

NAME OF DECEASED: _____

ADDRESS: _____ Last First STATE ZIP MI

DOB: ____/____/____ SSN: _____ - _____ - _____ MALE FEMALE

RACE: BLACK WHITE HISPANIC ASIAN NATIVE AMERICAN UNKN. OTHER _____

DATE SUBMERGED: ____/____/____ UNKNOWN TIME: ____:____ AM PM

WITNESS TO SUBMERSION: _____

ADDRESS: _____ Last First STATE ZIP MI

PHONE NUMBER: (____)____-____ FAX: (____)____-____

NOT WITNESSED

DATE RECOVERED: ____/____/____ TIME RECOVERED: ____:____ AM PM

DIVE TEAM'S NAME: _____

ADDRESS: _____ STATE ZIP

PHONE NUMBER: (____)____-____ FAX: (____)____-____

RECOVERING DIVERS NAME: _____

WERE PHOTOGRAPHS TAKEN DURING RECOVERY? YES NO, IF YES, WHO HAS POSSESSION?

NAME: _____ NUMBER: (____)____-____

RECOVERED IN: FRESH WATER SALT WATER WATER TYPE: CLEAN 1 2 3 4 5 6 7 8 9 POLLUTED

DEPTH IN FEET: _____ BOTTOM COMPOSITION: _____

RECOVERED WATER TEMPERATURE: SURFACE _____°F BOTTOM _____°F

RECOVERED AIR TEMPERATURE THAT DAY: HIGH _____°F LOW _____°F

- BODY POSITION WHEN FOUND:**
- | | | | | | |
|------------|--------------------------|------------|--------------------------|--------------|--------------------------|
| ON BOTTOM | <input type="checkbox"/> | ON SURFACE | <input type="checkbox"/> | UNDERCUT | <input type="checkbox"/> |
| FACE UP | <input type="checkbox"/> | FLOATING | <input type="checkbox"/> | ON SHORE | <input type="checkbox"/> |
| FACE DOWN | <input type="checkbox"/> | SNAGGED | <input type="checkbox"/> | CONTAINER | <input type="checkbox"/> |
| LEFT SIDE | <input type="checkbox"/> | STRAINER | <input type="checkbox"/> | WEIGHTED | <input type="checkbox"/> |
| RIGHT SIDE | <input type="checkbox"/> | EDDY | <input type="checkbox"/> | TIED/CHAINED | <input type="checkbox"/> |

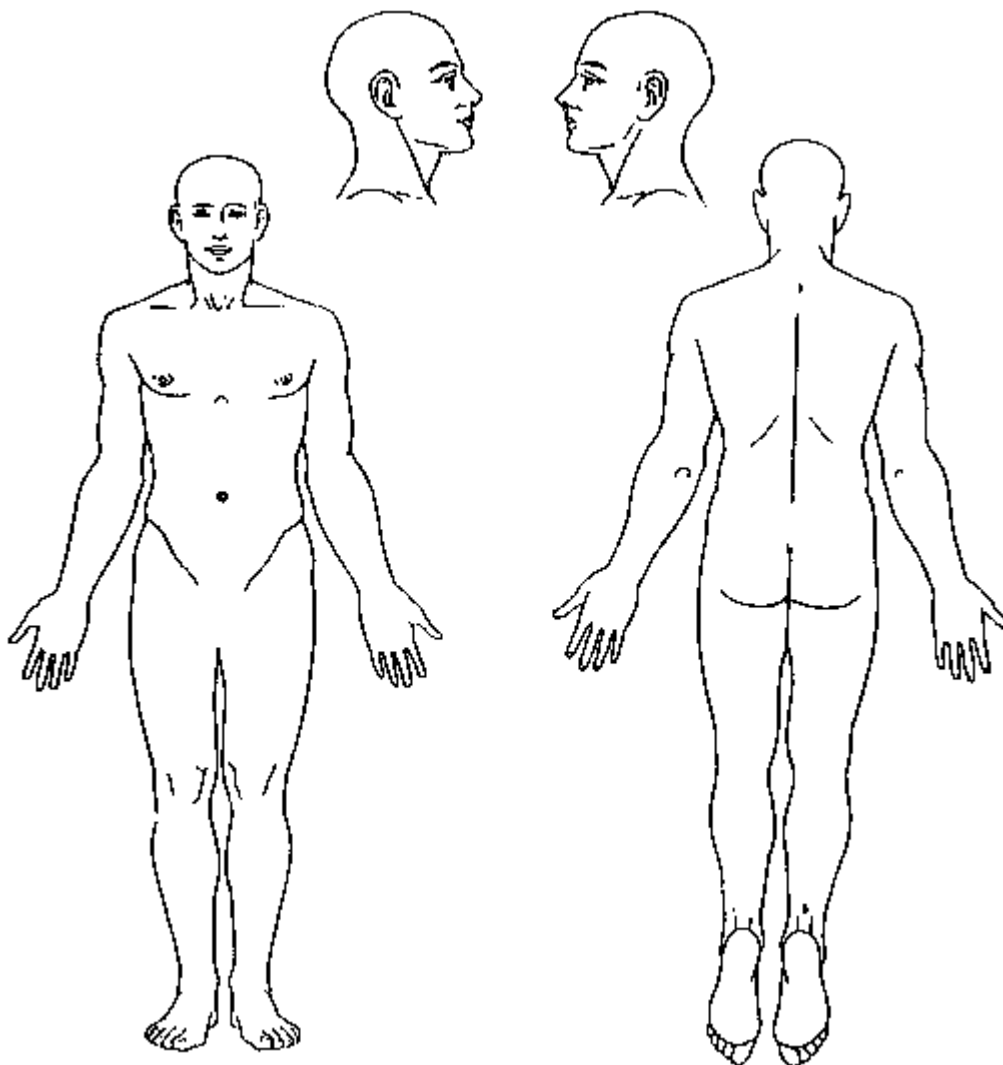
OTHER/EXPLAIN: _____

NAME OF FUNERAL HOME/MORTICIAN: _____

ADDRESS: _____ That recovered victim from the scene STATE ZIP

PHONE NUMBER:(____)____-____ FAX:(____)____-____

DESCRIPTION OF BODY WHEN FOUND



DESCRIPTION OF BODY: Clothed Unclothed Partly Clothed,

Explain _____

LIST CLOTHING: _____

Height _____ in. estimated **Weight** _____ lb. estimated

Hair color _____ **Eye color** _____ R _____ L _____ Beard Mustache

RIGOR: Jaw Neck Arms Legs Passing Absent Other

LIVOR: Blanches Fixed Color Purple Pink/Red Indeterminate Other

LIVOR LOCATION: Anterior Posterior Left Right Regional (specify) _____

DIVER'S EXAMINATION: **A**=Abrasion/Contusion, **AF**=Animal/Fish Feeding, **BR**=Broke Rigor (diver),
DH= Drag Hook, **FM**=Foam, **GB**=Goose Bumps, **LM**= Line Mark (diver's marker buoy mark), **OI**=Other Injury

ANY ARTIFACTS OR DAMAGE DONE TO BODY DURING RECOVERY ? YES NO

IF YES, EXPLAIN: _____

DIVER MAKING REPORT: _____ DATE OF REPORT: _____/_____/_____