

OSAC 2022-N-0027

Medicolegal Death Investigation

Response to Death Locations and

Incident Scenes:

Best Practice Recommendations

*Medicolegal Death Investigation Subcommittee
Medicine Scientific Area Committee
Organization of Scientific Area Committees (OSAC) for Forensic Science*





OSAC Proposed Standard

OSAC 2022-N-0027 Medicolegal Death Investigation Response to Death Locations and Incident Scenes: Best Practice Recommendations

Prepared by
Medicolegal Death Investigation Subcommittee
Version: 2.0
November 2022

Disclaimer:

This OSAC Proposed Standard was written by the Organization of Scientific Area Committees (OSAC) for Forensic Science following a process that includes an [open comment period](#). This Proposed Standard will be submitted to a standards developing organization and is subject to change.

There may be references in an OSAC Proposed Standard to other publications under development by OSAC. The information in the Proposed Standard, and underlying concepts and methodologies, may be used by the forensic-science community before the completion of such companion publications.

Any identification of commercial equipment, instruments, or materials in the Proposed Standard is not a recommendation or endorsement by the U.S. Government and does not imply that the equipment, instruments, or materials are necessarily the best available for the purpose



OSAC 2022-N-0027

Medicolegal Death Investigation Response to Death Locations and Incident Scenes: Best Practice Recommendations

FOREWARD

A medicolegal death investigation (MDI) should be an independent investigation for establishing the cause and manner of death. The MDI is parallel but separate to that conducted by any other agency, including the law enforcement investigating agency. The investigation should be conducted by MDI personnel with specialized training in death scene investigation. This investigation should focus on postmortem changes, injury documentation, circumstances of death, and collecting any pertinent investigative or medical history to assist with determining the cause and manner of death.

When a death is reported, the MDI authority must decide whether to come to the location of death or incident scene. The best practice is for a medicolegal death investigator credentialed by the American Board of Medicolegal Death Investigators, or a forensic pathologist (FP) certified by the American Board of Pathology or the American Osteopathic Board of Pathology, to come to the location where the body was found and to the incident scene (if it still exists) as specified in this standard.

MDI authorities should have supplies and qualified personnel to respond to the situations described in this standard.

KEYWORDS

coroner, death investigation, decedent, medical examiner, medicolegal death investigation, medicolegal death investigator, scene response

ABSTRACT

This document presents best practice recommendations for the medicolegal death investigation (MDI) authority, as when to examine decedents at the location of death and when to document the incident scenes, when different than the location of death. General topics highlighted include to which types of deaths the MDI authority should respond, to what types of scene and locations the MDI authority should respond, and which decedents should be examined at the location of death.



TABLE OF CONTENTS

1 Scop	3
2 Normative References	4
3 Glossary	4
4 Recommendations	6
5 Bibliography	13

1 SCOPE

Medicolegal death investigation (MDI) personnel may not respond to the death location or incident scene for every death investigated or for which jurisdiction is assumed. This document provides guidance for which death locations and/or incident scenes require a scene investigation. Not only does scene investigation allow for in situ preliminary body evaluation, it provides an opportunity to document and collect property and evidence (in accordance with jurisdictional laws and regulations) and to collect important medical history and contextual information from family and witnesses. Responding to these locations and scenes may also provide important information to help triage cases, to assist with the decision whether or not a complete autopsy is necessary, to request toxicology or other analyses, to document and collect evidence to help determine the manner of death, and to document suspicious circumstances that necessitate further investigation. Information gathered at the death location and/or incident scene may also play an important role in public health, such as identifying emerging diseases, epidemics, or novel drug trends.

The need for scene investigation depends on multiple factors as addressed in this document. As such, a case may fall under multiple categories specified in this document and should be analyzed from various angles to see if the best practice is to respond to that scene and/or incident location. For purposes of this document, all deaths are categorized by the initial suspected type of death, recognizing that until a complete investigation (often with autopsy) is concluded, the type (or manner) of death is not finalized and is subject to change. Personnel deciding if they should respond to a scene or incident location should always err on the side of caution, and when in doubt should respond.

Notwithstanding any conflicting state statutory issues, decedents should be left at the death location to allow the MDI personnel to respond to that location and examine the remains in situ. Exceptions to this may be discussed with the MDI authority due to issues such as the remains possibly being lost or in danger of being damaged (e.g. in a structure fire or being washed out to sea by rising tides). MDI offices should have personnel available 24 hours a day for a timely response, preferably being en route to the scene within an hour.

This document does not take into account taking custody of the remains and/or transporting the remains, nor does it account for the specifics of the location and scene investigations, just best practices for the MDI authority to respond to initially evaluate the body, location and scene.

2 NORMATIVE REFERENCES

Department of Justice, Office of Justice Programs, National Institute of Justice. *Death investigation: A guide for the scene investigator (technical update)*. Washington, DC. 2011. Available from: <https://www.nij.gov/pubs-sum/234457.htm>

ASB ANSI/ASB Standard 125, Organizational and Foundational Standard for Medicolegal Death Investigation. First Edition 2021. Available from: https://www.aafs.org/sites/default/files/media/documents/125_Std_e1.pdf

3 TERMS AND DEFINITIONS

certified medicolegal death investigator

Medicolegal death investigator who has completed the requirements for Certification (Registry or Board) by an accredited credentialing body; currently American Board of Medicolegal Death Investigators

cause of death

Medical opinion of the disease or injury that resulted in a person's death

coroner

An elected or appointed official responsible for overseeing medicolegal death investigations, usually for a single county, and for certifying the cause and manner of death in these investigations; duties vary based on local enabling statutes

death scene

Location or site at which a death is pronounced, and at which the decedent's body is located. This need not be the same location as the incident scene

decedent

Deceased person or any suspected human remains

forensic pathologist

Physician who is board-certified in forensic pathology by an accredited credentialing body; currently American Board of Pathology and American Osteopathic Board of Pathology

incident scene

Location at which a fatal injury or fatal sequence of events was initiated. This may or may not be the location where the death was pronounced

jurisdiction

- (1) Legal authority to make legal decisions and judgments regarding a death, including performance of autopsy, as well as investigation and certification of cause and manner of death.
- (2) Geographic area in which a medical examiner or coroner’s authority applies.

manner of death

Classification system based on the circumstances under which death occurred; usually consists of accident, homicide, natural, suicide, and undetermined. These manners are then used for public health and vital statistics purposes

medical examiner

Appointed forensic pathologist whose duty is to oversee medicolegal death investigations, perform postmortem examinations, and certify cause and manner of death. In some jurisdictions, individuals with other qualifications hold the title “Medical Examiner”, but for purposes of this document those individuals are considered medicolegal death investigators

medicolegal death investigation

Formal inquiry into the circumstances surrounding the death of a human being; investigative information is considered with autopsy findings and adjunctive studies (if performed) to determine the cause and manner of death

medicolegal death investigation authority

Person or persons whose duty it is to perform medicolegal death investigations for a designated jurisdiction, and ensure certification of cause and manner of death; duties vary based on local enabling statutes

medicolegal death investigation system

The statutorily established infrastructure (e.g., county coroner or state medical examiner) that exists to conduct medicolegal death investigations within a defined geographic area

medicolegal death investigator

Individual who has completed the requirements for Certification (Registry or Board) by an accredited credentialing body or performs medicolegal death investigations

on scene

When the location at which a death is pronounced and at which the decedent’s body is located is the same as the incident scene

organ procurement organization (OPO)

Organization that engages in various aspects of organ donation and recovery and supports organ placement within their federally designated service area and the transportation of organs to other regions. An OPO may also function in areas of tissue recovery, tissue banking, eye recovery, and eye banking. The OPO works with transplant centers and the United Network of Organ Sharing (UNOS) to appropriately place organs with patients awaiting a transplant

tissue procurement organization (TPO)

Organization that engages in various aspects of tissue donation and is licensed, accredited, or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage, or distribution of tissue

4 Recommendations

4.1 Background

After an MDI authority has initially determined jurisdiction based on local and state statutes and office policy, a thorough medicolegal death investigation often continues with response to the death location and/or incident scene. This includes a preliminary body evaluation to document findings that may be useful in aiding the determination of cause and manner of death, identification of the decedent, or to help identify and locate next of kin. The principles of the National Institute of Justice’s *Death investigation: A guide for the scene investigator (technical update)* should be followed once at the location(s). This includes providing written documentation of all findings, as well as photographs and/or video to become part of the MDI authority case file.

There are several factors to consider when determining if a scene or incident response by the MDI personnel is necessary. These include the initial presumptive case manner/circumstances (as described below in section 4.2) the category of decedent (as described below in section 4.3) and the type of location of the death (as described below in section 4.4). Guidance for each of these categories are presented in this section to be used to determine if a scene response is warranted in that particular case.

Recognizing at times that a death is not reported proximal to the death and/or injury, and the body may have been moved and/or evidentiary issues are no longer a concern, the following caveats apply as exceptions to the procedures described below-

Delayed deaths (days to years following release from the initial hospitalization) –

Evaluate case-by-case, but generally unless in a long-term medical facility, MDI personnel should respond to evaluate and ensure no competing issues; also applying the guidelines in sections 4.2 and 4.3.

Cases with a delay in reporting to the MDI authority, often after the body has been moved to a mortuary or funeral home (sometimes called backwards cases) –

Evaluate case-by-case, depending on the need to collect evidence (i.e. sexual assault kit), but generally response is not necessary.

Nothing in this document is intended to prohibit the MDI authority from allowing the staff of an operating room to move a decedent to another secure location within the hospital in order to utilize that operating room for additional procedures. The MDI authority should have agreements with hospitals that establish guidelines for this to happen, and should consider formalizing the agreements.

In jurisdictions where law enforcement personnel at the incident scene do not permit access to it by the MDI personnel, the MDI authority should develop MOUs with these jurisdictions to gain this access, as it can provide valuable information for the death investigation.

The decision to respond or not does not relieve the MDI authority of responsibility to respond to collect admission blood samples when available. MDI authorities should consider developing MOUs with their local hospitals to address retention of admission blood samples.

4.2. Considerations for scene response based on initial presumptive case manner or circumstances

Once an MDI authority has determined case jurisdiction, one of the next steps in a death investigation is to determine if a scene response is needed. A scene response should occur in a timely manner due to concerns of postmortem changes, as well as concerns of loss of evidence or changes in the scene environment. The timeliness of response will be affected by resources and geography, but offices should take steps to attempt to minimize response times. This section will provide best practice recommendations for evaluating MDI personnel response based on the suspected type of death.

4.2.1 Deaths by homicide or with suspicious circumstances

4.2.1.1 MDI personnel should respond to all deaths that are on scene.

4.2.1.2 MDI personnel should respond to the location of death in an emergency department (ED), and to the incident scene if it has not been cleared.

4.2.1.3 MDI personnel should respond to the location of death in the operating room (OR) for acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been cleared.

4.2.1.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent (i.e. sexual assault kit).

4.2.1.5 This would include anytime other involved agencies express a concern that the death might have been related to homicidal violence.

4.2.2 Deaths by suicide

4.2.2.1 MDI personnel should respond to all deaths that are on scene.

4.2.2.2 MDI personnel should respond to the location of death in an ED, and to the incident scene if it has not been cleared.

4.2.2.3 MDI personnel should respond to the location of death in the operating room (OR) for acute trauma, or proximal to coming to the hospital, and to the incident scene if it has not been cleared.

4.2.2.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent but generally response is not necessary.

4.2.3 Accidents, to include drowning and electrocution

4.2.3.1 MDI personnel should respond to all deaths that are on scene.

4.2.3.2 MDI personnel should respond to the location of death in an ED, and to the incident scene if it has not been cleared.

4.2.3.3 MDI personnel should respond to the location of death in the operating room (OR) for acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been cleared.

4.2.3.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent but generally response is not necessary.

4.2.4 Traffic related incidents

4.2.4.1 MDI personnel should respond to all deaths that are on scene.

4.2.4.2 MDI personnel should respond to the location of death in an ED, and to the incident scene if it has not been cleared.

4.2.4.3 MDI personnel should respond to the location of death in the operating room (OR) for acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been cleared.

4.2.4.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent but generally response is not necessary.

4.2.5 Work related incidents

4.2.5.1 MDI personnel should respond to all deaths that are on scene.

4.2.2.5 MDI personnel should respond to work-related deaths that occur in an (ED), and to the incident scene if it has not been cleared, unless they are a clearly witnessed event consistent with a natural death and the decedent has history to support the natural death.

4.2.2.5 MDI personnel should respond to the location of death in the operating room (OR) for deaths with trauma that is acute or proximal to coming to the hospital, and to the incident scene if it has not been cleared.

4.2.2.5 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent but generally response is not necessary.

4.2.6 In Custody and/or during law enforcement interaction

4.2.6.1 MDI personnel should respond to all deaths that are on scene.

4.2.6.2 MDI personnel should respond to the location of death in an ED, and to the incident scene if it has not been cleared.

4.2.6.3 MDI personnel should respond to the location of death in the operating room (OR) for acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been cleared.

4.2.6.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent but generally response is not necessary.

4.2.7 Suspected overdose or drug related

4.2.7.1 MDI personnel should respond to all deaths that are on scene.

4.2.7.2 MDI personnel should respond to the location of death in an ED, and to the incident scene if it has not been cleared.

4.2.7.3 MDI personnel should respond to the location of death in the operating room (OR) for acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been cleared.

4.2.7.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent but generally response is not necessary.

4.2.8 Fire related deaths

4.2.8.1 MDI personnel should respond to all deaths that are on scene.

4.2.8.2 MDI personnel should respond to the location of death in an ED, and to the incident scene if it has not been cleared.

4.2.8.3 MDI personnel should respond to the location of death in the operating room (OR) for acute trauma or proximal to coming to the hospital, and to the incident scene if it has not been cleared.

4.2.8.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent but generally response is not necessary.

4.2.9 Surgical misadventures

4.2.9.1 Generally an incident or scene response is not necessary in a hospital setting, but MDI personnel should respond to the incident location if it is in an outpatient setting.

4.2.10 Contagious diseases

4.2.10.1 Generally an incident or scene response is not necessary except for other reasons stated in this document. These decisions should be coordinated with relevant public health agencies in cases of outbreaks or new/emerging diseases.

4.2.11 Natural deaths

4.2.11.1 MDI personnel should respond to all deaths in public view.

4.2.11.2 MDI personnel should respond to the location of death in the ED if there is not a physician to certify the death and a witnessed terminal event consistent with natural disease process, and to the incident scene if it has not been cleared.

4.2.11.3 It is generally not necessary to respond to the operating room (OR) or for in-patient (IP) death except for other reasons stated in this document.

4.2.12 Multiple deaths

4.2.12.1 MDI personnel should respond to all deaths where two or more are deceased, regardless of the circumstances, unless unrelated and in different rooms of a care facility.

4.2.13 Suspicious deaths

4.2.13.1 MDI personnel should respond to the location of the decedent anytime other involved agencies (such as law enforcement or hospital staff) have a concern that the death might be due to other than natural causes.

4.3 Considerations for scene response based on the decedent(s)

A case may not fall under one of the above listed types of cases but still should have MDI personnel respond. This section will provide best practice recommendations for evaluating MDI personnel response based on the type or profile of the decedent.

4.3.1 Child/infant (through age 17) unless the child is under hospice care for a natural disease or has fatal health conditions and a physician is able to certify the death certificate.

4.3.1.1 MDI personnel should respond to all on scene deaths in this classification.

4.3.1.2 MDI personnel should respond to all deaths in this classification in the emergency department (ED), and respond to the incident scene if it has not been cleared.

4.3.1.3 MDI personnel should respond to all deaths in this classification in the Operating room (OR) if it is proximal to just coming to the hospital.

4.3.1.4 MDI personnel need to evaluate deaths of Inpatients (IP) or the OR in conjunction with an extended stay on a case-by-case basis, depending on the need to collect evidence from the decedent and/or interview family. Best practice includes still responding to the home for a doll reenactment and scene visit, even if delayed, on infants.

4.3.2 Persons in custody

4.3.2.1 MDI personnel should respond to all deaths in which the decedent was in either direct or indirect contact with law enforcement such as during incarceration, apprehension, or pursuit.

4.3.3 Bones/specimens

4.3.3.1 MDI personnel, which may include a forensic anthropologist, should respond to all found bones/specimens, unless by looking at clear photographs with a scale it is obviously non-human (e.g. tail, wing, not biologic material).

4.3.4 Decomposed or charred remains

4.3.4.1 MDI personnel should respond to all decomposed and charred decedents.

4.3.4.1.1 The standard for the level of decomposition that requires a response is if visual identification of the decedent is questionable or they are visually unidentifiable.

4.3.5 Unidentified remains

4.3.5.1. MDI personnel should respond to all unidentified decedents.

4.3.5.1.1 On Hospital IP, only if hospital social workers/personnel have been unable to make positive identification (such as through property/evidence or law enforcement assistance with fingerprints).

4.3.6 Organ donor/OPO or TPO involvement (pre procurement)

4.3.6.1 MDI personnel should respond to document the remains prior to procurement if it is a case where the office will be accepting jurisdiction of the remains.

4.3.6.1.1 Arrangements may be made with OPO/TPO that their personnel may obtain photographs and specimens on behalf of the MDI authority in lieu of a response.

4.3.7 High profile circumstances

4.3.6.1 MDI personnel should respond to the death location and to the incident scene if it has not been cleared.

4.3.7.1.1 The definition of high profile may differ by jurisdiction, but consideration should be given to high level government officials, and high profile political, entertainment, athletic or controversial figures, or scene circumstances.

4.3.8 Multiple decedents

4.3.8.1 MDI personnel should respond when there are two or more decedents at a location, other than a hospital or long term care facility.

4.3.8.2 MDI personnel should respond to the ED when there are two or more decedents brought in from the same location.

4.3.8.3 If there are multiple victims known, even if only a single fatality, best practice should still be for MDI personnel to respond to the death location and to the incident scene if it has not been cleared.

4.3.9 Hospice patients

4.3.9.1 MDI personnel should respond to all unnatural deaths if the event was not the reason for their admission to hospice (i.e. hospice patient dies by suicide, has a fall or other traumatic event, or suspected euthanasia if not legal and medically supervised), or if hospice personnel has concerns the death is not directly related to the condition for which they are on hospice care.

4.3.10 Without an independent physician

4.3.10.1 MDI personnel should respond to all deaths if the decedent is not under the care of a non-related healthcare provider; either by blood, marriage, or intimate friendship.

4.3.11 Unattended deaths

4.3.11.1 When a death is outside of a healthcare setting, the scene response should be handled according to established office policy, which may be dictated by jurisdiction & state mandates, assuming no other category in this best practice recommendation applies.

4.4 Considerations for scene response based on the type of location of death

A case may not fall under one of the above listed types of cases but still should have MDI personnel respond. This section will provide best practice recommendations for evaluating MDI personnel response based on the type of location of the death.

4.4.1 Emergency Department (ED)

4.4.1.1 In the case of suspected unnatural death, MDI personnel should respond to all deaths in the ED and also respond to the incident scene, if any evidence remains and it has not been cleared. For natural deaths, MDI personnel should respond if there is not a physician to certify the death and a witnessed terminal event consistent with natural disease process.

4.4.2 Operating Room (OR)

4.4.2.1 For natural deaths and/or surgical misadventures, there is generally no need for MDI personnel to respond to the OR. For non-natural deaths, if proximal to initial presentation to the hospital, then MDI personnel should respond to the death scene, as well as respond to the incident location, if potential evidence remains. If, after an extended stay, there is an OR death, it is only necessary to respond if there is potential evidence to be collected or the location to be assessed.

4.4.3 Inpatient (IP)/Outpatient (OP) following IP stay

4.4.3.1 It is generally unnecessary for MDI personnel to respond to these deaths, unless there is evidence to be collected, such as admission blood, or it is believed that the injury (such as overdose or fall) occurred at the hospital, and was proximal to the death. An example of evidence that would necessitate a response would be if a sexual assault kit is indicated but not already collected, or any other evidence necessary to be collected in a timely manner or any evidence not securely contained within the body itself (i.e., a screwdriver in the head that might need to be examined in case it is dislodged during transportation, and as part of the examination can also be better secured to protect it during transportation).

4.4.4 Residential

4.4.4.1 MDI personnel should respond when someone dies alone at a residence.

4.4.4.2 Transitional or supportive residences would be handled accordingly

4.4.5 Assisted living/board & care/hospice

4.4.5.1 MDI personnel should respond to all unnatural deaths, no matter how remote the death from the incident, when there are potential criminal implications or if there are any concerns about care provided to the decedent.

4.4.6 Jail, prison or other incarceration settings

4.4.6.1 MDI personnel should respond to all deaths within a custodial setting.

4.4.7 Sober living and/or drug/alcohol rehabilitation facilities

4.4.7.1 MDI personnel should respond to all deaths within sober living and/or drug/alcohol rehabilitation facilities.

4.4.8 Hotels/Motels

4.4.8.1 MDI personnel should respond to all deaths in hotels/motels.

4.4.9 In Vehicles

4.4.9.1 MDI personnel should respond to all deaths in vehicles and other forms of transportation.

4.4.10 In Public View

4.4.10.1 MDI personnel should respond to all deaths in public view.

4.4.11 Child Day Care Settings

MDI personnel should respond to all deaths in children's day care settings

4.4.12 Other Locations

4.4.12.1 Assuming no other category in this best practice recommendation applies, when a death is in another type of location, handle the scene response according to established office policy, which may be dictated by jurisdiction & state mandates.

5 Bibliography

Centers for Disease Control and Prevention (CDC). Death Scene Investigation After Natural Disaster or Other Weather-Related Events Toolkit: First edition. Atlanta (GA): CDC; 2017.

Davis, G., National Association of Medical Examiners Position Paper: Recommendations for the Investigation, Diagnosis, and Certification of Deaths Related to Opioid Drugs. 2019

Department of Health and Human Services, Centers for Disease Control and Prevention, *Sudden, Unexplained Infant Death Investigation; Guidelines for the Scene Investigator*. Atlanta, GA. 2007. Available at: https://www.cdc.gov/sids/pdf/curriculumguide_tag508.pdf

IACME. *Accreditation Standards*. International Association of Coroners and Medical Examiners. <https://theiacme.com/page/accreditation>. 2021

Melinek, J., Thomas, L., Oliver, W., Schmunk, G., Weedn, V., and the National Association of Medical Examiners Ad Hoc Committee on Medical Examiner Independence. National Association of Medical Examiners Position Paper: Medical Examiner, Coroner, and Forensic Pathologist Independence. *Acad Forensic Pathol*. 2013 3 (1) 93-98

Mitchell Jr., R., Diaz, F., Goldfogel, G., Fajardo, M., Fiore, S., Henson, T., Jordan, M., Kelly, S., Luzi, S., Quinn, M., Wolk, D. National Association of Medical Examiners Position Paper: Recommendations for the Definition, Investigation, Postmortem Examination, and Reporting of Deaths in Custody. 2017

NAME Policies and Procedures, Inspection and Accreditation Policy. <https://name.memberclicks.net/assets/docs/NAME%20Accreditation%20Autopsy%20Facilities%20Checklist%202019%20-%202024.pdf>. Accessed Nov 22, 2021

National Center for Health Statistics. A reference guide for certification of deaths in the event of a natural, human-induced, or chemical/radiological disaster. Hyattsville, MD. 2017.



*OSAC 2022-N-0027 Medicolegal Death Investigation
Response to Death Locations and Incident Scenes:
Best Practice Recommendations*

Rocha LA, Fromknecht CQ, Redman SD, Brady JE, Hodge SE, Noe RS. Medicolegal Death Scene Investigations After Natural Disaster- and Weather-Related Events: A Review of the Literature. *Acad Forensic Pathol.* 2017 Jun 1;7(2):221-239.