



# Tullahoma Police Department

## Death Investigation Check List

OFFICER: _____		DATE: _____		TIME: _____	
<b>INFORMATION ON DECEASED</b>					
First Name: _____		Middle: _____		Last: _____	
Address: _____		City: _____		State: _____ Zip: _____	
DOB: _____		Age: _____		Sex: _____ Race: _____ Telephone Number: _____	
Marital Status: S M W D Separated Unknown		Next of Kin (Relationship): _____			
Name: _____		Address: _____		Telephone: _____	
<b>POLICE NOTIFIED BY:</b> _____			<b>DECEASED FOUND BY:</b> _____		
Address: _____			Address: _____		
Date: _____ Time: _____ Telephone: _____			Date: _____ Time: _____ Telephone: _____		
Relationship to Deceased: _____			Relationship to Deceased: _____		
<b>AUTOPSY ORDERED BY:</b> _____			<b>TBI NOTIFIED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>AUTOPSY PERFORMED BY:</b> _____			<b>BY WHOM?</b> _____		
OFFICER IN CHARGE OF PHYSICAL EVIDENCE: _____					
STATEMENT OF SUSPECT GIVEN TO: _____					
PHOTOGRAPHS OF SCENE TAKEN BY: _____					
DECEASED IDENTIFIED: YES - HOW? _____					
NO - WHEN? _____ HOW? _____					
DECEASED FOUND: DATE: _____ TIME: _____ ADDRESS: _____					
<b>LOCATION DECEASED FOUND</b>	<input type="checkbox"/> INSIDE	<input type="checkbox"/> HOUSE	<input type="checkbox"/> YARD	<input type="checkbox"/> SHED	<input type="checkbox"/> PUMP HOUSE
	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> BARN	<input type="checkbox"/> FIELD	<input type="checkbox"/> AUTO	<input type="checkbox"/> CAVE
	<input type="checkbox"/> UNDER	<input type="checkbox"/> TRACTOR	<input type="checkbox"/> WOODS	<input type="checkbox"/> GARAGE	<input type="checkbox"/> OTHER
	<input type="checkbox"/> LIVING RM <input type="checkbox"/> DINING RM <input type="checkbox"/> BED RM <input type="checkbox"/> KITCHEN <input type="checkbox"/> OTHER				
<input type="checkbox"/> ATTIC <input type="checkbox"/> BASEMENT <input type="checkbox"/> HALL <input type="checkbox"/> BATHROOM					
<b>LOCATION IN ROOM:</b> _____					
<b>POSITION OF BODY:</b> <input type="checkbox"/> ON BACK <input type="checkbox"/> FACE DOWN <input type="checkbox"/> RT SIDE <input type="checkbox"/> LT SIDE					
<b>CONDITION OF BODY</b>					
<input type="checkbox"/> FULLY CLOTHED <input type="checkbox"/> PARTIALLY CLOTHED <input type="checkbox"/> UNCLOTHED <input type="checkbox"/> TORN CLOTHING					
<input type="checkbox"/> WELL PRESERVED <input type="checkbox"/> DECOMPOSED COLOR: _____					
ESTIMATED RIGOR: <input type="checkbox"/> COMPLETE <input type="checkbox"/> HEAD <input type="checkbox"/> ARMS <input type="checkbox"/> LEGS					
BLOOD: <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT LOCATION: _____					
APPARENT WOUNDS: <input type="checkbox"/> NONE <input type="checkbox"/> GUNSHOT <input type="checkbox"/> STAB <input type="checkbox"/> BLUNT FORCE NUMBER: _____					



**LOCATION OF WOUNDS:**

☐ HEAD ☐ NECK ☐ CREST ☐ ABDOMEN ☐ BACK ☐ EXTREMITIES ☐ STOMACH ☐ PELVIS

WAS SUBJECT FOUND HANGING?: ☐ YES ☐ NO MEANS: \_\_\_\_\_

**WEAPONS PRESENT:** ☐ YES ☐ NO

TYPE: ☐ GUN ☐ KNIFE ☐ CLUB OTHER: \_\_\_\_\_

CALIBER: \_\_\_\_\_ TYPE: \_\_\_\_\_ LENGTH: \_\_\_\_\_ SIZE: \_\_\_\_\_ SER: \_\_\_\_\_

**CONDITION OF SURROUNDINGS:** ☐ ORDERLY ☐ UNTIDY ☐ DISARRAY ☐ WRECKED

**ODORS:** ☐ DECOMPOSITION ☐ OTHER: \_\_\_\_\_

**EVIDENCE**

EVIDENCE OF:

LAST FOOD PREPARATION: WHERE: \_\_\_\_\_ WHAT: \_\_\_\_\_

ROBBERY: \_\_\_\_\_

DRUG USE: \_\_\_\_\_

SEXUAL DEVIATE PRACTICES: \_\_\_\_\_

DATED MATERIAL PRESENT: (MAIL, NEWSPAPERS, ETC.) \_\_\_\_\_

ALCOHOL USE (CONTAINERS): \_\_\_\_\_

WERE PHOTO'S TAKEN? \_\_\_\_\_ WHO OBSERVED WOUNDS? \_\_\_\_\_

WHEN WERE PHOTO'S TAKEN? \_\_\_\_\_ WHEN WERE WOUNDS FIRST OBSERVED? \_\_\_\_\_

CAN ENTRY AND EXIT BE DETERMINED (WHERE)? \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIAGRAM**