Death Investigation

359.1 PURPOSE AND SCOPE

The investigations of cases involving death include those ranging from natural cause to homicide. Some causes of death may not be readily apparent and some cases differ substantially from what they appeared to be initially. The thoroughness of death investigations cannot be emphasized enough. The purpose of this policy is to provide initial responding officers with guidelines for conducting preliminary investigations of deceased persons.

359.1.1 POLICY

Reported deaths of persons, other than those under the immediate care of a physician at a hospital or similar health care facility, shall be responded to by officers of this department for investigation and for purposes of providing basic assistance to survivors. It is the responsibility of responding officers in cooperation with homicide investigators, emergency medical responders, physicians, and the medical examiner to establish the manner of death whether naturally, by accident, suicide, homicide, or unknown causes.

In so doing, officers shall approach the investigation of any death that is not attended by a physician in a health care setting as a potential homicide, regardless of how it is reported, and shall follow procedures as detailed in this policy to assist in determining the cause and manner of death.

359.2 INVESTIGATION CONSIDERATIONS

Death investigation cases require certain actions be taken. Paramedics shall be called in all suspected death cases unless the death is obvious (e.g., decapitated, decomposed). A supervisor shall be notified in all death investigations. When responding to death cases officers shall, based on the circumstances, perform the following:

(a) Identify and arrest any perpetrator(s) if present.

(b) Ensure officer safety and the safety of others by safeguarding any weapons at the scene.

(c) Administer emergency first aid if necessary and/or summon emergency medical personnel.

(d) Death can only be determined in an official capacity by a physician. However, in cases involving unmistakable evidence of death (e.g., the presence of lividity or rigor mortis), emergency medical personnel need not be summoned.

(e) If the officer determines that the person is dead, the factors surrounding that determination shall be entered into the officer’s report.

(f) Officers shall resolve any doubt concerning the life or death of a subject by summoning appropriate medical assistance.
(g) Where emergency medical personnel are on the scene or have been summoned, provide such personnel with as much latitude as possible to deliver emergency medical services notwithstanding officers’ responsibility to protect the crime or incident scene.

(h) Isolate and protect the crime scene from any intrusion by non-essential personnel including officers not directly involved in the crime scene investigation.

(i) Notify communications of the circumstances and request the response of a supervisor and any additional personnel as needed. If the death is perceived to be a homicide or potential homicide or the result of accident or suicide, the watch commander shall be notified and Street Crimes Unit / Major Crimes Unit shall be notified.

(j) Observe and note pertinent circumstances at the scene.

(k) Record the nature of any physical modifications to the crime scene as the result of intervention by emergency medical personnel or others.

(l) Record in a crime scene log the identity of any persons who were present at or who entered the crime scene, to include police personnel.

(m) Identify witnesses and record basic information regarding the event.

(n) Ask witnesses to remain, if possible. If not possible, determine their identity and how they can be contacted by investigators.

(o) Identify and ensure that any suspects do not leave. Responding officers may conduct basic, preliminary questioning of a suspect or witness, but should normally defer interviews to investigators.

(p) Ascertain if the deceased was under a physician’s care for a potentially life-threatening health problem, and note the name, telephone number, and address of the physician.

(q) In deaths apparently resulting from natural causes, determine, to the degree possible, the deceased’s physical condition before death.

(r) Do not release any information concerning the deceased to the press or the public without agency authorization and until next-of-kin have been notified as established by policy of this agency.

359.2(a) SUPERVISOR RESPONSIBILITIES

A supervisory officer shall respond to any reported death that is not attended by a physician in a health care setting. Responsibilities of the supervisory officer include but are not necessarily limited to the following:

a. Verify that appropriate requests have been made for assistance by crime scene technicians, homicide investigators, and command personnel and request any additional personnel to protect the crime scene or conduct the investigation as necessary.

b. Receive a verbal report from initial responding officers regarding pertinent conditions at the scene upon their arrival, circumstances surrounding the death, the presence of witnesses and/or suspects, disposition of the body, and related details.
c. Ensure completion of preliminary information collection and the protection and integrity of the crime or incident scene.

359.2(b) ASSISTANCE TO SURVIVORS

Providing basic support and crisis assistance to survivors is the responsibility of both responding officers and investigators. The nature of such assistance must be dictated by the circumstances, but officers should use the following as a guide in these instances.

1. Officers should not leave the scene of a death where survivors are present until reasonably assured that the survivors have adequate personal control and/or family or close friends readily available to provide support. In gauging the need for assistance, officers shall also consider the following:
   a. The emotional reactions and physical condition of the survivors.
   b. Availability of other adults in the home or immediate area.
   c. Responsibility of the survivors for infants or small children.
   d. Home environment, if apparent, (e.g. evidence of excessive alcohol use or drug use, lack of means of financial support, shortage of food, problem with shelter, etc.).
   e. Availability of a support system (e.g. including friends, family, close neighbors, access to clergy, means of transportation, I.P.D. chaplain, etc.).
   f. Officers should remain alert to the need of survivors for emergency medical assistance, for example, in cases of physical or emotional collapse or related problems.
   g. Officers should be aware of confusion on the part of survivors. They should speak slowly and deliberately, and write down any pertinent information that survivors may need.
   h. Officers should assess the physical and emotional well-being of survivors before departing. Officers should be reasonably assured that survivors can take care of themselves and those for whom they may be responsible.

359.2.1 CORONER REQUEST

Government Code § 27491 and Health & Safety Code § 102850 direct the Coroner to inquire into and determine the circumstances, manner and cause of certain deaths. The Coroner shall be called in any of the following cases:

(a) Unattended deaths (No physician in attendance or during the continued absence of the attending physician. Also, includes all deaths outside hospitals and nursing care facilities).
(b) Deaths where the deceased has not been attended by either a physician or a registered nurse, who is a member of a hospice care interdisciplinary team, as defined by Health and Safety Code § 1746 in the 20 days prior to death.
(c) Physician unable to state the cause of death. Unwillingness does not apply. Includes all sudden, unexpected and unusual deaths and fetal deaths when the underlying cause is unknown.

(d) Known or suspected homicide.

(e) Known or suspected suicide.

(f) Involving any criminal action or suspicion of a criminal act. Includes child and dependent adult negligence and abuse.

(g) Related to or following known or suspected self-induced or criminal abortion.

(h) Associated with a known or alleged rape or crime against nature.

(i) Following an accident or injury (primary or contributory). Deaths known or suspected as resulting (in whole or in part) from or related to accident or injury, either old or recent.

(j) Drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, alcoholism, drug addiction, strangulation or aspiration.

(k) Accidental poisoning (food, chemical, drug, therapeutic agents).

(l) Occupational diseases or occupational hazards.

(m) Known or suspected contagious disease and constituting a public hazard.

(n) All deaths in operating rooms and all deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room or elsewhere.

(o) In prison or while under sentence. Includes all in-custody and police involved deaths.

(p) All deaths of unidentified persons.

(q) All deaths of state hospital patients.

(r) Suspected Sudden Infant Death Syndrome (SIDS) deaths.

(s) All deaths where the patient is comatose throughout the period of the physician’s attendance. Includes patients admitted to hospitals unresponsive and expire without regaining consciousness.

The body shall not be disturbed or moved from the position or place of death without permission of the coroner.

359.2.2 SEARCHING DEAD BODIES

The Coroner or Deputy Coroner is generally the only person permitted to search a body known to be dead from any of the circumstances set forth in Government Code § 27491. The only exception is that an officer is permitted to search the body of a person killed in a traffic collision for the limited purpose of locating an anatomical donor card (Government Code § 27491.3). If such a donor card is located, the Coroner or a designee shall be promptly notified. Should exigent circumstances indicate to an officer that any search of a known dead body is warranted prior to the arrival of the Coroner or a designee; the investigating officer shall first obtain verbal consent from the Coroner or a designee (Government Code § 27491.2).
Death Investigation

Whenever possible, a witness, preferably a relative to the deceased or a member of the household, should be requested to remain at the scene with the officer pending the arrival of the Coroner or a designee. The name and address of this person shall be included in the narrative of the death report. Whenever personal effects are removed from the body of the deceased by the Coroner or a designee, a receipt shall be obtained. This receipt shall be attached to the death report.

359.2.3 DEATH NOTIFICATION

When practical, and if not handled by the Coroner’s Office, notification to the next-of-kin of the deceased person shall be made, in person, by the officer assigned to the incident or I.P.D. chaplain if available. If the next-of-kin lives in another jurisdiction, a law enforcement official from that jurisdiction shall be requested to make the personal notification. If the relatives live outside this county, the Coroner may be requested to make the notification. The Coroner needs to know if notification has been made. Assigned detectives may need to talk to the next-of-kin.

359.2.4 UNIDENTIFIED DEAD BODIES

If the identity of a dead body cannot be established after the Coroner arrives, the Coroner’s office will issue a “John Doe” or "Jane Doe" number for the report.

359.2.5 DEATH INVESTIGATION REPORTING

All incidents involving a death shall be documented on the appropriate form.

359.2.6 SUSPECTED HOMICIDE

If the initially assigned officer suspects that the death involves a homicide or other suspicious circumstances, the Investigative Services Division shall be notified to determine the possible need for a detective to respond to the scene for further immediate investigation.

359.2.7 EMPLOYMENT RELATED DEATHS OR INJURIES

Any member of this agency who responds to and determines that a death, serious illness, or serious injury has occurred as a result of an accident at or in connection with the victim's employment shall ensure that the nearest office of Cal-OSHA is notified by telephone immediately or as soon as practicable with all pertinent information (8 CCR 342(b)).