



**DEATH SCENE CHECKLIST**  
 Ottawa County Sheriff's Office  
 Port Clinton, Ohio

**DECEASED:**

<b>Name, First:</b>		<b>Middle:</b>	<b>Last</b>				
<b>Address:</b>							
<b>Age:</b>	<b>Race:</b>	White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Asian <input type="checkbox"/>	American Indian <input type="checkbox"/>	Unknown <input type="checkbox"/>
<b>Sex: Male <input type="checkbox"/> Female <input type="checkbox"/></b>		<b>Date of Birth:</b>		<b>SSN:</b>			
<b>Telephone Number:</b>		<b>Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/></b>					

**NEXT OF KIN:**

<b>Name:</b>		
<b>Address:</b>		
<b>Telephone Number:</b>	<b>Notified by:</b>	<b>Time:</b>

**POLICE NOTIFIED BY:**

<b>Date:</b>	<b>Time:</b>
<b>Name:</b>	<b>Address:</b>
<b>Telephone Number:</b>	<b>Relationship to Deceased:</b>

**DECEASED FOUND:**

<b>Date:</b>	<b>Time:</b>
<b>Address (if different from above):</b>	
<b>Location: Apartment <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Other (describe) _____</b>	
<b>Entrance by: Key <input type="checkbox"/> Cutting Chain Forcing Door <input type="checkbox"/> Other (describe) _____</b>	
<b>Type of Lock on Door:</b>	
<b>Condition of Other Doors and Windows: Open <input type="checkbox"/> Closed <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/></b>	

**BODY FOUND:**

<b>Location in Dwelling:</b> Living Room <input type="checkbox"/> Dining Room <input type="checkbox"/> Bedroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Other (describe) _____
<b>Location in Room:</b>
<b>Position of Body:</b> On back <input type="checkbox"/> Face down <input type="checkbox"/> Other (describe) _____

**CONDITION OF BODY:**

<b>Clothing:</b> Fully clothed <input type="checkbox"/> Partially clothed <input type="checkbox"/> Unclothed <input type="checkbox"/>
<b>Preservation:</b> Well preserved <input type="checkbox"/> Decomposed <input type="checkbox"/>
<b>Estimated Rigor:</b> Complete <input type="checkbox"/> Head <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/>
<b>Livor:</b> Front <input type="checkbox"/> Back <input type="checkbox"/> Localized <input type="checkbox"/>
<b>Color:</b> _____ <b>Blood:</b> Absent <input type="checkbox"/> Present <input type="checkbox"/> Location _____
<b>Ligatures:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Apparent Wounds:</b> None <input type="checkbox"/> Gunshot <input type="checkbox"/> Stab <input type="checkbox"/> Blunt Force <input type="checkbox"/> Number: _____ Location: Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Extremities <input type="checkbox"/> Hanging: Yes <input type="checkbox"/> No <input type="checkbox"/> Means _____
<b>Weapon(s) Present:</b> Gun (estimated caliber) _____ Type _____ Knife _____ Other (describe) _____

<b>Condition of Surroundings:</b> Orderly <input type="checkbox"/> Untidy <input type="checkbox"/> Disarray <input type="checkbox"/>	<b>Odors:</b> Decomposition <input type="checkbox"/> Other _____
<b>Evidence of Last Food Preparation:</b> Where _____ Type _____	
<b>Dated Material:</b> Mail _____ Newspaper _____ TV Guide _____ Liquor Bottle(s) _____	
<b>Last Contact with Deceased:</b> Name _____ Type of Contact: _____ Date: _____	

Evidence of Robbery: Yes  No  Not Determined

IDENTIFICATION OF DECEASED: Yes  No

If "yes," how accomplished: \_\_\_\_\_

If "no," how to be accomplished: \_\_\_\_\_

EVIDENCE OF DRUG USE (prescription and non-prescription): Yes  No

NOTE: If drugs are present, collect them and send with body.

EVIDENCE OF DRUG PARAPHERNALIA: Yes  No

Type \_\_\_\_\_

EVIDENCE OF SEXUAL DEVIATE PRACTICES: Yes  No

Type \_\_\_\_\_

INVESTIGATING OFFICER: NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_