DEATH SCENE CHECK LIST

SECTION 1 CRIME SCENE INFORMATION (SEC. 1-A)

DEPARTMENT:		
OFFENSE:	**DATE:**	**CASE #:**
LOCATION:		
CITY:	**COUNTY:**	**STATE:**

TIME NOTIFIED:	**TIME ARRIVED:**
NOTIFIED BY:	AUTHORIZED BY:
OFFICER IN CH	DEPT.:
FIRST OFFICER AT SCENE:	DEPT.:

SCENE SECURITY (SEC. 1-B)

WAS SCENE SECURED: YES ☐ NO ☐
METHOD: OFFICERS ☐ BARRIER TAPE ☐ OTHER ☐
DESCRIBE:
SCENE SECURITY LOG STARTED: YES ☐ NO ☐ STARTED BY:
OFFICER ENTRY LOG STARTED: YES ☐ NO ☐ STARTED BY:

SEARCH WARRANT INFORMATION (SEC. 1-C)

SEARCH WARRANT NEEDED: YES ☐ NO ☐		
OBTAINED BY:	DATE:	TIME:
COUNTY/DISTRICT ATTY.:	JUDGE:	
COUNTY/DISTRICT ATTY. AT SCENE: YES ☐ NO ☐		
COUNTY/DISTRICT ATTY.:		
TIME ARRIVED:	TIME DEPARTED:	

REMARKS

COMPLETED BY:

SAMPLE

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