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CHAPTER 2

Onsite Investigation

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Most professional death investigators perform examinations of the location where a body is found. This examination is an important part of any death investigation involving drug abuse and should be performed whenever practical, even if the body is no longer at the site. Since the investigator cannot know whether or not the case involved drug abuse when the death is reported, it is well to proceed as if all cases involved drug abuse.

The examiner of the site does not necessarily have to be a physician, but he should have some degree of experience or training and a high degree of suspicion. This section will present a few guidelines for onscene or onsite investigation. In doing so, it will be assumed that the reader has already acquired some knowledge of general investigative techniques and report writing and can exercise some degree of selectivity in observation, recording, and reporting. No guidelines can be promulgated that will cover all jurisdictions and all periods of time. There can be no substitute for local courtroom experience, which will reveal the type of questions most likely to be asked by the local lawyers, and for "street experience," which will reveal the habits and customs of the local drug abusers. The investigator in a specific case must be flexible and meet the local needs.

AUTHORITY

Authority and direction are important facets of any activity. In most jurisdictions, although the medical examiner or coroner controls the scene of death according to law, there has been considerable dilution of this authority because of the dependence upon police units at various levels. Policy must be established and a specific official must take responsibility to investigate deaths. Confusion as to "Who's in charge here?" can only lead to loss of evidence, conflicting testimony, and decreased credibility. It actually matters little what title the authority carries, so long as there is an opportunity for coordinated, experienced, objective death investigation. This authority must be decided in advance of the report of a death. Upon discovery or reporting of any death a specific official must be notified so that a team of death investigators can be dispatched to the scene in a coordinated manner.

PHOTOGRAPHS

One of the more important members of this death investigating team should be a professional photographer, who has no obligation other than to photograph the scene in great detail. Most jurisdictions admit photographic evidence at time of trial. However, there are many which still incorrectly assume that black-and-white photographic prints are more objective, less inflammatory evidence than color prints or transparencies. This is an unfortunate attitude, since juries viewing such black-and-white prints are apt to assume that any darker areas on the pictures are either bruises or blood, when in fact they are dirt or some other variety of stain. There can be no question that color transparencies are the most accurate and fair way to preserve the appearance of a scene. However, they should be supplemented by black-and-white prints in those as yet unenlightened jurisdictions in which color prints or transparencies will be inadmissible at trial. The education of the bar and judiciary in this respect can be properly a function of the medical examiner or coroner.

Good, accurate onscene photographs will serve not only as evidence in a particular case, but also as a means of teaching, within the

office as well as outside of the death investigation establishment. Even if they are not admitted into evidence, they serve to refresh the memory prior to testimony, and as a reference, should any question arise as to the accuracy or completeness of the report.

The photographer should be trained to take all the necessary photographs plus one. The "plus one" is the one which will become necessary in the future. Therefore, the philosophy of the photographer should be: Take more pictures than you think you will need; take pictures before and after the body is removed; take pictures from several angles to define relationships in three dimensions which are not revealed on the flat photograph; film is cheap, but no amount of money will recreate the scene once it has been broken.

LOCATION OF SITE OF DEATH

The initial report of death begins the process of investigation. A report of a known drug abuser found dead under any circumstances should be considered as a drug-related death until proven otherwise, and onscene investigations should be conducted. The death of any young person with no medical history, especially if not at home, is cause for suspicion and should be investigated, even if it might eventually be determined to be a non-drug-related, natural death.

In some jurisdictions there may be streets or areas which are popular for the disposition of the bodies of drug abuse victims who die while at a party. These may vary from the lonely areas at the periphery of large airports or the county dump, to a densely populated area adjacent to a hospital emergency facility. In some communities there may be a location within a building which is favored for the dumping of such bodies. In New York City, for instance, bodies are commonly found in the small foyer of the typical brownstone-front house, while the stairwells of high-rise apartment buildings serve as a dumping area in most large cities. In all communities, however, the bathroom has nc rival as a place of privacy and, therefore, is used by the intravenous drug abuser as the location of choice to inject and also to conceal paraphernalia and drugs. Thus, any young person found dead in the bathroom should be considered as a drug-related death till proven otherwise. This attitude must be tempered by the fact that a great proportion of natural deaths also occur in the bathroom, but most of these are in the older age group.

In discussing the locations of death one must not ignore the hospital. A drug abuser may die from a direct or indirect complication of drug abuse. When the complication produces a prolonged hospitalization, the underlying drug abuse problem may be overlooked or forgotten by the physician who finally pronounced the patient dead. It is good to maintain a high degree of suspicion and investigation of the scene where the person was originally found comatose or ill may be worthwhile, even though the deceased may have survived for a prolonged period in the hospital.

One must also recognize the inadequacies of hospital security. Patients in hospitals receive and use illicit drugs and can die as a result. The fact that patients are in the hospital does not protect them from being murdered, and suicides in hospitals are not unusual.

Once having made the decision to perform an onscene investigation, and having arrived at the scene, the death investigator must make and record certain observations which are useful regardless of the nature of the case. The first is the geographic location or address. This is easy if the scene is in fact a building with a street address, but in sparsely populated areas, it may require long distance measurements, map coordinate references, etc. It is always necessary to be as specific as possible in defining the location.

Next a description of the area is required. If outdoors, a description of the nature of the terrain and the soil and the adjoining ground features or plants or trees is necessary. If indoors, a general description of the architecture of the building and a detailed description of the room in which the body is located are indicated. There may be evidence that there was activity related to the death in some other room as well, and, if so, this room should also be described in detail. A detailed description should include the shape of the room, the location of windows, doors, and furniture and the decor, as well as any other features that may relate to the death.

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Beyond these descriptions and observations which should be made in any case, one of the important questions to be answered in connection with drug abuse deaths is whether or not the death took place at the area where the body was found or whether death took place elsewhere and the body later dumped in the area where it was found. Therefore, a search for drag marks must be made. This applies to both outdoor and indoor scenes. In outdoor scenes, the drag marks may lead to tire tracks of a vehicle used to transport the body. Disarranged clothing or scuffing of the shoes confirm the necessity to find drag marks. Drag marks are characteristically a double, roughly parallel set of marks that are produced by the heels or toes of a body while being dragged by the shoulders. However, be alert for a wide "swath" of disturbed foliage, rug nap, or dust which may be produced when a body is dragged by the feet. In rare instances a body may be dragged first by the feet and then by the shoulders, or vice versa. This makes for a very confusing set of patterns, which can only be sorted out with patience.

LOCATION OF DRUGS (OR PARAPHERNALIA) AS POSSIBLE CAUSE OF DEATH

After suitable observation for drag marks, the death investigator may be in a position to conclude that there may have been drug abuse involved. If so, efforts should be directed to locate a cache of drugs or paraphernalia. Great imagination is used by abusers in the concealment of this material. The only general guide possible is that the abuser tries to find a hiding place which he believes investigators will either ignore because it is not usually considered as a place of hiding or will not investigate because of its difficulty of access.

Drug-related material has been concealed in cereal boxes, cans of baby powder, infant's diapers (while on or off the infant), mattresses, upholstered furniture, false ceilings, floors, walls, plumbing of all kinds, hollowed-out books, telephone instruments, typewriters, umbrellas, hollow shoe heels, wigs, face cream jars, apparently full soft drink cans, and numerous other places. (The abuser who simply uses a cigarette package to carry drug-related material is singularly lacking in imagination, and, one almost suspects, is anxious to be caught.) Never fail to inspect the toilet bowl and water closet for drugs taped to the bottom and under-surfaces. Look underneath any free-standing bathtub, and especially up under the overhang of old-fashioned bathroom sinks. In general, special attention to the fixtures of the bathroom will be rewarding. In examination of upholstered furniture, look for signs of removal of upholstery tacks, or opening of seams, and turn furniture over to check the springs and webbing. Electronic entertainment devices such as record players or television sets should be inspected for signs of tampering. Screws which have been removed frequently will show scratches in the slots and on the material adjacent to the screws. Light fixtures and lamp stands, washing machines and dryers, toasters and electric mixers, ovens and stoves, heaters and air conditioners should not be overlooked.

One trick which has been used is to tie the illicit material in a bag and suspend the bag out of a window which is left closed. When the unwary investigator opens the window, the string is released allowing the bag to fall to the ground, thus loosing the evidence. The abuser, however, merely holds on to the string while opening the window to retrieve the illegal material.

When inspecting furniture with drawers, be sure to remove the drawer completely and inspect the sides, end, and bottom, as well as the inside of the furniture after the drawer is removed. Removable shower heads, douche bags and their hoses, medicine bottles, and liquor containers that appear to be sealed should also be scrutinized. In bathrooms there is commonly an access door leading to the controls of the various plumbing appliances. This should be inspected for signs of tampering since there is usually a large space available for storage there. Filing cabinets, business machines, cameras, and photography equipment have been used to store materials. Statuary (even solid-appearing items) or other decorations should be considered as possible hiding places. As can be judged by the great variety of specific items mentioned in this partial list, hiding places are limited only by the imagination and ingenuity of the abuser.

While examining for hiding places, the death investigator should also be noting the quality and quantity of such items as food

and liquor supply, library, the style and condition of furniture and decor. Astute evaluation of these items will give significant and reliable clues as to the lifestyle of the decedent which may clarify the circumstances of death. Posters depicting political and social attitudes are often seen in pads and give explicit information concerning the resident and the lifestyle prevalent.

In cases where death is acute and related to intravenous drug abuse, frequently the abuser will not have had time to re-conceal his drug cache or paraphernalia prior to his collapse. Thus, glassine envelopes, syringes, needles, bottle caps or other types of devices used such as cookers, cotton pledgets, and burnt matches may be seen. Sometimes the tourniquet or other constrictive device may be dropped after the collapse, and syringes may sometimes fall, although they are most commonly still in the injection site or grasped in the hand. Another clue found in the vicinity of some drug-related deaths is the "telltale tablet." This phrase is used to designate the presence of a single capsule or tablet present adjacent to the body, usually lying free, but possibly in a medicine vial, on the night table, or on the bedding or floor. This finding is frequent in suicide by drugs regardless of whether the victim is a drug abuser. The single dose is usually a sample of the medication which was used to produce the fatal result. Although there may be speculation over the exact reason why the person planning suicide leaves this type of clue, this author is not aware of any satisfactory explanation. It should be noted that the presence of the "telltale" is not generally public information, so that the suicide is not merely copying from the style of other suicides. Suicides among drug abusers may be precipitated by various legal processes and the fear of confinement. Thus, the finding of some type of legal paper compelling an appearance in court and found adjacent to the body may be the equivalent of a suicide note.

MANNER OF DEATH BY DRUGS

There is no question that drug abusers have significantly higher suicide rates than nondrug abusers. Even in the absence of significant statistical studies, anyone who has had experience in modern death investigation will confirm this premise. It may even be true that the abuse of drugs, especially those recognized as dangerous, may be a symptom of the variety of psychiatric abnormalities known to produce some suicides. This is especially important to bear in mind as we try to classify the manner of death in which the cause of death is related to the acute effects of an intravenous injection. In such cases, toxicologic analyses do not always permit us to specify the exact dosage of drug, and we frequently do not know the usual dose of drug either in the street bag or in the usual injection for a particular abuser. Thus we can never eliminate the possibility that the abuser decided to commit suicide and administered several doses at once, realizing and expecting that it would produce death. This is further confused by the fact that we really do not have a clear idea of how death is produced in the so-called overdose for which we are very rarely able to demonstrate a large excess of drug material.

OBSERVATIONS OF THE BODY

After description of the environment, certain general observations of the body should be made in any death investigation. These include the position of the body relative to the environment and the position of the limbs with reference to the body. The clothing should be inspected for general descriptive purposes and for tears, cuts, or perforations which may be correlated with injuries to the body. From general observations of the clothing, conclusions as to the lifestyle may be drawn. Suspicion of intravenous drug abuse should be aroused when a long-sleeve garment is worn when the weather does not justify it. A sleeve that is severely wrinkled, in contrast to the other sleeve, may have been used as a makeshift tourniquet. The contents of the pockets can be analyzed chemically and microscopically for drugs and illegal plant products. Very rarely, expensive or highly concentrated illegal drugs may be concealed in seams or other aspects of clothing.

Dragging of the body will produce changes in the clothing and body which can be very confusing if the investigator does not realize their cause. Assuming that a body is dragged by the feet, the primary pressure area will be

the thorax, and the clothes around the thorax will be pushed upward. In addition to possible exposure of the breasts in females, numerous parallel superficial abrasions or scratches will be inflicted on the surface which is lower. In the case of dragging by the shoulders, the clothes of the lower body may be pushed downward and similarly expose genitalia and inflict abrasions. Should the surface be extremely rough or contain sharp stones, these abrasions can be deep. Confusion can be severe if the body is dragged by both shoulders and legs, thus exposing the breasts and genitalia and causing multiple abrasions. This situation must be distinguished from a rape murder, which can of course occur to a female drug abuser just as it can to a nondrug abuser. Clothes that are pushed out of place by dragging usually are rolled rather than folded, and bits of earth, stone, or lint may be caught in the rolled clothes, giving the clue that dragging took place. They will rarely be torn as they usually are in rapes.

The body itself will show the characteristic, parallel, vertically oriented abrasions if it has been dragged over rough surfaces. These usually occur on the thorax, front or back, and on the buttocks. The characteristic to look for is a series of parallel abrasions, oriented roughly from head to toe or vice versa. It is always worthwhile to explore these abrasions with a hand lens and to retain samples of any foreign material for comparison to the suspect surface.

Other observations of the body which should be made after the clothing is examined include an estimation of rigor and livor mortis, as well as external temperature and degree of decomposition. Internal temperature should be taken in selected cases by utilizing a large but accurate thermometer specially designed to puncture skin and detect the temperature in the liver. The ambient temperature should be obtained by thermometer and inquiry made as to the temperature of the area where the body is located over the preceding few days if applicable. Information as to open windows and doors and the setting of thermostats is often useful.

The first specific item which should be looked for in drug abuse cases is, of course, needle marks and scars. Most intravenous drug injections are made with a very small 26 gauge needle, which is designed for intradermal injection. If there are only a few relatively recent injections, not associated with peripuncture hemorrhage, it may be necessary to use a magnifying lens to detect the punctures. In most chronic addicts, of course, there is no difficulty in detecting the tracks, but in some instances a chronic addict may conceal the puncture at unusual anatomic sites. Among the unusual places are in and around the genitalia, umbilicus, nipples, tongue (mouth in general), axillae, and scalp. In addition to the linear scars of intravenous drug use, the flat, ovoid or circular scars resulting from infected or otherwise necrotic lesions following the unsterile injection of drug material subcutaneously are sometimes seen. Some who apparently do not care whether or not their puncture sites are seen may use the jugular vein in the neck to inject!

Other items of external examination which may be seen in drug abuse cases are those related to nervous tension, such as short irregular edges of the fingernails characteristic of biting, or yellow staining of the fingers characteristic of excessive smoking. Of course, the body should be thoroughly examined for injuries, identifying marks, and scars. Detailed notations of such things as pupillary diameter should be made, even though this is not a reliable postmortem sign of drug abuse.

Finally it is always wise to make a notation of the time at which the body was removed from the scene and the time at which the investigator left the scene. We have purposely omitted mention of the "time of pronouncement of death" since this time is often overemphasized. Such a time should be used with caution when it comes to onscene reports. It can *not* mean that the person died suddenly at that particular time, and unless the death investigator emphasizes that fact and makes inferred estimates of just when death did occur, it may be misused at time of trial.

IDENTIFICATION

The word *identification* in the jargon of the death investigator has two separate meanings. One meaning is knowing the name, address, and history of the dead body and is a crucial factor to the investigative process, especially in drug abuse cases. The other meaning refers

to a more formal statement of a relative or friend accepting the responsibility for disposition of the remains. We will not discuss the second meaning in detail, since each jurisdiction already has well-established procedures for accomplishing this, once the name and background of the deceased have been established.

Discovering the name of the deceased, however, varies in difficulty from the easy task of reading the contents of a wallet to extremely complex investigations requiring ingenuity and flashes of inspiration. Certainly every effort should be made at the scene to identify the deceased. This includes the examination of the contents of the pockets and the interview of any pertinent witness if present. If the face of the deceased is not decomposed or otherwise unrecognizable, it is appropriate and advisable to ask witnesses at the scene to attempt a visual identification. Caution should be exercised, however, where the facial features are distorted. The emotional distress of the witness may lead to false negative identifications.

If, after an onscene investigation, there is no identification, then the next usual step is fingerprinting if possible. If this is unsuccessful, a variety of other methods is possible. Many of these will involve the media. Most news media are very willing to cooperate especially if the death is dramatic or otherwise newsworthy. In using this method, one must always withhold several crucial features from the media, to help eliminate the many false positive identifications that result from this method.

FORENSIC PATHOLOGIST

There can be no debate as to the value of a well-trained, interested forensic pathologist as the leader of the onscene investigative team. However, there is also no debate that there is a shortage of forensic pathologists to accomplish this in all jurisdictions. Each community can only purchase the expertise consistent with its laws and budget. Therefore, we recognize that many jurisdictions will not have any forensic pathology services available and some will not be able to interest the hospital pathologists of the community in participating in the onscene investigation.

Hospital pathologists can be made enthusiastic for onscene investigation and forensic autopsy work in direct proportion to the amount of information and confidence they are given. Assuming that a pathologist is not a member of the onscene team, a competent, interested pathologist must be brought into the case as quickly and intelligently as possible. No pathologist should ever be requested to perform an autopsy in vacuo! This is even more important in cases of drug abuse. If pathologists are to be of any value to the death investigation, they must be supplied with all of the available information. The pathologist can exercise discretion as to which information is trivial and which is important. The only satisfactory method to transmit this information is by telephone at such times as both parties are reasonably alert. This means that if the pathologist does not usually go to the scene or do the autopsy till morning anyway, there is no point to calling at 2:30 a.m. with a detailed report. In general, the sleepy pathologist, in bed, is not in a position to receive information and make reasonable notes. The same applies to the pathologist who is working on a "frozen section" at 8:30 a.m. The death investigator in charge should know how and where to contact the pathologist who will be responsible. In any event, it is not wise for the pathologist to perform without complete information, since this is one of the best ways to discourage pathologists from participating in any forensic work at all.

Having defined the relationship of the pathologist, there is another matter to emphasize since we have recommended a telephone call for that purpose. That matter deals with the transportation of the body and its arrival at a morgue. Most jurisdictions prohibit transportation of bodies without either a death certificate or some document from the official responsible for death investigation in that jurisdiction. The latter is often a formal "pronouncement of death," but need not be so formal. It must, however, specify the body involved and can merely state the time of removal and the location of the scene, since the body will remain under the control of the death investigator anyway until after the autopsy. Once again, if the death investigator is obtaining the cooperation of a hospital or funeral director, common courtesy dictates

that a phone call supplement the document so that a hospital morgue or funeral director will not be surprised by the sudden, unannounced arrival of a body.

CHAIN OF CUSTODY

Custody in death investigations involves effects of deceased persons and evidence. Since any death investigator must frequently be responsible for effects in many types of cases, we will not elaborate on the necessity of witnesses to search a body or premises and to prepare appropriate receipts for anything taken.

Evidence, however, is another matter. The transfer or transport of all evidence must be associated with specific receipts, which document where, when, and how a specific person came to acquire the specific evidence. This must be supplemented by reports if any analyses were made while in possession of the evidence. Finally, a receipt is obtained when the evidence is passed on to another person. In general, it is desirable to keep the chain of possession of evidence as short as possible, and, therefore, a representative of the agency that will eventually analyze evidence should be a member of the onscene team and should take possession of evidence at the scene. When this is not practical, the evidence should be passed on as soon as possible with detailed descriptive receipts to the specific agency that will analyze it, whether it be illegal drugs for toxicologic analysis, material for fingerprint analysis, or ballistic specimens.

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