



**ALABAMA DEPARTMENT OF
FORENSIC SCIENCES**

Medical Legal Investigator's Handbook

Revised April 2018

Introduction:

Death Investigations are stressful, tedious, drawn out and sometimes complicated. The Department of Forensic Sciences utilizes a single Report of Death Investigation form known as the DFS-18. This form is designed to, if completed properly and in its entirety, provide Medical Examiners with enough information to conduct an examination with confidence as to what questions he or she is seeking to answer while being able to explain some of the examination findings with the information contained in the DFS-18. No form can be designed to answer every possible question.

This manual has been drafted to serve as a supplemental guide to investigators as they approach different types of death cases. Under each type of death case there are several recommendations as to what items of evidence to collect and questions to answer. By no means is this manual expected to replace hard earned experience, inquisitiveness, or analytical thinking.

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I. SUSPECTED NATURAL WITH KNOWN MEDICAL HISTORY

- **LIST OF PHYSICIANS AND CONTACT INFORMATION**
 - **LOCATION OF OFFICES OR HOSPITAL**
 - **SPECIALTY**

- **LIST OF DIAGNOSES**

- **PROGNOSIS**

- **PRESCRIPTION AND OVER THE COUNTER DRUG HISTORY**
 - **LIST OF MEDICATIONS FROM PHARMACIES**
 - **LIST OF MEDICATIONS FROM BOTTLES AT SCENE**
 - **MEDICATION BOTTLES**
 - **FAMILY ACCOUNT OF MEDICATIONS**

- **MEDICAL RECORDS**
 - **MAY NEED FAMILY RELEASE FORM SIGNED**
 - **MAY NEED SUBPEONA**
 - **MAY NEED COURT ORDER FOR PSYCHIATRIC RECORDS**

- **RECENT DOCTORS VISITS OR HOSPITALIZATIONS**
 - **REASON FOR VISIT**
 - **TREATMENTS**
 - **FOLLOW UP PROCEDURES OR APPOINTMENTS**

- **RECENT COMPLAINTS**

- **IS DECEASED COMPLIANT WITH MEDICAL ADVICE?**

II. SUSPECTED NATURAL WITH **NO KNOWN MEDICAL HISTORY**

- **WHEN, IF EVER, WAS THE LAST MEDICAL TREATMENT, INTERVENTION OR CARE RECEIVED**
- **HOSPITAL OR PHYSICIAN'S OFFICE WHERE TREATMENT WAS RECEIVED**
- **ANY MEDICATIONS (PRESCRIPTION OR OVER THE COUNTER) TAKEN BY DECEDENT**
- **HOME OR HERBAL REMEDIES BEING USED**
- **RECENT COMPLAINTS OR ILLNESSES**
- **WEIGHT**
- **ENVIROMENTAL FACTORS**

III. SUSPECTED DROWNING

- **WAS THE VICTIM CONSIDERED A SWIMMER (STRENGTH OF SKILL)**
- **WAS DROWNING A WITNESSED EVENT**
- **INVOLVMENT OF DRUGS OR ALCOHOL**
- **BODY OF WATER DESCRIPTION**
 - **DEPTH OF WATER**
 - **TEMPERATURE**
 - **HOW FAR FROM SHORE**
 - **DEBRIS OR OBJECTS IN WATER**
 - **TIME IN WATER**
- **MEDICAL HISTORY**
- **EVENTS OF DROWNINGS INCLUDING WHAT HAPPENED IN THE WATER**
- **CLOTHED APPROPRIATE FOR WATER?**

IV. HOMICIDES

- **JUDICIAL (EXECUTIONS)**
 - **OBTAIN COPY OF DEATH ORDER**
 - **TIME OF DEATH**
 - **TYPE OF EXECUTION**

- **DELAYED DEATH (LONG TERM MEDICAL TREATMENT)**
 - **MEDICAL RECORDS**

- **DISTANT CONTACT (DRIVE BY SHOOTING)**
 - **CIRCUMSTANCES**
 - **TYPE OF WEAPON(S)**
 - **CALIBER**
 - **HOW FAR AWAY**
 - **ANY OTHERS INJURED OR DEAD**
 - **RECOVERY OF WEAPONS/CASINGS/PROJECTILES/CALIBER**
 - **APPREHENSION OF SUSPECTS**
 - **WITNESS ACCOUNTS**

- **CLOSE CONTACT (PHYSICAL ALTERCATION)**
 - **CIRCUMSTANCES**
 - **TYPE OF WEAPON(S)**
 - **CALIBER**
 - **RECOVERY OF WEAPONS**
 - **APPREHENSION OF SUSPECTS**
 - **NUMBER OF INJURIES**
 - **ANY CONFESSIONS**
 - **WHAT IS SUSPECT SAYING HAPPENED?**
 - **WHAT ARE WITNESSES SAYING HAPPENED?**
 - **SEXUALLY MOTIVATED?**

- **ARE THERE ANY REQUESTS FOR EVIDENCE COLLECTION FROM AGENCY**
 - **SEXUAL ACTIVITY KIT**
 - **FINGERNAIL CLIPPINGS**

V. MOTOR VEHICLE FATALITIES (INCLUDING BOATING AND ATV)

- **TYPE OF VEHICLES**
- **DID ANY VEHICLES LEAVE THE SCENE**
- **DRIVER OR PASSENGER**
 - **RESTRAINED OR UNRESTRAINED**
 - **WHERE SEATED**
 - **EJECTED, PARTIALLY EJECTED, NOT EJECTED**
 - **ENTRAPPED**
- **SPEED OR MANUEVER LEADING TO COLLISION OR EVENT**
- **DRUGS AND ALCOHOL**
- **MOTORCYCLE HELMET USED AND DEPARTMENT OF TRANSPORTATION APPROVED (DOT)**
- **AIRBAGS**
 - **PRESENT OR ABSENT**
 - **DEPLOYED OR DID NOT DEPLOY**
- **CHILD RESTRAINTS USED**
 - **AGE APPROPRIATE**
 - **LOCATION OF RESTRAINT SEAT**
- **MAY NEED TO HAVE LOCAL AUTHORITIES IMPOUND RESTRAINT SEAT**
- **ARE CHARGES PENDING**
- **ENVIRONMENTAL CONCERNS**

VI. *PEDESTRIAN STRUCK BY VEHICLE*

- IMPAIRMENT OF DRIVER
- IMPAIRMENT OF PEDESTRIAN
- DESTINATION OF PEDESTRIAN
- ROAD CONDITIONS (SLOPE, LIGHTING, CURVE)
- CLOTHING OF PEDESTRIAN (COLOR)
- PEDESTRIAN DIRECTION OF TRAVEL (WITH OR AGAINST FLOW OF TRAFFIC)
- DIRECTION OF VEHICLE
- DID VEHICLE LEAVE SCENE (TRACE EVIDENCE FROM VICTIM NEEDED)

VII. FETAL DEATH

- **MOTHERS MEDICAL HISTORY AND RECORDS**
- **OBTAIN PRENATAL RECORDS**
- **SOCIAL HISTORY OF MOTHER (DRUGS, ALCOHOL)**
- **PREVIOUS PREGNANCIES, FETAL DEATHS, COMPLICATIONS, CHILD DEATHS**
- **ANY RECENT TRAUMA OR SICKNESS**
- **OBTAIN PLACENTA**

VIII. INFANT OR CHILD DEATH NO KNOWN MEDICAL HISTORY

*****SOME INFORMATION MAY NOT BE NECESSARY FOR CHILDREN OVER 1 YEAR**

- **CIRCUMSTANCES OF DEATH (TIMES AND DATES)**
 - **WHEN LAST KNOWN TO BE ALIVE**
 - **WHEN LAST FED (WHAT AND HOW MUCH)**
 - **WHEN DISCOVERED DEAD/BY WHOM**

- **DEVELOPMENT**
 - **TYPE OF DELIVERY (VAGINAL, ELECTIVE C-SECTION, REQUIRED C-SECTION)**
 - **BIRTH WEIGHT**
 - **BIRTH HEIGHT**
 - **APGAR SCORES (BIRTH RECORDS)**
 - **VACCINATIONS**
 - **WELLNESS VISIT TO PHYSICIAN**
 - **NEW BORN SCREENING (OBTAIN IF AVAILABLE FROM ADPH)**
 - **IS INFANT DEVELOPING NORMALLY**

- **BIRTH MEDICAL RECORDS**
- **PRENATAL HISTORY**
- **PARENTS MEDICAL HISTORY**

- **PARENTS SOCIAL HISTORY (SMOKING, DRUGS, ALCOHOL)**

- **SLEEPING CONDITIONS**
 - **LOCATION**
 - **CO-SLEEPING**
 - **AGE AND WEIGHT OF CO-SLEEPERS**
 - **SAFE SLEEPING ENVIRONMENT**
 - **SLEEPING SURFACE**
 - **ITEMS IN BED**
 - **BEDDING TYPES**
 - **MONITORING**

- **SIBLINGS**
 - **WELL**
 - **ILLNESSES**

- **DEATHS**

- **BREAST FEEDING VERSUS FORMULA FEEDING**
- **USUAL DIET**
- **NORMAL FEEDING AMOUNTS AND FREQUENCY**

- **HOME ENVIRONMENT**
 - **CLEAN**
 - **SAFE**
 - **FOOD PRESENT**
 - **CLIMATE CONTROLLED**

- **HAS INFANT EVER BEEN DIAGNOSED WITH FAILURE TO THRIVE**
- **HAS THERE BEEN LIFE INSURANCE TAKEN OUT ON THE CHILD?**
 - **WHEN TAKEN OUT**
 - **HOW MUCH**

- **COMPLETE OR REQUEST FROM LOCAL INVESTIGATORS A (SUIDI) SUDDEN UNEXPECTED INFANT DEATH INVESTIGATION FORM AND DOLL REENACTMENT PHOTOGRAPHS**
- **OBTAIN PHOTOGRAPHS OF SCENE AND POSITION OF CHILD WHERE APPLICABLE**

IX. AIRCRAFT FATALITIES

- **IDENTIFY PILOT(S)**
- **FAA TOXICOLOGY BOX SHOULD BE COLLECTED AT EXAMINATION**
- **FAA SUPPLIES BOX**
- **IDENTIFY TYPE OF PLANE AND MODEL YEAR**
- **DOCUMENT THE "N" NUMBER ON PLANE**
- **WAS INCIDENT DURING TAKE-OFF, LANDING OR IN FLIGHT**
- **DEPARTURE LOCATION AND ARRIVAL LOCATION(S)**
- **PILOT MEDICAL HISTORY AND FLIGHT EXPERIENCE**
- **ANY RADIO COMMUNICATION**
- **LAST KNOWN CONTACT OR VISUAL OF PLANE**
- **WHERE WAS PLANE FOUND**
- **ANY INFORMATION REGARDING MECHANICS OF THE CRASH (FAA OR NTSB PROVIDED)**
- **WAS THERE A FIRE?**

X. STRUCTURAL FIRES (RESIDENTIAL AND BUSINESS)

- **TYPE OF STRUCTURE**
 - **HOUSE OR MOBILE HOME**
 - **WOOD OR BRICK OTHER**
 - **AGE OF HOME**
 - **NUMBER OF STORIES**
- **LOCATION/POSITION OF VICTIM(S)**
- **ORIGIN OF FIRE**
- **PRELIMINARY OPINIONS OF FIRE INVESTIGATORS**
- **ARE VICTIMS BURNED BEYOND RECOGNITION**
 - **IF SO THEN ATTEMPT TO OBTAIN ITEMS FOR IDENTIFICATION**
 - **DENTAL RECORDS OR MEDICAL RECORDS WITH XRAY FILMS**
- **IF MOSTLY SMOKE INHALATION ARE THEY VISUALLY IDENTIFIABLE**
- **ARE ANY OF VICTIMS SMOKERS? DO THEY SMOKE IN BED AND DO INVESTIGATORS BELIEVE SMOKING IS A POTENTIAL CAUSE FOR THE FIRE?**
- **INVOLVMENT OF ALCOHOL AND DRUGS**
- **ARE THERE ANY OTHER STRUCTURES OF VEHICLES INVOLVED**
- **PRESENCE OF ACCELERANTS**
- **DID ANY ONE EXIT/SURVIVE TO GIVE WITNESS ACCOUNT**
- **ANY WITNESSES**
- **LAST KNOWN TO BE ALIVE**
- **HOW WAS FIRE REPORTED?**
- **TIME IT TOOK TO EXTINGUISH FIRE?**
- **ANY WITNESS ACCOUNTS INDICATING VICTIM(S) WERE ALIVE DURING FIRE**
- **DO INVESTIGATORS WANT CLOTHING ANALYZED**

XI. HEAT OR COLD RELATED FATALITIES

- **IF TREATED IN EMERGENCY ROOM OR PHYSICIANS OFFICE OBTAIN RECORDS.**
 - **SPECIFICALLY DECEDENT'S TEMPERATURE AT TIME OF TREATMENT**
- **OBTAIN OUTSIDE HIGH AND LOW TEMPERATURES FOR THE INTERVAL BETWEEN TIME LAST SEEN ALIVE AND FOUND**
- **IS AREA FOUND MOIST OR DRY**
- **HOW IS DECEDENT CLOTHED AND IS CLOTHING WET OR DRY**
- **IS THERE A HEATING OR COOLING SOURCE**
 - **TYPE OF SOURCE**
- **IS THERE ANY ADDITIONAL BEDDING OR CLOTHING**
- **MENTAL HEALTH HISTORY**
- **MEDICAL HISTORY**
- **HISTORY OF DRUGS OR ALCOHOL**

XII. SUSPECTED OVERDOSE

- **SUSPECTED MEDICATION(S)**
- **IS THERE A HISTORY OF OVER MEDICATING**
- **IS THERE A HISTORY OF CHRONIC DRUG ABUSE**
- **ILLEGAL DRUG USE OR ABUSE OF ALCOHOL**
- **ARE MEDICATION BOTTLES PRESENT**
 - **QUANTITY MISSING**
- **IS THERE A LEGITIMATE REASON FOR TAKING THE DRUG(S)**
- **METHOD OF MEDICATING (PATCH, BY MOUTH, INJECTION, INHALATION....)**
- **IS THERE A NOTE INDICATIVE OF SUICIDE (IF SO OBTAIN COPY OR SYNOPSIS OF NOTE)**
- **LAST KNOWN TO BE ALIVE AND FOUND DEAD DATE AND TIMES**
- **LOUD SNORING?**

XIII. INDUSTRIAL ACCIDENTS

- **IS OSHA INVOLVED IN THE INVESTIGATION**
- **OSHA HAS THE RIGHT TO OBTAIN INFORMATION RELATED TO THE INVESTIGATION.**
- **BUSINESS INFORMATION: CONTACT PERSON USUALLY SAFETY OFFICER**
 - **TYPE OF INDUSTRY OR PRODUCT**
 - **TYPE OF WORK DECEDENT WAS DOING**
- **EMPLOYEE JOB HISTORY INCLUDING SAFETY RECORDS**
- **TERMS OF EMPLOYMENT**
- **NUMBERS OF HOURS WORKED ON DAY OF ACCIDENT**
- **DRUGS AND ALCOHOL**
- **WITNESSED (VIDEO OR MACHINE COMPUTER LOG)**

XIV. IN CUSTODY DEATHS

- **IN CUSTODY (FACILITY OR OFFICER CUSTODY)**
- **STATE, FEDERAL, CITY, COUNTY OFFICERS**
- **LOCATION**
 - **CELL**
 - **BOOKING AREA**
 - **PATROL CAR**
 - **SCENE**
- **IS AN INDEPENDENT AGENCY CONDUCTING THE INVESTIGATION?**
- **IN CUSTODY FACILITY**
 - **REPORTED MEDICAL HISTORY**
 - **ILLNESS OR COMPLAINTS**
 - **DECEDENT SIZE AND OVERALL HEALTH**
 - **MEDICATIONS**
 - **DRUGS OR ALCOHOL SUSPECTED (BAC)**
 - **ANY MEDICAL EXAMINATIONS AT PRISON**
 - **DID FACILITY CAMERAS RECORD USABLE DATA**
- **OBTAIN ALL MEDICAL RECORDS FROM FACILITY AND CIVILIAN HEALTHCARE**
- **LAST KNOWN TO BE ALIVE**
- **WHEN FOUND**
- **WAS EMS CALLED (TRANSPORTED)**
- **WHY INCARCERATED**
- **INCUSTODY OFFICER**
 - **EVENTS LEADING TO ARREST OR CUSTODY**
 - **DRUGS OR ALCOHOL SUSPECTED**
 - **HOW SUBDUED**
 - **HOW CUFFED**
 - **ANY PHYSICAL RESTRAINT HOLDS USED TO SUBDUE**
 - **PEPPER SPRAY**
 - **TASERS**
 - **RUBBER BULLETS**

- **HOW MANY OFFICERS**
 - **EXPERIENCE OF OFFICERS**
 - **WITNESSES**
 - **EVENTS OF PHYSICAL ALTERCATION WITH OFFICER(S)**
 - **WAS DECEDENT STRUCK**
 - **EMS CALLED, ARRIVED, TRANSPORTED (TIMES)**
 - **WAS EVENT RECORDED VIA POLICE VIDEO CAMERAS**

- **REASON FOR OFFICER CONTACT**
- **OBTAIN ALL WRITTEN REPORTS RELATED TO THE INCIDENT**
 - **OFFICER STATEMENTS**

XV. HANGING OR STRANGULATION

- TYPE OF LIGATURE USED
- HOW WAS IT FASTENED TO DECEDENT
- HOW WAS IT ANCHORED AND TO WHAT
- FULLY SUSPENDED
- FEET TOUCHING FLOOR
- OBJECT USED TO CLIMB (LADDER, 5 GALLON BUCKET)
- WITNESSED EVENT
- IS NOTE PRESENT INDICATIVE OF SUICIDE (OBTAIN COPY OR SYNOPSIS OF NOTE)
- ADVISE TO LEAVE KNOTS IN PLACE DO NOT REMOVE FROM DECEDENT BY UNFASTENING KNOT
- LEAVE LIGATURE/PLASTIC BAGS ON DECEDENT IF POSSIBLE (IF ALREADY REMOVED, BRING TO MORGUE)

(AUTO-EROTIC HANGING)

- PRESENCE OF PORNOGRAPHY
- IS THERE A RELEASE MECHANISM?
- HOW IS DECEDENT CLOTHED?
- EVIDENCE OF PREVIOUSLY USED HANGING DEVICE OR LOCATION
- EVIDENCE ON DECEDENT OF PREVIOUS LIGATURE PLACEMENT

XVI. SUSPECTED SUICIDE

- **LOCATION OF DECEDENT RELATIVE TO SCENE**
- **PRESENCE OF NOTE INDICATIVE OF SUICIDE**
- **HISTORY OF PREVIOUS ATTEMPTS OR COMMENTS REGARDING SUICIDE**
 - **TYPE OF PREVIOUS ATTEMPT**
- **MENTAL HEALTH HISTORY**
- **MEDICAL HISTORY**
- **TYPE OF INSTRUMENT/WEAPON USED**
 - **FIREARMS**
 - **KNIFE/RAZOR**
 - **PLASTIC BAG**
 - **CARBON MONOXIDE (PIPE FROM EXHAUST INTO VEHICLE OR CLOSED GARAGE)**
 - **PILLS**
- **PRESENCE OF DOCUMENTS SUCH AS LIFE INSURANCE DISPLAYED FOR DISCOVERY**
- **HISTORY OF GIVING AWAY PROPERTY OR SAYING "GOODBYE"**