

BODY RECEIPT RECORD

Name UNK 99-029 Date 2-9-99

Address _____ Zip _____

Age _____ Race W Sex F Height _____ Weight _____ Decomp. _____

Insp. _____ Autopsy number _____ Medical examiner _____

Time case started _____ A.M. _____ P.M. Assistant _____ Photograph _____

Viewable _____ Not viewable _____ Biohazard _____ because of _____

Pronounced by Det. Caraw Date 2-9-99 Time 1400 A.M. _____ P.M. _____

Baltimore City X County _____ DME _____

Received from Pharmacia M. Smith Date 2/9/99 Time 2:05 A.M. _____ P.M. _____

Agency/Firm X SWD

Scene 4400 N. FRANKLINTOWN RD

Hospital _____ Funeral home _____

OCME investigator _____

Received at OCME by William Caldwell Date _____ Time _____ A.M. _____ P.M. _____

Searched at OCME by ll ll

Personal effects of _____

- | | | | |
|------------------------------|------------------|----------------------------|----------------|
| Hat _____ | Shorts _____ | Wallet _____ | Bracelet _____ |
| O/Coat _____ | U/clothes _____ | License _____ | Dentures _____ |
| S/Coat _____ | Slip _____ | Cash _____ | Comb _____ |
| Jacket _____ | B/suit _____ | Coins _____ | Knife _____ |
| Sweater <u>X</u> | Hose <u>✓</u> | Credit cards _____ | Glasses _____ |
| <u>Blouse</u> Shirt <u>✓</u> | Shoes _____ | Keys _____ | Other: _____ |
| T-Shirt _____ | Boots _____ | Watch _____ | _____ |
| Blouse _____ | Hosp. gwn. _____ | Rings <u>2 on RCT Hand</u> | _____ |
| Dress _____ | Pajamas _____ | Necklace <u>✓ on Body</u> | _____ |
| Pants _____ | NONE _____ | Earrings _____ | NONE _____ |

Released by _____, OCME Date _____ Time _____ A.M. _____ P.M. _____

Released to _____ Firm _____

Clothing: none _____ destroyed _____ held by _____ released with body _____

Valuables: none _____ Effects released to _____