

**Policy:** All deaths reported to the District of Columbia Office of the Chief Medical Examiner (OCME) shall be thoroughly investigated to determine jurisdiction, and, for those deaths that fall under the jurisdiction of OCME, to aid in the certification of the cause and manner of death, pursuant to DC Code § 5-1403 and 1409. Death investigation in the DC OCME is modeled on the National Institute of Justice Guide for Death Investigators. Cases are documented in OCME's Case Management System (CMS).

**Purpose:** To provide guidelines for conducting death scene investigations in a safe, professional, and thorough manner. Cases that are deemed Medical Examiner cases and require investigations are defined in accordance with District of Columbia Official Code §5-1405.

**Scope:** The following procedures are to assist the Investigations staff to perform death investigations in a complete manner in a safe and secure environment.

## **1. General**

1.1. Scene investigations are not limited to the area where the body is located when death is reported. The scene may extend to the location where the injury and/or incident occurred (e.g. body transported to hospital) and vehicle impound lots if motor vehicle has been towed. MLI/FI may be expected to respond to the primary scene or other location, always with law enforcement escort, especially for pediatric deaths.

1.2. Cases that require investigation – *See Section 6A: Investigation Jurisdiction and Scene Response Triage.*

1.3. Initial call – *See Section 5A: Notification of a Case.*

1.4. Investigators are responsible for being fully prepared at all times, i.e., keeping investigative kits fully stocked, vehicles fueled and ready, cameras, phones charged, carrying appropriate identification, and being properly attired for all weather conditions.

1.5. Call transport to notify them of a possible transport – *See Section 7A: Transportation.*

1.6. Report to the scene promptly without sacrificing personal or public safety. Park safely.

## **2. Arrival at the scene:**

2.1. Identify yourself verbally and present your identification badge when approaching scene personnel.

2.2. Identify the lead investigator.

- 2.3. Ask for a synopsis from personnel at the scene.
- 2.4. If needed, gather available demographic data;
  - 2.4.1. Name, date of birth, age, sex, race, marital status, home address (if different than scene address).
- 2.5. Gather law enforcement case number and 9-1-1 call time; name of lead Detective or officer-in-charge.
- 2.6. If emergency medical personnel are present at the scene, attempt to get details of resuscitative efforts and found history (removed from car, turned from prone, etc.), as applicable.
- 2.7. Inquire as to how and when body was found and who discovered the body.
  - 2.7.1. The initial entry. (e.g., was house secured or unlocked, did the person who found the body have a key or was the house broken into, etc.).

### **3. Scene Safety**

- 3.1. Scene hazards include unstable structures, body fluids, hostile family/bystanders, traffic, animals, environmental extremes, and chemical exposures.
- 3.2. Use personal protective equipment.
- 3.3. Obtain clearance to enter the scene from appropriate officials (fire, lead Detective, Hazmat).
- 3.4. Always have a law enforcement escort when interviewing family/bystanders or entering a private residence.

### **4. Initial Walkthrough**

- 4.1. Establish scene circumstances.
- 4.2. Locate and view decedent with law enforcement assistance/direction.
- 4.3. Establish a path of entry and exit if necessary to prevent scene disturbance Identify and document transient/fragile evidence on and around the body (foam cone, blood spatter pattern, any other that may be lost, contaminated, or altered with movement of the body).
- 4.4. Photograph as you go to document general scene.

## 5. Scene Documentation

5.1. Observe and photograph the general geographic location for an overall view;

5.1.1. Urban / rural, indoor / outdoor

5.2. Observe and photograph the specific scene;

5.2.1. Immediate location of the body

5.2.2. Condition of the room, motor vehicle, outdoor area, etc.

5.2.3. Photograph relationship of the body to the scene

5.2.3.1. Include close-range photographs: pay attention to details

5.2.3.2. Include clear identification photograph of decedent

5.2.4. Note and record the condition of area adjacent to the body

5.2.4.1. Signs of struggle or violence

5.2.4.2. Evidence of an altercation

5.2.4.3. Evidence of bodily fluids such as blood, vomit, urine, feces

5.2.5. At indoor scenes, record the following;

5.2.5.1. Temperature

5.2.5.2. Cleanliness

5.2.5.3. Presence of drugs / alcohol

5.2.5.4. Medications

5.2.5.5. Presence of pets

5.2.5.6. Presence of adequate food / necessities of living

5.2.6. At outdoor scenes, record the following;

5.2.6.1. Temperature

5.2.6.2. Moisture

5.2.6.3. Air movement

5.2.6.4. Wind chill

5.2.6.5. Insect activity

5.2.6.6. Presence of drugs / alcohol

5.2.6.7. Presence of pets

5.2.7. Observe "association evidence" to help estimate time of death;

5.2.7.1. Mail or newspapers taken in

5.2.7.2. Lights or TV on

5.2.7.3. State of any food or dishes: whether eaten or not

## 6. Photography

6.1. Photographing the scene and the decedent creates a permanent historical record and provides corroborating evidence that constructs a system of redundancy should questions arise.

6.1.1. Use scales in some photographs to document relative size of specific evidence;

6.1.2. Remove all nonessential personnel from the scene;

6.1.3. Obtain an overall view of the scene upon arrival. Photograph scene from different angles;

- 6.1.4. Photograph specific areas of the scene as appropriate, including but not limited to;
  - 6.1.4.1. Entryways such as doors, windows to demonstrate their state of security or non-security, apartment number, address;
  - 6.1.4.2. Street signs;
  - 6.1.4.3. Vehicles and license plates;
  - 6.1.4.4. Contents of refrigerators, freezers and cabinets to establish decedent's eating/drinking and tobacco habits;
  - 6.1.4.5. Toilets;
  - 6.1.4.6. Medicine cabinets;
  - 6.1.4.7. Containers holding prescription medication bottles;
  - 6.1.4.8. Areas containing evidence of acute and chronic alcohol use;
  - 6.1.4.9. Weapons;
  - 6.1.4.10. Official appearing mail with the decedent's name and address clearly visible and, where possible, account numbers, esp. health insurance policy identification numbers;
  - 6.1.4.11. Newspapers and mail left outside decedent's residence with dates clearly visible;
  - 6.1.4.12. Sleeping quarters;
  - 6.1.4.13. Heating and/or cooling appliances; and,
  - 6.1.4.14. Apparent suicide notes, calendars, emails, text messages, books, DVDs and videos that may aid in the certification of the cause and manner of death.
- 6.1.5. Photograph the decedent from different angles in the position found and when the body is turned over;
  - 6.1.5.1. Photograph the decedent's face, as it is first observed by the investigator;
    - 6.1.5.1.1. A second close up photograph of the face, after wiping away secretions, etc., to use as an identification photograph, if appropriate.
  - 6.1.5.2. Photograph evidence of resuscitative efforts;
  - 6.1.5.3. If necessary, take additional photographs after removal of objects/items that interfere with the photographic documentation of the decedent;
  - 6.1.5.4. Photograph even if the body or other evidence has been moved;
  - 6.1.5.5. Photograph the area underneath the decedent once the body is moved;
  - 6.1.5.6. Hands, feet are to be photographed before and after placing in paper bags;
  - 6.1.5.7. Identifying information such as government issued photo ids to aid in the identification of the decedent; and,
  - 6.1.5.8. Photograph OCME tags, bracelets and labels placed on decedent and on the human remains pouch.

## **7. Body Identification** (*See Section 11: Decedent Identification*)

- 7.1. If unable to accurately verify decedent's identity, the body **MUST** be transported to the medical examiner's office for identity confirmation.
  - 7.1.1. If unidentifiable, attempt to obtain information regarding dentist or medical

radiographs.

- 7.2. If decedent is visually identifiable, identification should be accomplished at the scene, if appropriate;
  - 7.2.1. Photograph and document the identifying individual's own government issued picture identification card;
  - 7.2.2. Present the OCME *Decedent Survivor Form* to the individual to fill out. Be sure the decedent name is spelled and laid out in the same manner in all fields where the identifying individual has written the decedent name. Confirm with the individual that the name is correctly spelled and all demographic information provided is accurate;
    - 7.2.2.1. Be sure to check the appropriate method identification was accomplished at the scene on the *Decedent Survivor/Identification form*;
  - 7.2.3. Until the identification has been completed, the decedent's first, middle and last names as reported are to be enclosed in parentheses in the associated name fields in CMS;
    - 7.2.3.1. Should initial report be that the decedent is "unidentified", "Unidentified male/female" is to be entered in the name fields and the "unidentified" box checked;
    - 7.2.3.2. If at some point information is received that there is a "tentative" name, that name can be entered in the name field in CMS, with parenthesis, and the "unidentified" box remains checked. A note documenting the source of the "tentative" name is to be entered in a Supplemental Report.

## 8. Confirm or Pronounce Death

- 8.1. D.C Fire and EMS will provide a pronouncement time in out-of-institution deaths. In the event FEMS does not pronounce;
  - 8.1.1. MLIs shall check for pulse, respirations and reflexes as appropriate while maintaining the integrity of the body and any possible evidence;
    - 8.1.1.1. Document date and time of declaration of death.
  - 8.1.2. FIs shall document the following information and communicate directly with an OCME medical examiner to obtain remote death pronouncement;
    - 8.1.2.1. Location of the decedent;
    - 8.1.2.2. Position of the decedent;
    - 8.1.2.3. Condition of the decedent (post-mortem changes); and,
    - 8.1.2.4. The OCME medical examiner will provide the FI with the date and time of death pronouncement that shall be recorded in the case management system.

## 9. Interview Witnesses/Family Members

- 9.1. Gather name and contact information for witnesses and/or family members;
  - 9.1.1. Full name, relation to decedent, contact number(s);
- 9.2. Obtain recent history;

- 9.2.1. Mental and physical health, social history, work history, or the past weeks/months depending on circumstances;
- 9.3. Obtain a description of events immediately leading to death including symptoms of illness, substance use, etc.
- 9.4. Obtain primary medical doctor and other treating physician contact information;
- 9.5. Obtain social history;
  - 9.5.1. Marital status, significant relationships, tobacco use, alcohol use, illicit substance abuse history (recent and remote);
  - 9.5.2. As needed, obtain the financial, criminal, and work histories.
    - 9.5.2.1. If retired, ask about former occupation.
- 9.6. Obtain information about last known alive time/date if applicable.

## **10. Body Examination**

- 10.1. Perform a general, superficial external body examination with minimal disruption of clothing;
- 10.2. Describe general appearance (estimated age, body habitus, grooming, presence of injuries);
- 10.3. Describe injuries using general terms;
- 10.4. Assess and document the presence and degree of postmortem changes;
  - 10.4.1. Rigor mortis: check the jaw and arms. If rigor is broken in joint, document clearly which extremity/joint and its original position.
    - 10.4.1.1. Livor mortis: presence or absence, location (try to check a large body surface like the torso rather than hands/fingers), and blanchability of livor mortis.
    - 10.4.1.2. Body temperature: exposed and unexposed areas.
    - 10.4.1.3. Signs of decomposition: discoloration, skin slippage, etc.
      - 10.4.1.3.1. Artifacts of animal predation
      - 10.4.1.3.2. Insect activity

## **11. Body Disposition**

- 11.1. Determine if body can be released directly to the funeral home or requires transport to the medical examiner's office.
- 11.2. Cases in which an autopsy will be performed, require transport to DC OCME *See Section 8G: Postmortem Examination Types*
  - 11.2.1. Postmortem examinations should be performed on all deaths due to accident,

suicide, infant deaths, deaths of undetermined manner, individuals younger than 60 years of age with no medical history, apparent drug toxicity, all apparent homicide and law enforcement requested cases of suspected homicide/foul play. Hospitalization may obviate the need for an autopsy in certain cases.

- 11.3. Decedents considered natural release cases who have no known next-of-kin (NOK) or for whom next of kin is not readily available should be transported to the dc OCME. Diligent attempts at contacting NOK should be made prior to transport. If NOK is present and cannot choose a funeral home, encouragement should be made to choose.
- 11.4. The Supervisory Medicolegal Investigator or on-call medical examiner should be consulted with any questions regarding jurisdiction/body disposition.
- 11.5. Decedents who are not identifiable visually at the scene must be transported to the office for proper identification.

## **12. Body Transport** (*Section 7A: Transportation*)

- 12.1. For any apparent homicide, suspicious death, deaths in custody, or gunshot wounds, the decedent's hands should be placed in clean paper bags to retain possible trace evidence and blood spatter pattern.
  - 12.1.1. If law enforcement wishes to swab the hands for gunshot residue, allow them to do so in your presence following photography of the hands.
- 12.2. Carefully place the body into clean body bag in a supine position (face up) with arms and legs straight, if possible. Even if the body is prone at the scene, place the body supine in the bag, unless otherwise directed by the pathologist.
- 12.3. The body bag will be appropriately sealed to ensure the integrity of all evidence on/around the body.

## **13. Weapons**

- 13.1. Weapons found at the scene must be photographed and documented, identifying location and condition of the weapon, and the location of any expended and unexpended rounds, as appropriate. Original location of the weapon, if moved, should be noted.
  - 13.1.1. Firearms must be unloaded by a qualified firearms handler (MLI/FI will ask law enforcement personnel at the scene to unload firearms, place on "safe"); and,
  - 13.1.2. Firearms are NOT transported to the office with the body and shall be left in the custody of law enforcement.

#### **14. Medications and Unidentified or Illicit Substances**

- 14.1. Medications prescribed to the decedent should be collected by an investigator and transported to OCME.
  - 14.1.1. Non-controlled medications prescribed to the decedent are to be brought back to OCME, counted, documented, packaged, labeled "waste" and placed in the designated basket for disposal by the Supervisory or Lead Investigators.
  - 14.1.2. Controlled medications should be sealed in an evidence bag at the scene in the presence of a law enforcement officer and brought back to OCME, counted by two investigators simultaneously, documented, packaged and labeled.
    - 14.1.2.1. A Transfer of Custody form is to be filled out and the form and controlled medication is to be submitted to the Toxicology safe in the autopsy suite.
- 14.2. Prescription medications are to be documented in CMS as follows;
  - 14.2.1. Medication name;
  - 14.2.2. Strength;
  - 14.2.3. Administration schedule and route;
  - 14.2.4. Prescribed by;
  - 14.2.5. Prescription number;
  - 14.2.6. Date filled;
  - 14.2.7. Number of pills dispensed; and,
  - 14.2.8. Number remaining in bottle.
- 14.3. Non-prescription medications/boxes may be sent in if considered contributory and otherwise not needed for other occupants of the home. If not sent, document.
- 14.4. If other medications are in the home and may be relevant to the decedent's death (another's narcotic medication, etc.), take a photograph.
- 14.5. Procedure for transport of medications;
  - 14.5.1. If sending in loose pills or pill minders, list as 'loose pills' or 'pill minder' and place in sealable evidence bag
  - 14.5.2. Place medication bottles/loose pills/pills in baggies/ pill minders in an evidence bag separate from other property.
    - 14.5.2.1. Seal the evidence bag(s) containing the medications and sign with your name.
- 14.6. Any unlabeled liquid in the vicinity of the decedent, is to be poured off into a blue topped plastic tube, labeled with the decedent's name, OCME case number, date and time of collection and the investigator's initials.
  - 14.6.1. The original container is also to be collected, bagged and labeled.
  - 14.6.2. Both the container and the fluid filled blue topped tube are to be placed inside another bag to be sure that the container is the one from which the liquid was poured. This second bag is to be secured with evidence tape, the case number,

date/time and investigator's initials written across the evidence tape.

14.6.3. These specimens are to be placed in the toxicology refrigerator in the autopsy suite and documented in CMS.

14.7. Illicit substances and drug paraphernalia;

14.7.1. Release baggies/gross substances to law enforcement/Department of Forensic Sciences; and,

14.7.2. Release paraphernalia (syringes/spoons/foil) to law enforcement/Department of Forensic Sciences.

## 15. Property Disposition

15.1. Observe clothing, or lack thereof, and document;

15.1.1. Describe clothing by color, size, condition, and area of placement on the body into the scene description section of CMS.

15.2. Money, jewelry/personal belongings (cell phones, wallets, etc.)

15.2.1. It is **not** the policy of OCME to take possession of a decedent's property.

15.2.2. In suspicious deaths or when removal of property may cause the loss of fragile evidence, the property shall remain with the decedent, photographed and documented as such in CMS;

15.2.2.1. Should it be necessary to leave property on a decedent's body, it is to be photographed, described and noted that it is left on the body in the Chain of Custody/Intake module of CMS.

15.2.2.2. Enter property that accompanies the remains to OCME onto the Property Form in CMS as "left on body".

15.2.3. Any articles which may be useful in determining the cause and manner of death or aiding in the confirmation of identity may be entered into evidence for that purpose.

15.2.4. Photograph property prior to removal;

15.2.4.1. Upon removal, bag property, label and seal bag;

15.2.4.2. Fill out OCME transfer of custody – personal property form and have signed by present law enforcement officer(s) as received;

15.2.4.3. Document the name, badge number and jurisdiction assigned of the law enforcement agent(s) to whom the property is transferred in CMS.

15.2.5. Investigators are not to release personal belongings of the decedent to anyone other than the law enforcement officer(s) at the scene.

15.2.5.1. In cases where NOK wants the property released to them at the time of identification or to the funeral home at the time of removal from OCME, the property will then be transferred into the safe in the Investigation suite.

## 16. Exiting the Scene

16.1. Large tissue fragments, other potentially collectible items should be removed from the scene. We cannot clean gross liquid blood or tiny tissue fragments.

- 16.1.1. OCME cannot recommend funeral homes or clean-up organizations.
- 16.2. Allow for family/friends/co-workers to get information about making funeral arrangements, getting grief counseling, etc.;
  - 16.2.1. The investigator will answer, to the best of their ability, any questions family/friends have regarding release of decedent to a funeral director;
  - 16.2.2. The investigator will offer the printed cards/brochures supplied by RECOVER so that family/friends have the opportunity to request grief counseling/support;
  - 16.2.3. The investigator will ask if there are any further questions or any further assistance that can be offered; and,
  - 16.2.4. The investigator will provide the OCME main number to witnesses at the scene in case they have further information to provide.
- 16.3. Provides an opportunity for agency representatives to review scene findings and for input regarding special requests for assistance, additional information, special examinations, etc.
  - 16.3.1. The investigator will arrange to receive any other agency's reports to provide a complete forensic investigative report.
  - 16.3.2. The investigator will obtain names, agency, badge numbers and contact information for all other agency representatives at the scene.