

# **SAMPLE BLANK FORMS**

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# STAGING RECEPTION LOG FOR VEHICLES

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME OF ARRIVAL	TYPE OF VEHICLE	LICENSE PLATE #	EQUIPMENT	PERSONNEL	TIME OF DISPATCH

## CERTIFICATION

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME PRINTED: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# SCENE DISPATCH LOG

LOCATION:

DATE:

BODY BAG #	VEHICLE PLATE #	DESTINATION	TIME OF DEPARTURE	SIGNATURE

## CERTIFICATION

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
NAME PRINTED: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

# MORGUE RECEPTION LOG

LOCATION:

DATE:

BODY BAG #	TIME OF ARRIVAL	DELIVERED BY (NAMES)	VEHICLE LICENSE #	LOCATION FOR REFRIGERATION	DISPOSITION

## CERTIFICATION

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S NAME PRINTED: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

## SAMPLE NEXT-OF-KIN INTERVIEW SHEET

*Please Keep Pages Together* Deceased Name \_\_\_\_\_ Interviewer's Initials \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Was the interview done  Person to Person  Telephone \_\_\_\_\_

Name of Interviewer \_\_\_\_\_

Title and Agency \_\_\_\_\_

Location of Interview \_\_\_\_\_

### VITAL INFORMATION

Victim Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age at time of death \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's full name (with maiden name) \_\_\_\_\_

Father's full name \_\_\_\_\_

Victim's Social Security # \_\_\_\_\_

Was Victim ever in the military?  No  Yes Branch of Service \_\_\_\_\_ Dates \_\_\_\_\_

Do you have any military records?  No  Yes Military Service \_\_\_\_\_

Location of records \_\_\_\_\_

Did the Victim have a Passport?  No  Yes Date of Issue \_\_\_\_\_

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

Was Victim ever arrested?  No  Yes Where \_\_\_\_\_

Did the Victim have a Driver's License?  No  Yes State of issue \_\_\_\_\_

Was the Victim ever fingerprinted for any other reason?  No  Yes \_\_\_\_\_

Explain \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widowed

If married, maiden name of spouse \_\_\_\_\_  Living  Deceased

Date of marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Address of Spouse (if living) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

If spouse is deceased, date of death \_\_\_\_\_

Victim's occupation \_\_\_\_\_

Victim employed by (Name of Company) \_\_\_\_\_

Work Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Race:  American Indian  African American  Caucasian  Asian  Spanish

Other (specify) \_\_\_\_\_

Ethnic background: (Example: Italian, Irish, German) \_\_\_\_\_

Religious background: (specify) \_\_\_\_\_

Member of any religious organizations?  No  Yes Explain \_\_\_\_\_

Member of any fraternal organizations?  No  Yes Explain \_\_\_\_\_

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

**MEDICAL INFORMATION**

Victim's Approximate Height \_\_\_\_\_ Approximate Weight \_\_\_\_\_

Build:  Small  Medium  Large

Did the victim have:  Own hair  Wig  Toupee

Was the victim:  Completely Bald  Slightly Bald

Hair Color \_\_\_\_\_ Hair Length:  Long  Short Style \_\_\_\_\_

Facial Hair: Beard  No  Yes Color  Long  Short  Goatee

Mustache?  No  Yes Color \_\_\_\_\_ Style \_\_\_\_\_

Eyebrows?  Long  Short Color \_\_\_\_\_

Color of Eyes \_\_\_\_\_

Fingernails:  Long  Short  Nail biter

Finger Nail Polish:  No  Yes Color \_\_\_\_\_

Toe Nail Polish:  No  Yes Color \_\_\_\_\_

Did the Victim ever have any type of:

Fractured Bones?  No  Yes

Amputation?  No  Yes

Leg:  Right  Left Foot:  Right  Left Toe:  Right  Left

Arm:  Right  Left Hand:  Right  Left Finger:  Right  Left

Describe \_\_\_\_\_

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

Was the Victim ever X-Rayed for medical purposes?  No  Yes

Location of X-Ray \_\_\_\_\_

X-Rayed by whom \_\_\_\_\_

Was the Victim ever hospitalized?  No  Yes Approximate date \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Name of family Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Did the Victim have any type of prosthesis?  No  Yes (Example: Implants, Pins,

Metal Plates, Artificial leg, or arm)

Describe: \_\_\_\_\_

Did the Victim have any:

Birth Marks?  No  Yes

Location \_\_\_\_\_ Description \_\_\_\_\_



**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

Tattoos?  No  Yes

Description and Location \_\_\_\_\_

Scars?  No  Yes

Medical:  No  Yes (Example: Appendix, Open Heart Surgery, Cancer)

Describe location of scar \_\_\_\_\_

Trauma:  No  Yes (Example: Knife, Gunshot)

Describe \_\_\_\_\_

**DENTAL INFORMATION**

Did the Victim have:

Own teeth?  No  Yes

Dentures?  No  Yes  Upper  Lower  Partial  Single Tooth  Porcelain  
 Gold

Describe dental (Example: bridge, inscription) \_\_\_\_\_

Name of Dentist \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone # \_\_\_\_\_

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

**CLOTHING INFORMATION**

Can you remember how Victim was dressed?  No  Yes

Was the Victim wearing jewelry?  No  Yes

Ring Style: Wedding \_\_\_\_\_ Fraternal \_\_\_\_\_ School \_\_\_\_\_

Describe in detail stones, color, etc. \_\_\_\_\_

\_\_\_\_\_

Inscription:  No  Yes  Engraved  Inked

Describe \_\_\_\_\_

Earrings:  No  Yes Pierced:  No  Yes

Describe \_\_\_\_\_

Cufflinks:  No  Yes Describe \_\_\_\_\_

Tie Holder:  No  Yes  Clip  Stick Pin  Tie Tack

Describe \_\_\_\_\_

Watch:  No  Yes  Wrist  Pocket  Necklace  Other

Describe \_\_\_\_\_

Chain/Necklace:  No  Yes  Religious  Fraternal  Other \_\_\_\_\_

Describe \_\_\_\_\_

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

Bracelet:  No  Yes Describe \_\_\_\_\_

Ankle Bracelet:  No  Yes Describe \_\_\_\_\_

Eyeglasses/Contact Lens:  No  Yes Style  Bi-Focal  Tri-Focal  Sun

Frames:  Plastic  Wire, Color \_\_\_\_\_

Describe \_\_\_\_\_

Pins or broaches:  No  Yes Describe \_\_\_\_\_

Other jewelry \_\_\_\_\_

Was Victim wearing jewelry that belonged to someone else?  No  Yes

Did Victim conceal valuables in the lining of clothing or other location on person?

No  Yes Describe \_\_\_\_\_

Was Victim taking any medications?  No  Yes Type \_\_\_\_\_

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

**Male Clothing**

Jacket or Suit coat?  No  Yes  Single  Double Breasted

Color \_\_\_\_\_  Solid  Plaid  Stripe Label \_\_\_\_\_

Describe \_\_\_\_\_

Sweater?  No  Yes Color \_\_\_\_\_

Describe \_\_\_\_\_

Shirt style ?  Dress shirt Color  T-Shirt Color \_\_\_\_\_

Work Color \_\_\_\_\_ Describe \_\_\_\_\_

Tie style ? Color \_\_\_\_\_ Style \_\_\_\_\_

Describe \_\_\_\_\_

Shoes?  No  Yes Color \_\_\_\_\_ Type (Example: Boot, Loafer) \_\_\_\_\_

Describe \_\_\_\_\_

Socks ?  No  Yes  Dress  Casual  Work

Describe \_\_\_\_\_

Hat?  No  Yes Describe \_\_\_\_\_

Overcoat?  No  Yes Describe \_\_\_\_\_

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

**Female Clothing**

Was the victim wearing ?  Dress  Suit  Blouse  Skirt  Shawl  Other \_\_\_\_\_

Style: Anterior View (Front)

Neckline  High  Low  Ruffles  Tailored \_\_\_\_\_

Color \_\_\_\_\_  Solid  Plaid  Other \_\_\_\_\_

Fabric material  Wool  Cotton  Silk  Polyester  Other \_\_\_\_\_

Describe \_\_\_\_\_

Stockings ?  No  Yes Shoes ?  No  Yes Style/Color \_\_\_\_\_

Hat ?  No  Yes Describe \_\_\_\_\_

Underclothing ? Describe \_\_\_\_\_

Was clothing ever professionally laundered?  No  Yes

Name of Laundry \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Other important information that may be of assistance:

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Should additional contact be made with the informant regarding the possibility of additional vital information?  No  Yes

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

Is there a photograph of the Victim available?  No  Yes Who has it?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

Hometown Funeral Home to be contacted:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name of person who will arrange funeral service? \_\_\_\_\_

When will next of kin contact Funeral Home? \_\_\_\_\_

Type of service to be arranged Burial \_\_\_\_\_ Cremation \_\_\_\_\_ Other \_\_\_\_\_

**SAMPLE NEXT-OF-KIN INTERVIEW SHEET (Cont'd)**

**INFORMATION AT COMPLETION OF INTERVIEW**

Name of interviewer:

Printed \_\_\_\_\_ Signature \_\_\_\_\_

Name of person providing information:

Printed \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Relationship of informant to the Victim \_\_\_\_\_

**WITNESSED BY:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

# DETAILED EXTERNAL BODY EXAMINATION FORM

*Please Keep Pages Together*

Case Number \_\_\_\_\_

Narrator's Initials \_\_\_\_\_

PAGE 1 OF 3

## **MEDICAL INFORMATION**

Deceased Height \_\_\_\_\_ Weight \_\_\_\_\_  
Build:  Small  Medium  Large

Does the Deceased have  Own hair,  Wig,  Toupee.

Is the deceased  Completely Bald  Slightly Bald

Hair Color \_\_\_\_\_ Hair Length:  Long  Short

Facial Hair: Beard  No  Yes, Color \_\_\_\_\_  Long  Short  Goatee

Mustache:  No  Yes, Color \_\_\_\_\_ Style \_\_\_\_\_

Eyebrows:  Long  Short Color \_\_\_\_\_

Fingernails:  Long  Short  Nail biter

Finger Nail Polish  No  Yes, Color \_\_\_\_\_

Toe Nail Polish  No  Yes, Color \_\_\_\_\_

Does the Deceased have any type of:

Fractured Bones?  No  Yes

Amputation?  No  Yes

Leg  Rt  Lt

Foot  Rt  Lt

Toe  Rt  Lt# \_\_\_\_\_

Arm  Rt  Lt

Hand  Rt  Lt

Finger  Rt  Lt# \_\_\_\_\_

Describe: \_\_\_\_\_

Does the Deceased have any type of prosthesis? (Example: Implants, Pins, metal Plates, Artificial leg or arm)  No  Yes, Describe: \_\_\_\_\_

Does the Deceased have any:

Birth Marks  No  Yes,

Describe and Location \_\_\_\_\_

Tattoos  No  Yes,

Describe and Location \_\_\_\_\_

Scars  No  Yes

Medical  No  Yes (Example: Appendix, Open Heart Surgery, Cancer)

Describe location of scar \_\_\_\_\_

Trauma  No  Yes (Example: Knife, Gunshot)

Describe: \_\_\_\_\_



# DETAILED EXTERNAL BODY EXAMINATION FORM

*Please Keep Pages Together*

Case Number \_\_\_\_\_

Narrator's Initials \_\_\_\_\_

PAGE 2 OF 3

## CLOTHING INFORMATION

Appearance of clothing Describe: (Clean, dirty, torn, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there jewelry on the deceased?  No  Yes,

Ring Style: Wedding \_\_\_\_\_ Fraternal \_\_\_\_\_ School \_\_\_\_\_

Describe in detail stones color, etc.: \_\_\_\_\_

\_\_\_\_\_

Inscription:  No  Yes,  Engraved  Inked

Describe: \_\_\_\_\_

Earrings:  No  Yes, Pierced  No  Yes

Describe: \_\_\_\_\_

Cufflinks:  No  Yes, Describe:

Tie Holder:  No  Yes,  Clip  Stick Pin  Tie Tack

Describe: \_\_\_\_\_

Watch:  No  Yes,  Wrist  Pocket  Necklace  Other \_\_\_\_\_

Describe: \_\_\_\_\_

Chain/Necklace:  No  Yes,  Religious,  Fraternal  Other \_\_\_\_\_

Describe: \_\_\_\_\_

Bracelet:  No  Yes, Describe: \_\_\_\_\_

Ankle Bracelet:  No  Yes, Describe: \_\_\_\_\_

Eyeglasses:  No  Yes, Style:  Bi-Focal  Tri-Focal  Sun

Frames:  Plastic  Wire, Color \_\_\_\_\_

Describe: \_\_\_\_\_

Pins or broaches:  No  Yes, Describe: \_\_\_\_\_

Other jewelry: \_\_\_\_\_

\_\_\_\_\_

Are there any other personal effects on the deceased?:  No  Yes, (Examples: Newspaper, Pictures, Cards) Describe: \_\_\_\_\_

\_\_\_\_\_

# DETAILED EXTERNAL BODY EXAMINATION FORM

Please Keep Pages Together

Case Number \_\_\_\_\_

Narrator's Initials \_\_\_\_\_

PAGE 3 OF 3

## MALE CLOTHING

Jacket or Suit?  No  Yes,  Single  Double Breasted,  
Color \_\_\_\_\_  Solid  Plaid  Stripe  
Describe: \_\_\_\_\_

Shirt style:  Dress shirt, color \_\_\_\_\_  T-Shirt, color \_\_\_\_\_  Work, color \_\_\_\_\_  
Describe: \_\_\_\_\_

Tie style: color \_\_\_\_\_, Style \_\_\_\_\_  
Describe: \_\_\_\_\_

Shoes:  No  Yes, Color \_\_\_\_\_ Type (Example: Boot, Loafer) \_\_\_\_\_  
Describe: \_\_\_\_\_

Socks:  No  Yes,  Dress  Casual  Work  
Describe: \_\_\_\_\_

Hat:  No  Yes, Describe: \_\_\_\_\_

Other apparel on deceased? (Underclothing)  
\_\_\_\_\_  
\_\_\_\_\_

## FEMALE CLOTHING

Is the deceased wearing:  Dress  Suit  Blouse  Skirt  Shawl  Other \_\_\_\_\_  
*Style: Anterior View (Front)*  
Neckline  High  Low  Ruffles  Tailored \_\_\_\_\_  
Color \_\_\_\_\_  Solid  Plaid  Other \_\_\_\_\_  
Fabric material:  Wool  Cotton  Silk  Polyester  Other \_\_\_\_\_  
Describe: \_\_\_\_\_

Stockings:  No  Yes Shoes  No  Yes, Style/Color \_\_\_\_\_

Hat:  No  Yes, Describe: \_\_\_\_\_

Does the clothing appear to be professionally laundered?  No  Yes,  
Name of Laundry \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Describe Laundry Marks \_\_\_\_\_

## **INFORMATION AT COMPLETION OF EXTERNAL BODY EXAMINATION**

Name of Narrator:  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Witnessed by:  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

# PRELIMINARY CASE REPORT

Deceased Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Legal Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_ Citizenship \_\_\_\_\_

Social Security #: \_\_\_\_\_ Passport # \_\_\_\_\_ Visa # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: S M W D Spouse Name:

Race: \_\_\_\_\_ Education : \_\_\_\_\_ U.S. Military: Y N Branch \_\_\_\_\_

Employment: Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ City State: \_\_\_\_\_

Burial: Y N Cremation: Y N

Cemetery Name: \_\_\_\_\_

Address: \_\_\_\_\_

Release or Ship to: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

This information given

by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Social Security # \_\_\_\_\_ Passport # \_\_\_\_\_ Visa # \_\_\_\_\_

I, \_\_\_\_\_, attest that the above information was given by me on \_\_\_\_\_ and is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

Information taken and witnessed

by: \_\_\_\_\_

Date: \_\_\_\_\_

Printed \_\_\_\_\_ Social Security # \_\_\_\_\_

## RELEASE FORM DESIGNATION

Deceased Name: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Local Telephone: \_\_\_\_\_

Length of stay in area: \_\_\_\_\_

Ship to : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Disaster Office Control released to : \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Funeral Home Notified: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Notified by: \_\_\_\_\_ Social Security: \_\_\_\_\_

## SAMPLE RELEASE FORM

Authorization to Remove and Prepare the deceased remains of : \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, am the \_\_\_\_\_ (state relationship) of the above named deceased. By this statement, I hereby authorize the New York State Funeral Directors Association, Inc. as the representative of Aerovias Nacionales de Colombia, S.A. in the handling of the release of bodies from the Avianca Flight 52 January 25, 1990 air crash, to arrange for the removal of the body of the deceased from the Nassau County Medical Examiner's Morgue by the

(name and address of funeral firm to be used).

I further authorize the above named funeral home to provide for the preparation of the deceased in the following manner (initial one):

\_\_\_\_\_ Preparation including Embalming

\_\_\_\_\_ Preparation excluding Embalming

It is understood that the services to be provided by the above named funeral firm will include the following on behalf of and at the expense of Aerovias Nacionales de Columbia, S.A.:

- 1) After the clearance by applicable governmental authorities, and proper authorization by the next of kin or estate representative of the deceased, remove the body of the deceased and transport to a facility at which preparation of the body will be take place.
- 2) Prepare the body of deceased in accordance with the above authorization.
- 3) Provide an 18 gauge steel casket with rubber gaskets, crepe interior and springbed.
- 4) Provide five (5) certified copies of the death certificate for the deceased.
- 5) Provide overland transport by motor vehicle of the body to a funeral home chosen by the next of kin in the counties of Nassau or Queens, or where instructions from the next of kin require air transportation of the body to the appropriate terminal at Kennedy Airport or La Guardia Airport.

In the event that added services or merchandise are arranged for or selected to be provided for the deceased, such arrangements are to be separately made between the providing funeral firm and the appropriate representative of the deceased's estate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer name (Please Print): \_\_\_\_\_



<b>ORGANIZATION ASSIGNMENT LIST</b>				1. Incident Name	2. Date Prepared	3. Time Prepared
POSITION		NAME		4. OPERATIONAL PERIOD (Date/Time)		
5. INCIDENT COMMANDER AND STAFF				9. OPERATIONS SECTION		
Incident Commander				Chief		
Deputy				Deputy		
Safety Officer				a. MORGUE BRANCH I - DIVISIONS/GROUPS		
Information Officer				Branch Director		
Liaison Officer				Deputy		
6. AGENCY REPRESENTATIVES				Division/Group		
Agency	Name			Division/Group		
				Division/Group		
				Division/Group		
				Division/Group		
				b. SEARCH & RECOVERY BRANCH II - DIVISIONS		
				Branch Director		
				Deputy		
7. PLANNING SECTION				Division/Group		
Chief				Division/Group		
Deputy				Division/Group		
Resources Unit				Division/Group		
Situation Unit				Division/Group		
Documentation Unit				Division/Group		
Demobilization Unit				c. SECURITY BRANCH III - DIVISIONS/GROUPS		
Technical Specialists				Branch Director		
				Deputy		
				Division/Group		
				Division/Group		
				Division/Group		
				Division/Group		
				Division/Group		
				Division/Group		
8. LOGISTICS SECTION				d. BRANCH IV DIVISIONS/GROUPS		
Chief				Branch Director		
Deputy				Deputy		
a. SUPPORT BRANCH				Division/Group		
Director				Division/Group		
Supply Unit				10. FINANCE SECTION		
Facilities Unit				Chief		
Ground Support Unit				Deputy		
b. SERVICE BRANCH				Time Unit		
Director				Procurement Unit		
Communications Unit				Compensation/Claims Unit		
Medical Unit				Cost Unit		
Food Unit						

<b>MEDICAL PLAN</b>	1. INCIDENT NAME	2. Date Prepared	3. Time Prepared	4. Operational Period				
<b>5. INCIDENT MEDICAL AID STATIONS</b>								
Medical Aid Stations	Location			Paramedics				
				Yes	No			
<b>6. TRANSPORTATION</b>								
<b>a. AMBULANCE SERVICES</b>								
Name	Address		Phone	Paramedics				
				Yes	No			
<b>b. INCIDENT AMBULANCES</b>								
Name	Location			Paramedics				
				Yes	No			
<b>7. HOSPITALS</b>								
Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Grnd		Yes	No	Yes	No
<b>8. MEDICAL PROCEDURES</b>								
9. Prepared by:				10. Reviewed by (Safety Officer)				



DESIGNATOR  
NAME/ID. NO. \_\_\_\_\_

**STATUS**

Assigned

Available

O/S Rest

O/S Mechanical

O/S Personnel

\_\_\_\_\_ ETR

O/S = (Out of Service)

FROM	LOCATION	TO
	Division	
	Staging Area	
	Base/ICP	
	Camp	
	En-route	ETA
	Home Agency	

Message \_\_\_\_\_

RESTAT   
PROCESS

Time \_\_\_\_\_

**STATUS CHANGE CARD**

## GENERAL MESSAGE

<b>TO:</b>	POSITION
<b>FROM</b>	POSITION
<b>SUBJECT</b>	Date: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Time: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>

MESSAGE

Signature & Position:

**REPLY:**

Date:	Time:	Signature & Position:
-------	-------	-----------------------

SENDER: Remove this copy, for your file

Person receiving general message: Keep this copy

Return this copy to sender





## AUTOPSY BODY RELEASE

Case Number: \_\_\_\_\_ Autopsy Station Representative: \_\_\_\_\_

Name: \_\_\_\_\_

Decedent ready to release for embalming:

\_\_\_\_\_  
Pathologist

Embalming complete:

\_\_\_\_\_  
Funeral Director

Decedent ready to release to funeral home:  
(i.e., positive identification and autopsy complete)

\_\_\_\_\_  
Pathologist

## CHOOSING AN INCIDENT MORGUE

POTENTIAL INCIDENT MORGUE SITES	APPROX. # OF BODIES	ADVANTAGES OF THIS SITE	DISADVANTAGES OF THIS SITE	TITLE OF PERSON TO CALL FOR PERMISSION