

6 May 2008

Medical Services

Forensic Pathology Investigations of Deaths

*This regulation supersedes USAREUR Regulation 40-57, 15 August 2001.

For the Commander:

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Summary. This regulation—

- Prescribes policy and procedures for agencies involved in forensic pathology investigations.
- Must be used with AR 40-57 and applicable host-nation laws and agreements.

Applicability. This regulation applies to all USEUCOM organizations and selected organizations in the USCENCOM area of responsibility.

Supplementation. Organizations will not supplement this regulation without Command Surgeon (CSURG), USAREUR/7A, approval.

Forms. AE and higher level forms are available through the Army in Europe Publishing System (AEPUBS).

Records Management. Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2. Record titles and descriptions are available on the Army Records Information Management System website at <https://www.arims.army.mil>.

Suggested Improvements. The proponent of this regulation is the CSURG (AEAMD, DSN 371-2010). Users may suggest improvements to this regulation by sending DA Form 2028 to the United States Army Europe Regional Medical Command (MCEU-AFRME), CMR 442, APO AE 09042-0130.

Distribution. C (AEPUBS).

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SECTION I GENERAL

1. PURPOSE

This regulation prescribes policy and procedures for conducting forensic pathology investigations and autopsies of deceased active-duty Servicemembers, Family members, and civilian employees who are under the authority of the Armed Forces Medical Examiner (AFME) in the USEUCOM and selected USCENCOM areas of responsibility (AORs). A forensic pathology investigation is required when a death—

- a. Is the result of combat; a training, operational, or off-duty accident; an aircraft mishap; a mass-casualties incident; suicide; or homicide.
- b. Occurs under suspicious circumstances.
- c. Is sudden, unattended, and unexpected.

2. REFERENCES

Appendix A lists references.

3. EXPLANATION OF ABBREVIATIONS AND TERMS

The glossary defines abbreviations and terms.

4. RESPONSIBILITIES

a. Armed Forces Regional Medical Examiner (AFRME). The AFRME will—

(1) Conduct forensic pathology investigations of deaths in the USEUCOM or USCENTCOM AOR that meet the criteria in Section 1471, Title 10, United States Code (10 USC 1471) (app B), according to Office of the Armed Forces Medical Examiner (OAFME) policy.

(2) When notified of a death in the USEUCOM or USCENTCOM AOR, determine whether or not the death comes under the AFME authority to perform a forensic pathology investigation. Consult the Command Judge Advocate, United States Army Europe Regional Medical Command, when the question of authority requires legal interpretation and guidance.

(3) Do the following when the death meets the criteria in (1) and (2) above:

(a) Investigate the scene of the death if possible and appropriate.

(b) Determine where to perform the autopsy.

(c) For forensic cases requiring travel, obtain verbal authorization from OAFME to use blanket orders issued by the Armed Forces Institute of Pathology. The Office of the Armed Forces Regional Medical Examiner (OAFRME) will make the travel arrangements and coordinate with the supported agency or command if the travel is to a country that requires a country clearance.

(d) Maintain full forensic integrity throughout the forensic pathology investigation to obtain the most expedient recovery, identification, and release of the remains (the corpse, in whole or in part).

(e) Attend forensic autopsies performed by host-nation authorities when possible and appropriate.

(f) Correlate findings and fulfill administrative requirements with the appropriate agencies as determined in each case.

(4) Do the following during the autopsy:

(a) Obtain evidentiary material associated with the remains and transfer it to the investigative agency using DA Form 4137.

(b) Record autopsy findings and list the associated evidence in the autopsy report.

(c) Sign autopsy reports and send them with the necessary law-enforcement chain-of-custody forms to the receiving agency or laboratory.

(d) Sign preliminary and final reports for release to the Patient Administration Division (PAD), Landstuhl Regional Medical Center (LRMC), and later release to the appropriate agencies (app C).

NOTE: After an autopsy, evidentiary material must be sent to the appropriate military criminal investigative organization (MCIO) (United States Army Criminal Investigation Command (USACIDC), United States Air Force Office of Special Investigations, United States Navy Criminal Investigative Service), to the aviation and safety board representative attending the autopsy, or to mortuary personnel if the material is not needed by the MCIO or aviation and safety board. The AFRME will annotate on the final autopsy report where the evidentiary material was sent. Appendix D lists postmortem documents and items.

(5) Ensure the autopsy is photographed and provide copies of photographs to the MCIO or aviation and safety board representative when appropriate. Keep a full set of the raw digital autopsy photographs in the OAFRME file.

(6) Fax the preliminary autopsy report (SF 503) on forensic cases involving active-duty Servicemembers to the OAFME. Send 10 to 20 percent of final forensic autopsy reports and case materials on deaths of active-duty Servicemembers to the OAFME for a quality-assurance review. The case-management features of the Armed Forces Medical Examiner Tracking System (AFMETS) should be used when available.

(7) Ensure forensic medical readiness is maintained and deploy when directed by OAFME.

(8) Act as a consultant to aviation and safety boards, correlate findings, and conduct out-briefings with the aviation and safety board representative and commanders as needed.

(9) Provide forensic training for Army personnel on request.

(10) Coordinate a network of associate medical examiners (AMEs) or staff pathologists to handle routine forensic pathology investigation cases when needed.

(a) Ask the AFME to appoint AMEs from USAREUR/7A and USEUCOM staff pathologists who are trained or experienced in forensics or who have an interest in forensic pathology.

(b) Provide training, guidance, and consultation to AMEs.

(c) Ensure AMEs perform duties according to the OAFME standing operating procedure (SOP) and consult directly with the OAFME when the AFRME is not available.

(d) Perform a prospective quality-assurance review of forensic investigation cases in each AOR.

(11) Testify in military and civilian criminal procedures when required and authorized by law and regulation. OAFME policy requires forensic pathologists to maintain an objective role in dealing with all parties to litigation. AFME forensic pathologists must be impartial and not act exclusively for either party.

(12) Ensure operations of the OAFRME meet National Association of Medical Examiner forensic standards.

b. OAFRME Forensic Assistants. OAFRME forensic assistants will help the—

(1) Medical treatment facility (MTF) casualty officer coordinate AFRME requirements.

(2) AFRME meet mission requirements.

c. USACIDC. The USACIDC will—

(1) Notify the OAFRME (or the OAFME when the OAFRME is unavailable) of the death of an active-duty Servicemember, Family member, or civilian employee that may require a forensic pathology investigation.

(2) Request a release of jurisdiction from host-nation authorities for the autopsy when necessary. Appendix E provides procedures for coordinating with host-nation authorities.

(3) When host-nation authorities do not release jurisdiction or when the results of the autopsy may be included in a criminal court case that involves a U.S. Servicemember, request permission to attend the autopsy and have an OAFRME pathologist present.

(4) Notify the OAFRME of remains retained by host-nation authorities for identification purposes.

(5) Ensure all evidentiary material associated with the remains at the time of death (including clothing, personal effects, professional equipment, medical equipment, ID tags, ID card, passport) are transported with the remains to the place of autopsy. Trace-evidence collection swabs will be performed and fingerprints will be taken during the autopsy. Medical instruments and ligatures should be left in place (cut above the knot) if not already disturbed during initial resuscitation.

(6) If preservation of evidentiary material is a problem, ask the OAFRME or representative to perform or witness the autopsy at the location of death.

(7) Attend the autopsy performed on forensic cases. (Appendix E explains procedures for handling autopsies in specific European countries.) When attending the autopsy, the USACIDC representative should be familiar with the case and, as a minimum, bring a copy of the preliminary investigative report or initial criminal investigation division report that describes the circumstances of death, photographs, or video taken at the scene. Photographs may be digitized and sent to the OAFRME by encrypted e-mail.

(8) Document, inventory, and turn over evidentiary material to the involved investigative personnel. Ensure that the hands and feet of the deceased have been covered or wrapped with an appropriate material (for example, paper bags).

d. United States Army Mortuary Affairs Activity, Europe (USAMAA-E). The Director, USAMAA-E, will—

(1) When tasked by the USEUCOM Joint Mortuary Affairs Officer (JMAO), deploy the Disaster Mortuary Affairs Response Team (DMART) and provide primary support to advise and assist in the management of a mass-casualties incident.

(2) Provide primary search and recovery (SAR) support to the command of a deceased active-duty Servicemember, Family member, or civilian employee in coordination with the OAFRME or OAFME when requested.

(3) Serve as the POC for coordinating with outside agencies to identify additional SAR-related support needed to recover deceased personnel.

(4) Request the deployment of additional mortuary-affairs specialists to support SAR operations when needed.

(5) Coordinate with the deceased member's command and the JMAO for the movement of the remains to a point designated by USEUCOM according to AFRME and OAFME requirements.

NOTE: Ensure all facilities in the AOR have the appropriate plastic body bags to protect remains and evidentiary materials during transport.

(6) Ensure mortuary specialists protect the forensic integrity of the remains and evidentiary material before they are released by the AFRME.

(7) Ensure mortuary specialists transport remains "as is" in a plastic or a double-plastic body bag to protect the remains from water damage. Evidentiary material should stay in place (c(5) above) whenever possible.

(8) Ensure mortuary specialists fill out DA Form 4137 when non-inventoried remains or evidentiary materials are received from medical personnel.

(9) Ensure next of kin (NOK) are provided the OAFRME telephone number (app C) in case they have any questions about the autopsy.

e. Joint Task Force, Garrison, and Installation Commanders. Joint task force, garrison, and installation commanders responsible for the area where a death occurs (10 USC 1471 and AR 638-2) will—

(1) Treat all combat and noncombatant deaths of members of the Armed Forces on active duty that are not medically determined to be from natural causes as potential homicides until evidence is established otherwise (10 USC 1471 and DODI 5505.3).

(2) Ensure military law-enforcement officials are notified and that the scene of the death is secured.

(3) Ensure command activities support OAFRME (if not available, OAFME) and DMART requirements.

(4) Arrange for delivery of U.S.-citizen remains to the nearest U.S. Army mortuary in coordination with the OAFRME (if not available, OAFME) and USAMAA-E.

(5) Ensure the OAFRME (if not available, OAFME) receives preliminary investigative information by the time of the autopsy.

f. Military Law-Enforcement Personnel. Military law-enforcement personnel will—

(1) Secure the scene of the death immediately on notification of the incident.

(2) Notify the appropriate MCIO.

(3) When applicable, ensure evidentiary materials associated with the remains at the time of death are transported with the remains to the place where the autopsy will be performed (c(5) above). If the MCIO is not available in the AOR before transporting the remains, law-enforcement personnel will wrap the hands and feet of the deceased in paper bags when possible.

g. MTF Commanders. MTF commanders will ensure—

(1) The death of an active-duty Servicemember, Family member, or civilian employee who requires a forensic pathology investigation is reported telephonically as soon as possible to the OAFRME (if not available, the OAFME or USAMAA-E) and MCIO according to DODI 5505.3.

(2) OAFRME (if not available, OAFME) and USAMAA-E requirements are supported.

(3) The OAFRME (if not available, OAFME) is coordinated with in a mass-casualty incident or the death of an active-duty Servicemember, Family member, or civilian employee where positive identification is in doubt. The presence of the OAFME or OAFRME representative is essential at the scene for the correlation of injuries and collection of evidence required for safety and criminal investigations.

(4) Custodians of medical, mental health, and dental records send appropriate records to the OAFRME in time for the autopsy. If the records will not be available in time for the autopsy, the custodian of the records will notify the OAFRME 24 hours before the scheduled autopsy. The records may be sent separately or with the remains.

NOTE: Written records should be sent by fax or encrypted e-mail to the OAFRME to ensure clarity of information. Records should clearly show the person's name and social security number and be dated. Dental x-rays may be digitally photographed and sent by encrypted e-mail to the OAFRME.

h. MTC Casualty Officer and Administrative Office of the Day. The MTF casualty officer or administrative officer of the day will—

(1) Notify the OAFRME (if not available, OAFME or USAMAA-E) and the MCIO of the death of an active-duty Servicemember, Family member, or civilian employee who may require a forensic pathology investigation.

(2) Notify military law-enforcement personnel.

(3) Notify host-nation authorities and verify release of jurisdiction over the remains for autopsy purposes. The MTF should be familiar with host-nation autopsy procedures (app E). If host-nation authorities will maintain jurisdiction over the autopsy, the MTF casualty officer or administrative officer of the day will—

(a) Arrange for the OAFRME and MCIO representative to be at the autopsy if the death was the result of a training or operational accident, suicide, or homicide; if the death occurred under suspicious circumstances; or if the death was sudden and unexpected.

(b) Coordinate the immediate release of the remains after the autopsy for transport to the USAMAA-E.

(c) Ensure DA Form 3910 and DD Form 565 are completed and accompany the remains.

(4) Be the POC for coordination between activities and the OAFRME (if unavailable, OAFME).

(5) Ensure DA Form 3910 is physically attached to the remains (j(2) below) before the remains are transported to the location where the autopsy will be performed.

(6) Ensure the remains are transported “as is” and evidentiary material (c(5) above) is not disturbed.

(7) In coordination with the custodian of medical and dental records (g(4) above), ensure the appropriate records (app D) either accompany the remains or are sent to where the autopsy or dental examination will be performed.

(8) If remains are visually recognizable, ensure DD Form 565 is signed and witnessed. The form must accompany the remains to the location where the autopsy will be performed. An identification tag must be attached to the remains.

(9) Coordinate with the OAFRME, DMART (including the forensic dentist), and OAFME when the death is that of an active-duty Servicemember, Family member, or civilian employee and positive identification is in doubt.

(10) Contact the OAFRME or USAMAA-E if questions arise about a death under forensic pathology investigation in the USEUCOM AOR.

(11) Complete the administrative portion (including time, date, and place of death) of DD Form 2064 for signature by the OAFRME pathologist after the autopsy, and give the form to mortuary personnel so that the remains can be released from medical hold. In the case of forensic deaths, if the DD Form 2064 is signed by a physician and includes the cause and mode (manner) of death, ensure the document is stamped or clearly labeled *Preliminary Working Copy*.

(12) Notify the NOK if known that an autopsy will be performed. Questions or concerns by the NOK about the autopsy should be referred to the OAFRME (app C).

(13) Ensure the NOK does not view the remains until after the autopsy is completed and the AFRME releases the remains to the mortuary for preparation. As an exception, the NOK may view remains for identification purposes.

(14) Encourage the NOK to contact the USAMAA-E by telephone (app C) as soon as possible to view the deceased after preparation and coordinate final arrangements of the remains.

i. Translator. In Germany, IMCOM-Europe will provide translation support, if needed, to the OAFRME according to AE Regulation 25-38.

j. Attending MTF Physician. The attending MTF physician or MTF physician pronouncing death will—

(1) Complete the medical record by completing two copies of DA Form 3894, section A; DD Form 2064; and DA Form 2984. Change the patient's status on DA Form 2984, block 8, to *DIED*, specify the immediate cause of death, and describe contributing conditions.

NOTE: Only a known, clinically documented diagnosis should be documented as a cause of death on DD Form 2064 for natural deaths. For deaths that have no documented natural cause (a forensic death), the final cause and mode (manner) of death should be filled out only by the pathologist after the autopsy has been performed.

(a) For an in-patient death, complete the patient's medical record by completing the death note in the chart (death summary) and describe the clinical events pertaining to the death.

(b) For a dead-on-arrival or other non-inpatient death, complete SF 600 or SF 558 and annotate when the physician examined the remains, the date and time death was pronounced, and the name and telephone number of a POC.

(2) Prepare and sign three copies of DA Form 3910. Tie one to the great toe on the right foot; the second to the left wrist; and the third to the outside sheet when the remains are wrapped. The third will be removed in the mortuary and attached to the body bag.

(3) Each request for an organ or organs from the remains of a forensic death must be cleared by the OAFRME (if not available, the OAFME) before proceeding.

k. MTF Nursing and Medical Personnel. MTF nursing and medical personnel will ensure—

(1) Deceased Servicemembers, Family members, and civilian employees under possible forensic pathology investigation are transported “as is” (following life-saving medical procedures).

(2) Evidentiary material (c(5) above) is left in place (not inventoried).

(3) Remains are not washed and medical equipment is left in place.

(4) Required forms (app D) are in the *death packet* (glossary) before the remains are sent to the mortuary or hospital morgue. These forms should be filled out, signed, and witnessed as necessary.

(5) Remains are not viewed by NOK in forensic pathology investigation cases before the autopsy (h(13) and (14) above).

l. Forensic Dental Team. The forensic dental team will—

(1) Support the OAFRME in dental examinations for positive identification when required.

(2) Provide written determinations to the OAFRME and mortuary personnel after the examination.

m. Military Flight Surgeon or Safety-Board Representative. The military flight surgeon or safety-board representative will—

(1) Immediately notify, consult with, and coordinate activities with the OAFRME or OAFME in an aircraft mishap, mass-casualties incident, or training accident that resulted in the death of an active-duty Servicemember, Family member, or civilian employee.

(2) Attend the autopsy and retrieve evidentiary material if necessary.

SECTION II ADMINISTRATION AND PROCEDURES

5. GENERAL

Forensic pathology investigations will be conducted according to OAFME policy for combat and noncombat deaths of active-duty Servicemembers using the OAFME system. Positive identification will be based on at least one piece of definitive information (dental examination, fingerprints, or DNA analysis).

6. THE SCENE OF DEATH

The investigating agency is responsible for the security and examination of the scene. That agency will provide the OAFRME (if not available, OAFME) the best opportunity to begin the forensic pathology investigation and collect evidence associated with the remains.

a. In cases of a training or operational accident, off-duty accident, suicide, homicide, suspicious circumstances, or a sudden unexpected death, and after coordination with the OAFRME, the remains should be transported directly to the USAMAA-E (or another location as deemed necessary by the AFRME) for an autopsy (subject to release of host-nation jurisdiction).

b. When, for valid reasons, it is not possible or advisable to transport the remains, the MCIO or MTF commander will ask the OAFRME to perform the autopsy in the MTF or observe the autopsy at a host-nation facility. This is particularly advisable for homicides, aircraft mishaps, and training or operational accidents in which a prompt investigation of the scene and positive identification by the OAFRME are critical.

7. MANAGEMENT OF FORENSIC PATHOLOGY INVESTIGATIONS

The OAFRME will coordinate with the OAFME to determine how each forensic pathology investigation is managed in the USEUCOM AOR. The OAFRME will make this determination based on the need to protect the integrity of the investigation, the condition of the remains, and available resources.

a. The USAMAA-E facility can perform a forensic pathology investigation on six to eight remains that are identifiable by visual or definitive dental examinations. For fragmented cases with commingling and cases without adequate dentition for positive identification, the remains will be transported to the OAFME facility at Dover Air Force Base (b below).

b. The OAFME facility at Dover Air Force Base, Delaware, will be used for mass-casualty operations (more than six to eight remains). This facility has an orderly process to detect and remove hazardous items, definitively identify remains, collect evidence and personal effects, determine and document the cause and manner of death, assess injury patterns, and prepare remains for shipment.

8. REQUIRED DOCUMENTS

The following documents must be sent to the OAFRME facility with the remains when an autopsy will be conducted:

a. Two copies of completed DD Form 2064.

b. Copies of medical, mental health, and dental records or any other medical records related to the deceased.

c. A statement of whether or not an investigation of the circumstances of death was made by local military or civilian authorities, their preliminary findings, and the names and telephone numbers of the investigating authorities.

d. When required, a statement by host-nation authorities that they have released jurisdiction for the autopsy.

e. A completed DD Form 565. Identification of remains should be made by a commander, coworker, or friend of the deceased.

f. Three copies of DA Form 3910 that correspond to the identifying information on DD Form 565.

g. Evidentiary material associated with the remains at the time of death (para 4c(5)).

9. AUTOPSY REPORTS

The preliminary and final autopsy reports must be sent to the Casualty Officer, Medical Correspondence Section, PAD, LRMC, and the MTF where the autopsy was performed. DOD personnel and agencies with a documented need to know may request a copy of the reports from the Medical Correspondence Section after completing the appropriate release forms according to applicable laws and regulations. The preliminary autopsy report should be completed in 2 workdays. The final autopsy report should be completed in 30 workdays for routine cases and 90 workdays for complex, nonroutine cases.

10. NOTIFICATION AND PROCESSING PROCEDURES

Personnel conducting a forensic pathology investigation will follow the notification and processing procedures in paragraph 4 and use the POC telephone numbers in appendix C.

11. DISPOSITION OF REMAINS

The remains in forensic cases must be secured at all times. Except for identification purposes, the NOK may not view the remains until after the autopsy and the AFRME has released the remains to a mortuary.

12. USACIDC INVESTIGATIONS

The USACIDC will investigate noncombat deaths to determine criminality when medical authorities cannot determine that the death was the result of natural causes (AR 195-2, paras 1-5 and 3-3).

13. UNITED STATES AIR FORCE OFFICE OF SPECIAL INVESTIGATIONS

A forensic specialist from the United States Air Force Office of Special Investigations will assist the OAFRME in forensic pathology investigations of combat and noncombat deaths involving persons associated with the U.S. Air Force.

14. UNITED STATES NAVY CRIMINAL INVESTIGATION SERVICE

A forensic specialist from the United States Navy Criminal Investigation Service will assist the OAFRME in forensic pathology investigations of combat and noncombat deaths involving persons associated with the U.S. Navy.

APPENDIX A REFERENCES

SECTION I PUBLICATIONS

Section 1471, Title 10, United States Code, Forensic Pathology Investigations

DOD Directive 5154.24, Armed Forces Institute of Pathology (AFIP)

DOD Instruction 5505.3, Initiation of Investigations by Military Criminal Investigative Organizations

AR 40-57, Armed Forces Medical Examiner System

AR 195-2, Criminal Investigation Activities

AR 638-2, Care and Disposition of Remains and Disposition of Personal Effects

AE Regulation 25-38, Translations

SECTION II FORMS

SF 503, Medical Record - Autopsy Protocol

SF 523, Clinical Record - Authorization for Autopsy

SF 558, Emergency Care and Treatment

SF 600, Chronological Record of Medical Care

DD Form 565, Statement of Recognition of Deceased

DD Form 2064, Certificate of Death (Overseas)

DA Form 2984, Very Seriously Ill/Seriously Ill/Special Category Patient Report

DA Form 3894, Hospital Report of Death

DA Form 3910, Death Tag

DA Form 4137, Evidence/Property Custody Document

DA Form 5327, Bona Fide Dependent Declaration - Military

APPENDIX B

OAFME AUTHORITY TO CONDUCT FORENSIC PATHOLOGY INVESTIGATIONS

The following is Section 1471, Title 10, United States Code, 2 January 2006, (available online through <http://uscode.house.gov/search/criteria.shtml>):

TITLE 10 - ARMED FORCES
Subtitle A - General Military Law
PART II - PERSONNEL
CHAPTER 75 - DECEASED PERSONNEL
SUBCHAPTER I - DEATH INVESTIGATIONS
Sec. 1471. Forensic pathology investigations

-STATUTE-

(a) Authority. Under regulations prescribed by the Secretary of Defense, the Armed Forces Medical Examiner may conduct a forensic pathology investigation to determine the cause or manner of death of a deceased person if such an investigation is determined to be justified under circumstances described in subsection (b). The investigation may include an autopsy of the decedent's remains.

(b) Basis for Investigation.

(1) A forensic pathology investigation of a death under this section is justified if at least one of the circumstances in paragraph (2) and one of the circumstances in paragraph (3) exist.

(2) A circumstance under this paragraph is a circumstance under which—

(A) it appears that the decedent was killed or that, whatever the cause of the decedent's death, the cause was unnatural;

(B) the cause or manner of death is unknown;

(C) there is reasonable suspicion that the death was by unlawful means;

(D) it appears that the death resulted from an infectious disease or from the effects of a hazardous material that may have an adverse effect on the military installation or community involved; or

(E) the identity of the decedent is unknown.

(3) A circumstance under this paragraph is a circumstance under which—

(A) the decedent—

(i) was found dead or died at an installation garrisoned by units of the armed forces that is under the exclusive jurisdiction of the United States;

(ii) was a member of the armed forces on active duty or inactive duty for training;

(iii) was recently retired under chapter 61 of this title as a result of an injury or illness incurred while a member on active duty or inactive duty for training; or

(iv) was a civilian dependent of a member of the armed forces and was found dead or died outside the United States;

(B) in any other authorized Department of Defense investigation of matters which involves the death, a factual determination of the cause or manner of the death is necessary; or

(C) in any other authorized investigation being conducted by the Federal Bureau of Investigation, the National Transportation Safety Board, or any other Federal agency, an authorized official of such agency with authority to direct a forensic pathology investigation requests that the Armed Forces Medical Examiner conduct such an investigation.

(c) Determination of Justification.

(1) Subject to paragraph (2), the determination that a circumstance exists under paragraph (2) of subsection (b) shall be made by the Armed Forces Medical Examiner.

(2) A commander may make the determination that a circumstance exists under paragraph (2) of subsection (b) and require a forensic pathology investigation under this section without regard to a determination made by the Armed Forces Medical Examiner if—

(A) in a case involving circumstances described in paragraph (3)(A)(i) of that subsection, the commander is the commander of the installation where the decedent was found dead or died; or

(B) in a case involving circumstances described in paragraph (3)(A)(ii) of that subsection, the commander is the commander of the decedent's unit at a level in the chain of command designated for such purpose in the regulations prescribed by the Secretary of Defense.

(d) Limitation in Concurrent Jurisdiction Cases.

(1) The exercise of authority under this section is subject to the exercise of primary jurisdiction for the investigation of a death—

(A) in the case of a death in a State, by the State or a local government of the State; or

(B) in the case of a death in a foreign country, by that foreign country under any applicable treaty, status of forces agreement, or other international agreement between the United States and that foreign country.

(2) Paragraph (1) does not limit the authority of the Armed Forces Medical Examiner to conduct a forensic pathology investigation of a death that is subject to the exercise of primary jurisdiction by another sovereign if the investigation by the other sovereign is concluded without a forensic pathology investigation that the Armed Forces Medical Examiner considers complete. For the purposes of the preceding sentence a forensic pathology investigation is incomplete if the investigation does not include an autopsy of the decedent.

(e) Procedures. For a forensic pathology investigation under this section, the Armed Forces Medical Examiner shall—

(1) designate one or more qualified pathologists to conduct the investigation;

(2) to the extent practicable and consistent with responsibilities under this section, give due regard to any applicable law protecting religious beliefs;

(3) as soon as practicable, notify the decedent’s family, if known, that the forensic pathology investigation is being conducted;

(4) as soon as practicable after the completion of the investigation, authorize release of the decedent’s remains to the family, if known; and

(5) promptly report the results of the forensic pathology investigation to the official responsible for the overall investigation of the death.

(f) Definition of State. In this section, the term “State” includes the District of Columbia, the Commonwealth of Puerto Rico, and Guam.

APPENDIX C
POC TELEPHONE NUMBERS

Organization	DSN Telephone Number	Civilian Telephone Number	Cell Phone Number
Armed Forces Regional Medical Examiner (AFRME)	during duty hours: 486-8292/6781 after duty hours: 486-8106/7073	06371-86-8292/6781	0162-2700861
AFRME Forensic Assistant	486-6781/7073	06371-86-6781/7073	0162-2700462
United States Army Mortuary Affairs Activity, Europe	486-7072/7073/7074		
Disaster Mortuary Affairs Response Team (Search and Recovery)	486-7072/7073/7074		0171-2274846
Armed Forces Medical Examiner in Washington, DC	285-0000	001 (301) 319-0000	
Joint Mortuary Affairs Officer	430-5963/7333		
Plans and Mortuary Affairs, USAFE/SVXP	496-7982/7985		0171-3307434
Casualty Officer and Administrative Officer of the Day, Patient Administration Division (PAD), LRMC	486-8350/8106		
Medical Correspondence Section, PAD	486-8822/8350		
United States Army Criminal Investigation Command, Kaiserslautern Resident Agency	493-2020/2071		
United States Air Force Office of Special Investigations	496-6613		
United States Naval Criminal Investigation Service	626-3235/4613		

APPENDIX D

POSTMORTEM DOCUMENTS AND ITEMS

The documents and evidentiary items listed below should be present to process an autopsy of a Servicemember, Family member, or civilian employee whose death is under forensic pathology investigation. The documents and items relevant to the death (basic reg, para 8) should be sent to the Office of the Armed Forces Regional Medical Examiner before the autopsy.

Casualty message report
Composite Health-Care System registration form
Dental record
Medical record
Preliminary investigative report
DD Form 565, Statement of Recognition of Deceased
DD Form 2064, Certificate of Death (Overseas)
DA Form 2984, Very Seriously Ill/Seriously Ill/Special Category Patient Report
DA Form 3894, Hospital Report of Death
DA Form 3910, Death Tag
DA Form 4137, Evidence/Property Custody Document
DA Form 5327, Bona Fide Dependent Declaration - Military
SF 523, Clinical Record - Authorization for Autopsy
SF 558, Emergency Care and Treatment Record
SF 600, Chronological Record of Medical Care
Evidentiary material associated with the remains at the time of death (including clothing, professional equipment, medical devices, and personal effects)
Release of jurisdiction by host-nation authorities

APPENDIX E

COORDINATION WITH HOST-NATION AUTHORITIES

E-1. GENERAL

This appendix provides a summary of established procedures for handling autopsies in specific European countries that are parties to the NATO Status of Forces Agreement (SOFA). The procedures in this appendix are based on local laws, international agreements, and established practices. The local judge advocate should be contacted for information in countries other than those listed in this appendix and when there are questions about specific policy or procedures.

E-2. BELGIUM

a. Autopsy When the Cause of Death Is Unknown. When a death occurs in Belgium and the cause of death is unclear or merits further investigation, a “judge of instruction” will be appointed to handle the case (b below). Until the judge of instruction completes the investigation, the body will not be released for burial. When the death occurs in a hospital or the cause of death is obvious, no judge of instruction will be appointed. Once formalities have been completed, the body may be turned over to U.S. Army mortuary affairs personnel for disposition.

b. Judge of Instruction. The judge of instruction will preside over the investigation into the cause of death. During the investigation, the body will remain in Belgian custody. The decision whether or not to conduct an autopsy is a Belgian decision. The U.S. Forces may request an autopsy, but the decision ultimately rests with the Belgian authorities.

(1) U.S. involvement in autopsies conducted by Belgian authorities is not customary; however, the judge of instruction may allow U.S. medical personnel to be present during the autopsy.

(2) The judge of instruction will submit autopsy reports to the king’s prosecutor. At that point, U.S. authorities may receive a copy of the report.

c. Disposition of Remains. The king’s prosecutor is the approval authority for release of the remains. The doctors at the hospital where the autopsy was performed will prepare an “attestation as to the cause of death.” Before the remains may be released for shipment, officials at the *Hotel de Ville* must issue an *Acte de décès/Overlijdensakte* (death certificate) and a burial permit, and the department of public health must certify that there is no danger of contagion. After the body is prepared, it will be turned over to U.S. mortuary affairs personnel for shipping. The body will be taken to the Landstuhl Regional Medical Center (LRMC), prepared for shipping, and airlifted to the United States (when applicable).

E-3. GERMANY

Article 16 of the Supplementary Agreement to the NATO SOFA authorizes military authorities to take charge of the remains and to perform autopsies on members of the Forces, the civilian component, or Family members for purposes of a criminal investigation or for medical reasons.

a. Autopsies for the Purposes of a Possible Criminal Investigation.

(1) To facilitate the administration of justice, military authorities may not prevent German authorities from conducting an autopsy if the death is the basis for a criminal investigation in which Germany has exclusive or de facto-exclusive jurisdiction under the NATO SOFA, Article VII, paragraph 2b. This can be assumed in all cases in which the alleged perpetrator does not have “NATO status” or is a member of the civilian component or a Family member. In all other cases, it is preferred that the autopsy be performed by military authorities.

(2) If the autopsy is performed by German authorities, military authorities may request inclusion of further measures, including but not limited to a toxicological examination. Qualified U.S. military representatives may be present during the autopsy. When German authorities request that an autopsy be performed, German representatives (such as judges, prosecutors, police officers, or pathologists) may be present during the autopsy. When requested by German authorities, a physician designated by German authorities and a U.S. pathologist may jointly perform the autopsy. A copy of the U.S. military final autopsy reports must be sent to German law-enforcement or judicial authorities through the local U.S. military liaison office. Preliminary autopsy reports will be sent only when requested and only through the local U.S. military liaison office.

(3) The appropriate local legal liaison office will coordinate the following:

(a) Jurisdictional issues.

(b) Preference for a German- or U.S.-performed autopsy after coordinating with the German prosecutor in charge of the case.

(c) U.S. military presence during the autopsy.

(d) Forwarding and receiving of preliminary and final autopsy reports by U.S. military and German authorities ((2) above).

(e) Release of the remains to U.S. military authorities.

b. Autopsies for Other Purposes. The *Berufsgenossenschaft* (Social Insurance for Occupational Accidents) may order that an autopsy be performed if the next of kin agrees. The *Gesundheitsamt* (Public Health Department) also may order an autopsy to be performed. The Armed Forces Regional Medical Examiner (AFRME) or designee will coordinate directly with the German agency involved.

c. Disposition of Remains.

(1) The patient administration division (PAD) of the nearest military hospital will coordinate transportation of the remains from German to U.S. military authorities. In the case of a criminal investigation, the local legal liaison office will ensure release of the remains as soon as German authorities have completed the autopsy.

(2) A copy of the written release from the prosecutor and a copy of the *Leichenschauschein* (preliminary death certificate) or final death certificate must accompany the remains. Other documents (for example, *Leichenpass* (laissez-passer)) are not required when the remains are released to military authorities in Germany.

E-4. ITALY

Italy Presidential Decree No. 285 of 10 September 1990 provides the grounds for performing autopsies in Italy. Presidential Decree No. 285, Article 1, paragraph 5, requires doctors who perform autopsies to announce the cause of the death both when the autopsy is performed in the course of a possible criminal investigation and when the autopsy is performed simply to determine the cause of death. This statement must be made within 24 hours after the autopsy is completed.

a. Autopsies for the Purposes of a Possible Criminal Investigation. When the death is suspected to have occurred during the course of or following a crime, an autopsy may be ordered by the judicial authority (Art 45 of Presidential Decree No. 285). A U.S. forensic pathologist or appointed representative may be present to perform an examination of the corpse, take photographs, and obtain tissue and liquid samples as required.

(1) In cases involving the death of a U.S. Servicemember, civilian-component employee, or Family member in which Italian authorities have ordered an autopsy, Italian authorities will cooperate with U.S. military authorities in the execution of the investigation and autopsy.

(2) The local prosecutor in charge of the case will immediately provide the following to the United States Army Southern European Task Force military police and health clinic:

- (a) The name of the Italian forensic pathologist who was appointed to perform the autopsy.
- (b) The date the autopsy is scheduled to be performed.

b. Autopsies for Other Purposes. According to Article 37 of the Presidential Decree, an autopsy may be performed in cases where the cause of death is unknown but criminality is not suspected. Decisions to perform this type of autopsy will be made by physicians when a death occurred in a hospital or when a death occurred without medical care. If, however, the physician suspects that a death occurred following the commission of a crime, the physician must immediately stop the autopsy (if one is in progress) and inform the judicial authority.

c. Disposition of Remains. Italian law requires that 24 hours must pass from the time of death before the remains may be prepared for burial or shipment. A death certificate is required for burial in Italy or for transport of the remains. A local funeral agent should be contacted as soon as possible and given the death certificate. The funeral agent must have the death and identity information of the deceased. A permit must be obtained from the *Comune* and the *Prefettura* before the remains may be moved. A decision regarding the disposition of remains must be made within 48 hours after the death. An authorization is required for cremation in Italy. Italian law requires that remains that will be transported outside Italy be treated to prevent decomposition. These remains must also be placed in a zinc container with a hermetically sealed lid. The metal container must be enclosed in solid hardwood case suitable for transportation.

E-5. NETHERLANDS

The Dutch Burial and Cremation Act of 1991 prescribes the procedures for performing autopsies in the Netherlands. Because there are no particular agreements between the Netherlands and the United States on this matter, the procedures dictated by Dutch law will apply to all cases involving U.S. personnel. Autopsies may be performed only by or under the supervision of a physician.

a. Autopsies for the Purposes of a Possible Criminal Investigation. An autopsy by court order or a forensic postmortem examination will normally be ordered by the *officier van justitie* (district attorney) when a physician cannot issue a “certificate of natural death.” This happens when a physician knows or suspects that the person did not die of illness or old age and reports this information to the municipal medical examiner.

(1) The municipal medical examiner will receive all the details about the death and perform an autopsy. After performing the autopsy, the municipal medical examiner will prepare a report for the *officier van justitie*.

(2) After being informed by the police and the municipal medical examiner, the *officier van justitie* will decide whether or not to order a forensic postmortem examination.

(3) Only the *officier van justitie* may grant permission to transport a body when no “certificate of natural death” has been issued.

b. Autopsies for Other Purposes. A clinical autopsy may be performed when the cause of death is unknown but there is no suspicion that the individual died as a result of a crime. Permission for a clinical autopsy must be obtained through a last will and testament of the deceased or from the deceased’s Family.

c. Disposition of Remains. Transportation of human remains outside of the Netherlands requires a death certificate as well as a laissez-passer. The laissez-passer may be requested from the municipality where the death certificate was issued. Applications for a laissez-passer must be submitted with a medical statement from the physician or municipal medical examiner and proof of natural death or a statement from the *officier van justitie*. Human remains may be transported only in a sealed, leaded coffin.

GLOSSARY

SECTION I ABBREVIATIONS

AFME	Armed Forces Medical Examiner
AFMETS	Armed Forces Medical Examiner Tracking System
AFRME	Armed Forces Regional Medical Examiner
AME	associate medical examiner
AOR	area of responsibility
DMART	Disaster Mortuary Affairs Response Team
DNA	deoxyribonucleic acid
DOD	Department of Defense
DODI	Department of Defense instruction
ERMC	United States Army Europe Regional Medical Command
ID	identification
JMAO	Joint Mortuary Affairs Office, United States European Command
LRMC	Landstuhl Regional Medical Center
MCIO	military criminal investigative organization
MTF	military treatment facility
NATO	North Atlantic Treaty Organization
NOK	next of kin
OAFME	Office of the Armed Forces Medical Examiner
OAFRME	Office of the Armed Forces Regional Medical Examiner
PAD	patient administration division
POC	point of contact
SAR	search and recovery
SOFA	Status of Forces Agreement
SOP	standing operating procedures
U.S.	United States
USACIDC	United States Army Criminal Investigation Command
USAMAA-E	United States Army Mortuary Affairs Activity, Europe
USAREUR/7A	United States Army Europe and Seventh Army
USCENTCOM	United States Central Command
USEUCOM	United States European Command

SECTION II TERMS

antemortem
Before death.

Armed Forces Regional Medical Examiner

A board-certified forensic pathologist appointed by the Office of the Armed Forces Medical Examiner, with the concurrence of The Surgeon General, United States Army, to perform forensic pathology investigations in the USEUCOM and USCENTCOM areas of responsibility (AORs). The Armed Forces Regional Medical Examiner is responsible for investigating all forensic deaths in the USEUCOM and USCENTCOM AORs according to Section 1471, Title 10, United States Code.

associate medical examiner

A hospital staff pathologist appointed by the Office of the Armed Forces Medical Examiner based on training, interest, and experience to perform forensic pathology investigations that support the Armed Forces Medical Examiner System.

commingling

The intermixing of body fragments or segments from more than one body.

death packet

Official processing forms associated with the death of an active-duty Servicemember, Family member, or civilian employee.

definitive identification

Positive identification of the deceased by conducting a forensic postmortem dental examination using antemortem records performed by forensic odontologists (forensic dentists), by comparing postmortem and antemortem fingerprints, or by conducting a DNA analysis using postmortem and antemortem specimens.

dentition

The character of a set of teeth.

Disaster Mortuary Affairs Response Team

A multidisciplinary, multi-Service team that provides members who are trained and experienced in forensic medical, dental, criminalistic, photographic, and search-and-recovery techniques and can respond according to the particular death or multiple-fatality event.

evidentiary material

Items associated with the remains at the time of death (for example, ligatures, weapons, medications, clothing, professional equipment, personal effects, military ID card, ID tags, passport).

forensic death

Death due to no known clinically documented natural cause or causes. The death may be the result of an accident, suicide, or homicide; have occurred under suspicious circumstances; or was sudden, unexpected, and unattended.

forensic pathology investigation

A systematic process of gathering, recording, and preserving evidence and information for purposes of positive identification of the deceased, documentation of trauma and preexisting conditions, and investigative correlations to include an interpretation of injury patterns. The goal of a forensic pathology investigation is to determine a cause and manner of death compatible with the scene of death, terminal events, and the background of the deceased and to assist with criminal and safety-board investigations.

Office of the Armed Forces Regional Medical Examiner (OAFRME)

The office under the Armed Forces Regional Medical Examiner that is responsible for the administrative management of the forensic pathology investigation in the USEUCOM and USCENTCOM areas of responsibility. To meet current civilian standards in forensic medicine, a dedicated forensic assistant and photographer, and a backup network of associate medical examiners will be assigned to the OAFRME.

positive identification

A process for determining the identity of the deceased by using one or more pieces of definitive identification (for example, dental examination, fingerprints, DNA analysis). Positive identification may not be possible when the remains are severely damaged, decomposed, burned, or fragmented with possible commingling of multiple remains.

postmortem

After death.