

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:

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): _____

ORGANIZATION ASSIGNMENT LIST				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		
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						

MEDICAL PLAN	1. INCIDENT NAME	2. Date Prepared	3. Time Prepared	4. Operational Period				
5. INCIDENT MEDICAL AID STATIONS								
Medical Aid Stations	Location			Paramedics				
				Yes	No			
6. TRANSPORTATION								
a. AMBULANCE SERVICES								
Name	Address		Phone	Paramedics				
				Yes	No			
b. INCIDENT AMBULANCES								
Name	Location			Paramedics				
				Yes	No			
7. HOSPITALS								
Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Grnd		Yes	No	Yes	No
8. MEDICAL PROCEDURES								
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

TO:	POSITION
FROM	POSITION
SUBJECT	Date: Time:

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