

CASUALTY FIELD NOTES

Case #: _____ Investigator: _____ Date: _____

DESCRIPTION

Name: _____ DOB: _____ Sex/Race: _____

Address: _____ Phone: _____

Other Identifiers: _____

Description of clothing and jewelry: _____

Occupation: _____ Place of employment: _____

Victim's doctor: _____ Victim's dentist: _____

Marital Status: _____ Smoker: Yes _____ No _____ Unknown _____

CASUALTY TREATMENT

Treated at scene: Yes _____ No _____ By: _____

Transported to: _____ Remarks: _____

SEVERITY OF INJURY

_____ Minor _____ Moderate _____ Severe _____ Fatal

Describe injury: _____

NEXT OF KIN

Name: _____ Address: _____ Phone: _____

Relationship: _____ Notified on ____/____/____ By: _____

FATALITY INFORMATION

Where was the victim initially found: _____

Who located victim: _____

Body position when initially found: _____

Victim's appearance: _____

Body removed by: _____ To: _____

Photographed in place: ____ Yes ____ No Significant blood present under/near victim: ____ Yes ____ No

MEDICAL EXAMINER/CORONER

Agency: _____

Date of examination: ____/____/____ Location: _____

Autopsy requested: ____ Yes ____ No Autopsy completed: ____ Yes ____ No Copy attached: ____ Yes ____ No

Full body x-rays: ____ Yes ____ No Other x-rays: _____

Identification made from: ____ Physical appearance ____ Dental records ____ Fingerprints ____ Prior injury comparison

Other: _____

Condition of trachea: _____

Evidence of pre-fire injury: ____ Yes ____ No Type/location: _____

Blood samples taken: ____ Yes ____ No Other specimens collected: _____

CO level: _____ Blood alcohol: _____ Other: _____

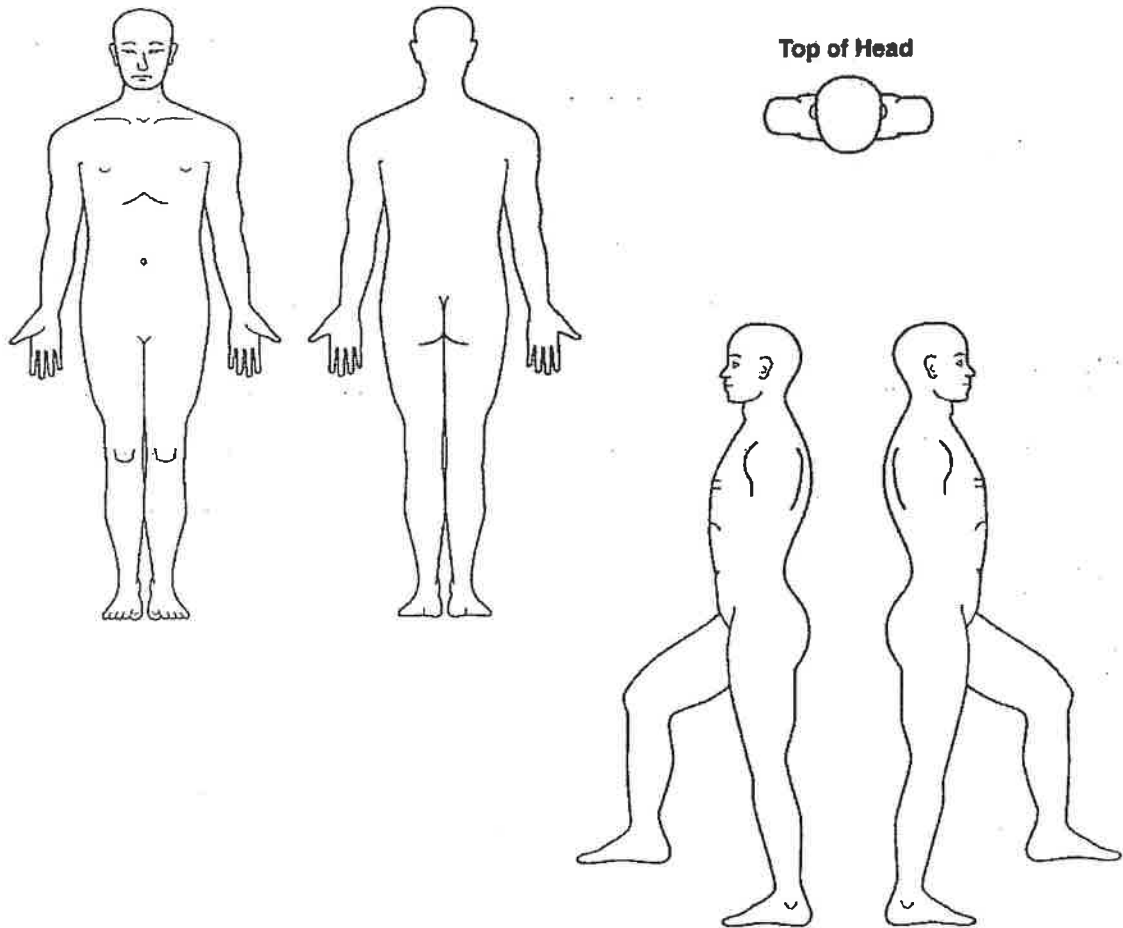
Cause of death: _____

CASUALTY FIELD NOTES (Continued)

REMARKS

BODY DIAGRAM

Indicate parts of boyd injured: None Bliters (red marker) Burns (black marker)



Fire Investigation Data Attachment: _____ Initials: _____

Body Diagram

