Onondaga County
Medical Examiner’s Office

Case Types

2018
Cutting/Stabbing:

Defense Type Wounds:

Hesitation Marks:

Healed Wounds/Scars:

Knife:  Single-Edged, Double-Edged, Serrated, Utility Knife, Switchblade, Machete, Boning Knife, Cleaver, Honing Steel, Other, Unknown

Blade Length:

Blade Width:

Weapon/Instrument Description:

Overall Length: Overall Width:

If Multiple Knives/Weapons, Explain:

Police Agency Collecting Weapon(s):
**Drowning:**

Drowning Type:  *Bay, Brook, Canal, Cove, Creek, Gulf, Lagoon, Lake, Marsh, Ocean, Pond, Reservoir, River, Sea, Strait, Stream, Swamp, Swimming Pool, Tide Pool, Bathtub, Hot Tub, Shower, Bucket, Sink, Other*

Why in Water:

Swimming Ability:

Personal Floating Device:

Body Part(s) Submerged:

Decedent Lying On:  *Stomach, Back, Right side, Left side, Unknown, N/A*

Water Temperature:

Thermometer Used:  *Welch Allyn SureTemp® Plus Model 690 Digital, Digi-Sense Infrared Thermometer, TIF 7201 Pocket Infrared Thermometer, Manual Thermometer, Other*

Clarity of Water:
Recovered By:

Instruments Used to Recover Body (e.g.: Fire Department Hook, Ropes, Net):

**Creek, Lake, River, Etc.:**

Name of Body of Water (if applicable):

**Water Type:** *Freshwater, Saltwater*

Area Where Recovered:

Depth Where Recovered:

Type of Bottom: *Sand, Gravel, Mud, Rocky, Boulders, Other*

**Bucket:**

Location:

Description:

Height:
Diameter:

Safety Markings Present:

Description of Liquid:

**Bathtub/Shower:**

Length:

Width:

Depth of Liquid:

Bathtub Spout Location in Relation to Decedent:

Faucet (Handle) in the “On” Position:

Water Running When Discovered:  Yes, No, Unknown

If Showerhead “On”, Location of Water Stream (e.g.: Head, Torso, Extremities):

Bathtub/Shower Stopper in Place:
Type of Drain Stopper:

Tub/Shower Safety Grab Bars:

Anti-Slip Mat(s):

Door to Room Closed When Decedent Found: Yes, No, N/A

Door Locked: Yes, No, N/A

**Swimming Pool/ Hot Tub:**

Pool: Public, Private, Residential

If Public Pool, Name:

Public Pool: Apartment Complex, Aquatic Park, Campground, Children’s Camp, Health Club, Homeowners Association, Municipality, School, Other

Decedent’s Knowledge of Facility:

Type of Pool: Above-ground, In-Ground, Inflatable, Wading Pool, Other

Lifeguard: Yes, No, N/A
Lifeguard or Safety Signage Posted:

Based on Facility Size, Indicate the Number of Lifeguards Required by Code:

Number of Lifeguards Providing Supervision at Time of Incident:

Where was Lifeguard(s) Positioned at Time of Incident:

Were Lifeguard Chairs Provided: Yes, No

Lifeguard Rescue Equipment Present: Automated External Defibrillator (AED), Flotation Device, Kiefer Life Hook, Life Vest, Megaphone, Oxygen Units, Rescue Can, Rescue Board, Rescue Masks, Rescue Tube, Ring Buoy, Spinal Board, Whistle

Number of Patrons at Facility at Time of Incident:

Number of Bathers in Water at Time of Incident:

Pool Cover: Automatic Safety Pool Cover, Mesh Cover, Security Cover, Solar Cover (Bubble Covers), Solid Vinyl Pin Down Cover (Safety Cover), Winter Cover (Pin Down Cover), None, Other
Color of Bottom of Pool:

Dimensions of Pool: _____________x______________ feet

Minimum Depth of Pool or Swim Area:

Maximum Depth of Pool or Swim Area:

Describe the Pool/Swim Area Bottom Slope (*rise/run*):

Presence of Depth, Breakpoint Markings or Other Markings: *Yes, No, Unknown*

Diving Board: *Yes, No, Unknown*

Slide: *Yes, No, Unknown*

Pool alarm: *Yes, No, Unknown*

How many alarms:

Location of alarm(s):
Pool Floats or Toys in Water:  *Beach Balls, Drifters, Kick Boards, Noodles, Rafts, Pool Recliner, Pool Stool, Volley Ball Net, Water Balloons, Other*

Decedent Wearing Floating Device or Swim Gear:  *Arm Bands, Goggles, Inner Tub, Self-Contained Underwater Breathing Apparatus (SCUBA), Snorkel, Swim Fins, Other*

Pool Drain Visible:  *Yes, No, Unknown*

Pool Ladder in Place:  *Yes, No, N/A, Unknown*

Fence Type (if applicable):

Fence Height:

Fence Locking Mechanism:  *Yes, No, Unknown*

Lock Engaged:  *Yes, No, Unknown*

Time of Arrival at Facility:

Time Decedent Entered Water:
Time Decedent was Last Seen in Water:

Time Decedent Discovered:

Facility Use of Video Surveillance for the Bathing Area:  Yes, No, Unknown

Surveillance Tape Secured into Custody for Review:  Yes, No

Decedent Consume Alcohol Prior to Entering Water:  Yes, No, Unknown

Decedent Consume Food Prior to Entering Water:  Yes, No, Unknown

Any Known Seizure Disorder:  Yes, No, Unknown
Exposure Deaths:

Where Discovered: *Outdoors, Indoors, Garage, Vehicle, Other*

Power/Electric:

Clothing Appropriate:

Obvious Injury Preventing Decedent Moving:

Other Factor Preventing Mobility (e.g.: Toppled Chair, Dresser, Vehicle):

Body Temperature Method: *Rectal, Axillary, Skin Surface*

Body Temperature Recorded at Scene:

Date/Time Taken:

Type of Thermometer Used: *Welch Allyn SureTemp® Plus Model 690 Digital, Digi-Sense Infrared Thermometer, TIF 7201 Pocket Infrared Thermometer, Manual Thermometer, Other*

Thermometer Probe Cover Saved:
Weather Condition Printout (Case File/Database):

**Hypothermia:**

Paradoxical Undressing:

Heating Source:

Open Windows/Doors:

**Hyperthermia:**

Perspiration:

Strenuous Activity Prior to Death:

Cooling System (eg: Air conditioner, Fan, etc.):
Falls:

Fall Type: Standing Height, Standing Height Involving Snow, Standing Height from Tripping/Slipping/Stumbling, Involving Bed, Involving Stool, Involving Chair, Involving Motorized Scooter, Involving Wheelchair, Building, Ladder (Wooden, Aluminum, etc.) Parking Garage, Roof, Stairs/Steps, Tree, Tree Stand, Other

Witnessed:

Date/Time of Fall:

Location of Fall:

Where Did Fall Occur: Government Property, Hospital, Nursing Home, Place of Worship (church, synagogue), Private Residence, Public, Outdoors, Other

Distance of Fall:

Type of Steps:

Number of Steps:

Surface Type of Steps (e.g.: Carpeted, Cement, Runner, Wooden, etc.):
Surface Type Where Landed:

Ambulatory Assistance (e.g.: Cane, Walker, Caregiver, etc.): Yes, No, N/A

Footwear:

Obstacles Present:
Burns/Fire:

Location of Fire:

Origin of Fire:

Location of Decedent:

Known Smoker: Yes, No, Unknown

Known Other Smokers at Location: Yes, No, Unknown

Smoke Detectors: Yes, No, Unknown

Smoke Detectors in Working Order: Yes, No, Unknown

Potential Incapacitation:

Fire Department / Fire Investigator:

Fire Investigator Concern for Accelerants/Arson:
**Firearm:**

Type of Firearm:  *Shotgun, Rifle, Revolver, Pistol, Starter Pistol, Machine Gun, Submachine Guns, BB gun/Pellet Gun, Side-by-Side Double-Barreled Shotgun, Over-Under Double-Barreled Shotgun, Sawed-Off Shotgun, Muzzleloader/Black Powder, Other, Unknown*

Caliber/Gauge:  *.17, .20, .204, .221, .22, .224, .243, .25, .26, .27, .284, .308, .311, .323, .338, .335, .356, .357, .363, .365, .375, .40, .410, .44, .45, .50, 9mm, 10 gauge, 12 gauge, 16 gauge, 20 gauge, 24 gauge, 28 gauge, 32 gauge, Other, Unknown*


Weapon Present:  *Yes, No*

Location of Firearm(s):

Serial Number(s):

Overall Length of Firearm:

Barrel Length (Long gun):
Blood In/On Barrel:  Yes, No, Unknown

Ammunition Type:

Number of Spent Cartridges/Shells:

Location of Spent Cartridges/Shells:

Location of Projectile(s) Not in Decedent:

Measurement – Fingertip to Axilla:

Handedness:  Left, Right, Ambidextrous, Unknown

Soot on Hand(s):  Right, Left, Both, None

Cleaning Material Present:  Yes, No, Unknown

Instrument to Activate Trigger:  Yes, No, Unknown

Agency Collecting Firearm(s)/Ammunition/Projectiles:
**Hanging:**

Position of body: *Fully Suspended, Partially Suspended, Kneeling, Sitting, Squatting, Reclining, Other*

Feet on Ground: *One, Both, None, Unknown*

Type of Ligature: *Article of Clothing, Bed Linen, Belt, Chain, Cloth-Type Belt, Computer Cord, Electrical Cord, Extension Cord, Necktie, Rope, Seatbelt, Stocking, Wire, Other*

Texture of Ligature: *Coarse, Patterned, Smooth, Soft, Other*

Length of Ligature:

Number of Times Ligature Encircles Neck:

Ligature Attached To: *Doorknob, Fence, Hook, Nail, Screw, Support Beam, Showerhead, Shower Rod, Tree Branch, Top of Door, Other*

Description of Attachment:

Distance from Floor (Ground) to Ligature Attachment (e.g.: Doorknob, Nail):

Distance from Floor (Ground) to Knot Tied at Attachment, (if applicable):
Distance from Floor (Ground) to Knot Around Neck (if applicable):

Location of Apex of Ligature:

Ligature Furrow: Yes, No

Patterned Grooved Furrow: Yes, No

Abrasions/Scratches: Yes, No

Evidence of a Struggle: Yes, No

Platform Type (if applicable): Appliance, Bench, Bucket, Chair, Crate, Desk, Ladder, Stepladder, Steps, Shelf, Table, Tree Branch, Other

Height of Platform:

Distance from Platform to Decedent:

Platform Overturned: Yes, No, Unknown

Scuff Marks on Platform:
Possible Footwear Impressions on Platform: Yes, No, Unknown

Cut Down By:

Ligature Collected by:

**Autoerotic:**

Possible Autoerotic Asphyxia: Yes, No

Padding Between Neck and Ligature:

Attire Description:

Fail-Safe Knot: Yes, No, Unknown

Previous Suspension Incidents: Yes, No, Unknown

Pornographic Material(s): Yes, No, Unknown

Mirror Near Body: Yes, No, Unknown

20
Recreational Inhalants: Yes, No, Unknown

Adult (Sex) Toy(s)/Device(s): Yes, No, Unknown
**Industrial/Work Related:**

Employer:

Job Title:

Years Employed:

Equipment Involved:

Experience with Equipment Used:

Type of Safety Gear:

Safety Signage:

OSHA Notified:  Yes, No

PESH Notified:  Yes, No
Motor Vehicle Collision:

Crash-Type: Single Vehicle, Two Vehicles, Multiple Vehicles, Pedestrian-Vehicle, Bicycle-Vehicle, Train-Vehicle, Animal-Vehicle, Other

Impact with Fixed Object (e.g.: Bridge, House, Tree, etc.):

Witnessed: Yes, No, Unknown

Rollover: Yes, No, Unknown

Decedent Was: Driver/Operator, Passenger, Pedestrian, Bicyclist, Other, Unknown

Seatbelt Used: Yes, No, Unknown, N/A

Date/Time of Collision:

Collision Location:
Type of Vehicle:  All-Terrain Vehicle, Bicycle, Bus, Car, Conversion Van, Farming Vehicle, Flatbed, Minibus, Minivan, Moped, Motorcycle, Pickup Truck, Sport Utility Vehicle, Tanker, Tractor-trailer, Train, Van, Other

Year/Make/Model:

License Plate State:

License Plate Number:

Number of Additional Passengers:

Direction of Travel:  Northbound, Southbound, Eastbound, Westbound, Unknown

Airbag(s) Deployed:  Yes, No, Unknown

Location of Airbag Deployment (e.g.: Front, Side, Seat, Knee, Inflatable Seatbelt):
Airbags Deployed (e.g.: Driver’s Side, Passenger’s Side):

Helmet Worn:  Yes, No, Unknown, N/A
Type of Other Vehicle:  *All-Terrain Vehicle, Bicycle, Bus, Car, Conversion Van, Farming Vehicle, Flatbed, Minibus, Minivan, Moped, Motorcycle, Pickup Truck, Sport Utility Vehicle, Tanker, Tractor-trailer, Train, Van, Other, Not Applicable*

Year/Make/Model of Other Vehicle:

License Plate State of Other Vehicle:

License Plate Number of Other Vehicle:

Direction of Travel of Other Vehicle:  *Northbound, Southbound, Eastbound, Westbound, Unknown*

Additional Vehicles Involved:

Posted Speed Limit:

Roadway Surface:  *Concrete, Asphalt, Gravel, Dirt, Mud, Grass, Other, Unknown*

Roadway Condition:  *Dry, Wet, Damp, Ice covered, Snow covered, Mud covered, Debris in Roadway*

Number of Lanes:
Roadway Markings (e.g.: Lane Lines, Center Lines, Edge Lines, Dividing/Separation Lines, Color of Lines):

Traffic Controls (e.g.: Lights, Signs, Rumble Strips, Construction Device):

Visual Obstruction(s):

Weather Conditions:

Sun Location at Time of Collision:

Lighting Conditions:

Suspicion of Drug/Alcohol Involvement: Yes, No, Unknown

Vehicle & Traffic Ticket(s) Issued:

Criminal Charges Pending: Yes, No, Unknown
**Overdose: Illicit Drugs/Medication/Alcohol:**

Type of Substance(s), if Known:

Potential Drug(s) Involved: *Prescription, Illicit, N/A*

Probable Illicit Drug(s) Found:

Location of Illicit Drugs:

Illicit Drug Paraphernalia:

Probable Entry Route of Drug: *Ingested, Inhaled, Injected, Topical, Unknown*

Fresh Needle Puncture(s):

Evidence of Track-Type Marks/Scars:

Prescription Medications: *Yes, No, Unknown*

Prescribed to Decedent or Another Person: *Yes, No, Unknown*
Location of Prescription or Over-the-Counter Medication(s):

Loose Pills/Tablets/Capsules: Yes, No, Unknown

Evidence of Stockpiling Medication: Yes, No, N/A

Multiple Prescriptions for the Same Medication: Yes, No, Unknown, N/A

Any Known Allergy to Medications:

Location/Amount of Alcohol Containers:

Alcohol Substitutes: Rubbing Alcohol, Couch Syrup, Mouth Wash, Nail Polish Remover, or Toxic Alcohols

Out of Place Substances (e.g.: Antifreeze, Cleaning Chemicals):

Recreational Inhalants:

Herbal Supplements:

Store Receipt Found: Yes, No, Unknown
Possible Carbon Monoxide (CO) Death/Chemical Asphyxiation:

Heating System Type:  Boilers (Hot Water), Electric, Electrical Radiator, Electric Space Heaters, Fireplace, Forced Air, Gas-Fired Space Heaters, Heat Pumps, Kerosene Heaters, Pellet Stove, Radiant Floor Heat, Steam, Unvented Gas-Fired Heaters, Wood Stove, Other

Fuel Source:  Coal, Electricity, Heating Oil, Kerosene, Natural Gas, Pellets, Petroleum, Propane, Wood, Other, Unknown

Heating System Operational:  Yes, No, Unknown

Heating System Turned “On”:  Yes, No, Unknown

Recent System Problem(s):  Yes, No, Unknown

Recent Repairs to System:  Yes, No, Unknown

Ambient Temperature in Room Where Decedent Found:

Type of Thermometer Used:  Welch Allyn SureTemp® Plus Model 690 Digital, Digi-Sense Infrared Thermometer, TIF 7201 Pocket Infrared Thermometer, Manual Thermometer, Other

Others Deceased or Ill in Residence or Nearby Apartment(s):
Animals Deceased: Yes, No, Unknown

Local Power Authority Contacted: Yes, No

Fire Department Tested for CO: Yes, No

CO Results:

Decedent – Cherry Red Lividity: Yes, No, Unknown

**Garages/Vehicle(s):**

Garage Attached: Yes, No, Unknown

Garage Type: Single Bay, Two Bay, Three Bay, Four Bay, Barn, Automotive Repair Garage, Tandem Garage, Other

Vehicle(s) in Garage: Yes, No, Unknown

Vehicle Found to Be Source of CO: Yes, No, Unknown

Decedent’s Location in Vehicle (if applicable):
Location of Decedent in Garage (if applicable):

Location of Animals in Garage/Vehicle (if applicable):

Vehicle(s) Information:

Key in Ignition: Yes, No, Unknown

Position of Ignition Switch/Push Button: On, Off, Accessory Mode, Unknown

Vehicle “Running” when Decedent Discovered: Yes, No, Unknown

Vehicle Turned “Off”, and by Whom:

Vehicle Can Be Restarted: Yes, No, Unknown

Position of All Windows:

Position of All Doors:

Vehicle Locked When Discovered: Yes, No, Unknown
Radio/CD Turned “On” (Station/CD):

Examination Above Sun Visors (e.g.: Note of Suicidal Intent):

Examination of Glove Box:

Examination of Center Console:

Gas Tank Level: Full, ¾ Full, Half Full, ¼ Full, Empty, Unknown

Apparatus Attached to Tailpipe: Yes, No

Location of Apparatus Inserted into Vehicle (if applicable):

Engine/Hood of Vehicle: Cold, Warm, Hot, Unknown

Garage Door(s) Position When Found (e.g.: Open, Closed):

Garage Door Operates: Manually, Electronically, Not Operating, Unknown,

Location of Overhead Garage Door Remote:
Automotive Repair Tools Present:

Cleaning Chemicals or Substances in Vehicle/Garage:

Container(s) of Antifreeze in Vehicle and/or Garage:

**Chemical Asphyxiation:**

Evidence of Inhalants (e.g.: Solvents, Aerosols, Propellants):

Plastic or Other Type of Bag Over Head:

Bag Tied (Description):

Tubing Inserted Into Bag:

Tubing Attached to a Tank/Cylinder/ Machine:

Machine “On” When Decedent Found:

Who Turned Machine “Off”: 
Hazard Communication Standard (HCS) / Globally Harmonized System (GHS) Label on Tank/Cylinder/Machine:

Other Tanks/Cylinders/Machines:

Store Receipt Found: Yes, No, Unknown
Suicide:

Evidence of Intended Suicide: Statement(s) to Family/Friends, Statement(s) to Health Professional, Note/Letter, Text Messages, Social Media Post(s), Behavioral Changes, Gifting Personal Property, Other, N/A

History of Attempts: Yes, No, Unknown

Chemical(s) Suspected (if applicable):

Chemical Entered Body: Ingested, Injected, Inhaled, Topical, Unknown, Other

Suicide-Type Note Found: Yes, No, Unknown

Note Found Where:

Note Found By:

Note Addressed to Person(s):

Note Dated:
Note Signed: Yes, No, Unknown

Handwriting Compared:

Agency Collecting Note(s):

Suicidal Literature (e.g.: Final Exit): Yes, No, Unknown

Internet Sites Open on Computer: Yes, No, Unknown

Police Department Recovered Computer: Yes, No, Unknown

Police Examination of Mobile Phone(s), if Present:
**Skeletal Remains:**

Location found:

By Whom:

Activity When Found (eg: Gardening, Landscaping, Walking):

Number of Bones/Remains:

Collected by whom:
Pediatric 1yr-18yr:

Pediatric Mother First Name:

Pediatric Mother Last Name:

Pediatric Mother DOB:

Pediatric Father First Name:

Pediatric Father Last Name:

Pediatric Father DOB:

Child Fatality Review Team – Review Date:

SUID:

See SUID Form
Note: It is imperative to keep in mind that the case-type specific data and the 45-points of “Every Scene, Every Time” documentation do not stand alone, but rather complement the narrative portion of the investigative report which consists of a case summary, investigative details, medical and social history, identification, and next-of-kin contact sections.

Some investigations may have more than one case type (e.g. suicide – firearm; suicide – hanging)