labeled _____
 Lower Engraved/Labeled _____

Appliance: Yes No **Type and location:** _____
Type and location: _____

Examining Pathologist _____

Pathology 2 for DVP

Incident _____

Incident Date _____

Scribe _____

Morgue Reference No. _____

Exam Date: _____

**N
a
i
l
s**

Fingernails Type Natural Artificial Not known

Color _____

Length Extra Long Long Medium Short

Description _____

Toenails Color _____

Description _____

External Genitalia

(check all that apply)

Female

Circumcised

Circumcision Undetermined

Male

Uncircumcised

No Identifiable External Genitalia

Evidence of Possible Surgery: As Indicated By Scars, Sutures, etc.

Yes No

(check all that apply)

Specify Other Surgeries here:

Amputation

Gall Bladder

Other - Specify

Appendectomy

Laparotomy

Brain

Mastectomy

Caesarean

Reconstructive

Cardiac

Tracheotomy

Scars, Amputation, Birth Marks, Deformities:

Category	Location	Side	Description
Scars:			
Amputation:			
Birth Mark:			
Deformity:			

Examining Pathologist _____

Pathology 3 for DVP

Incident _____

Scribe _____

Incident Date _____

Exam Date: _____

Morgue Reference No. _____

Body Piercing and Tattoos

Body Piercing(s) Yes No

Tattoo(s) Yes No

Total # Path Photos Taken

Image #'s:

Pathology Narrative:

Body Diagram Used Yes No

Referred for Autopsy Yes No

Tox Collected Yes No

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category	Location	Position	Description
Tattoo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Piercing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Objects / Implants / Prosthetics / Orthopedics In Body

Foreign Object Present: Yes No

Type:

Type Other:

Position:

Location:

Pacemaker Prosthetic Other - Specify

Description:

Removed from Body:

Yes No

Type:

Type Other:

Position:

Location:

Pacemaker Prosthetic Other - Specify

Description:

Removed from Body:

Yes No

Type:

Type Other:

Position:

Location:

Pacemaker Prosthetic Other - Specify

Description:

Removed from Body:

Yes No

PE Section Leader _____

Photographer _____

Exam Date: _____

Clothing for DVP
Page ___ of ___

Incident _____

Incident Date _____

Morgue Reference No. _____

CLOTHING INVENTORY: For additional items add pages.

Clothing Item	Color	Description	Size	Unique Features

Anything Handwritten On Clothing Or Tags? (location and description)

Associated Personal Effects (found on the body): Yes No

- Backpack
 Cellphone
 Fanny Pack
 Jewelry
 Wallet
 Other-Specify in box below.
 Book Bag
 Coin Purse
 ID Bracelet
 Money Clip
 Purse

Other PE: _____

Description of Item(s):

Monetary Items: (cash, coin, travelers checks, foreign money)

Identification Sources: (credit cards, checkbook, Id's, etc.)

Unassociated Personal Effects (with but not on the body): Yes No

Other Personal Effects:

PE Section Leader _____

Photographer _____

Exam Date: _____

Jewelry for DVP

Page ___ of ___

Incident _____

Incident Date _____

Morgue Reference No. _____

Jewelry Inventory

Watch

Type
Make

Band Material
Face Color

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry

Jewelry/Type
Style

Material Color
Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type
Style

Material Color
Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type
Style

Material Color
Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type
Style

Material Color
Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Jewelry/Type
Style

Material Color
Stone Color

Size

Description

Inscription

Photo taken: Yes No

Photo taken: Yes No

Use this Space for Additional Info Regarding Jewelry:
