

**CLARK COUNTY SHERIFF'S OFFICE
MAJOR CRIMES UNIT
COLD CASE DATA**

CASE NUMBER/S: Major Case #250 / S74-10444

INCIDENT: Homicide

DATE: 10/12/1974

LOCATION: Dole Valley Road near Rock Creek Bridge, Yacolt, WA

VICTIM/S: 1) VALENZUELA (PLATT), Carol Louise WFA 12/30/1955
2) Unidentified WFA; 17-23 years of age; 5-05 to 5-07 in height;
126 pounds; dark brown hair; had given birth; swayed back

SUSPECT/S: FORREST, Warren Leslie WMA 06/29/1949

INCIDENT SUMMARY: On 10/12/1972, the bodies of Carol VALENZUELA and a still unidentified female were found in the Dole Valley area in north Clark County. VALENZUELA had been reported missing about two months before the body was found. The bodies were skeletonized and appeared to have initially been secreted behind large logs. The dates of death were estimated at anywhere from one month to one year prior to the date the bones were discovered. The unidentified victim was believed to have been at the location longer than the body of VALENZUELA. Both are believed to have been victims of Warren FORREST, a serial killer operating in Clark County during this time frame.

ORIGINAL LEAD INV: Detective Frank Kanekoa/Detective John Howard

DETECTIVE ASSIGNED: Detective Rick Buckner

DENTAL AVAILABLE/FILED?: Upper only (mandible not found)/Yes

DNA ACQUIRED/CODIS ENTRY?: Pending

DEVELOPMENTS/UPDATES:

2008 - A large mass of dark human hair w/ necrotic-type toots was located in the box containing Major Case #255. The hair is believed to be related to the unidentified victim in this case. DNA analysis (mitochondrial) is pending.

MURDER FORM

CASE ADMINISTRATION

S37-1908
S37-1930
G

If this case meets ViCAP criteria, do you want it submitted?

1 ☒ Yes

2 ☐ No

If yes, is it authorized to be viewed nationwide?

1 ☒ Yes

2 ☐ No

1. Date received or completed: _____ 2. HITS report ID#: _____

3. Reporting agency ORI#: WAC060000 Reporting agency: CLARK CO. SO.

4. Officer/Det. Last name: Schultz 5. First name: Lindsay

6. Phone: 360-397-2028

7. Reporting agency's case/incident #: S74-10444 - mc 250

8. Case status: 1 ☒ Unsolved - Open 2 ☐ Solved - Closed

9. Evidence suggests the victim in this case is a:

1 ☐ Single victim 3 ☒ Victim in a possible series

2 ☐ Multiple victims 4 ☐ Series victim. Series name: _____

MOTIVE

10. Check the response(s) that most closely fits the **main** motivation that compelled the offender to commit this murder. (check all that apply)

1 <input type="checkbox"/> Accidental	14 <input type="checkbox"/> Heat of anger	26 <input type="checkbox"/> Psychopathic
2 <input type="checkbox"/> Arson	15 <input type="checkbox"/> Homosexual	27 <input checked="" type="checkbox"/> Rape
3 <input type="checkbox"/> Burglary	16 <input type="checkbox"/> Justifiable homicide	28 <input type="checkbox"/> Reckless/Negligent
4 <input type="checkbox"/> Child abuse murder	17 <input checked="" type="checkbox"/> Kidnap	29 <input type="checkbox"/> Revenge
5 <input type="checkbox"/> Conspiracy	18 <input type="checkbox"/> Love triangle	30 <input type="checkbox"/> Robbery
6 <input type="checkbox"/> Cult (ritualistic)	19 <input type="checkbox"/> Mass	31 <input type="checkbox"/> Self-defense
7 <input type="checkbox"/> Domestic violence	20 <input type="checkbox"/> Mental/Insane	32 <input checked="" type="checkbox"/> Serial/Possible serial
8 <input type="checkbox"/> Drug related	21 <input type="checkbox"/> Mercy killing	33 <input type="checkbox"/> Sex related (other)
9 <input type="checkbox"/> Financial gain	22 <input type="checkbox"/> Missing person presumed dead	34 <input type="checkbox"/> Sniper
10 <input type="checkbox"/> For hire	23 <input type="checkbox"/> Murder to conceal another crime	35 <input type="checkbox"/> Torture (not sexual)
11 <input type="checkbox"/> Fun/Amusement	24 <input type="checkbox"/> Murder to prevent testimony/identity	88 <input type="checkbox"/> Other
12 <input type="checkbox"/> Gang	25 <input type="checkbox"/> Officer killed	99 <input type="checkbox"/> Unable to determine
13 <input type="checkbox"/> Hate/Bias		

VICTIM INFORMATION

11. This is victim 4 of 7 victim(s) in this incident:
(number) (total)

12. Status of the victim is:

- 1 ☐ **Murdered** - victim **deceased** - victim **identified**.
 2 ☐ **Unidentified** dead body where manner of death is known or suspected to be homicide.
 3 ☒ **Missing or kidnapped** person with evidence of foul play. (Victim still missing)
 4 ☐ **Attempted** murder.

VICTIM IDENTIFICATION & CHARACTERISTICS

13. L. Name: Valenzuela 14. F. Name: Carol 15. M. Name: Louise

16. AKAs and alias DOBs:

Carol Louise Platt

17. DOB: 18. Age: 19. Race: 20. Sex:

12-30-55 18 W F

21. Hgt: 22. Wgt: 23. Hair color: 24. Hair length: 25. Eye color:

5'02 115 Blond Blue

26. Did the victim have any scars or birthmarks? 1 ☐ Yes 2 ☒ No

27. Did the victim have any tattoos? 1 ☒ Yes 2 ☐ No

28. Location Description

<input type="checkbox"/> Scar	<input type="checkbox"/> B-mark	<input checked="" type="checkbox"/> Tattoo	<u>L. Arm below</u>	<u>number "13" and a</u>
<input type="checkbox"/> Scar	<input type="checkbox"/> B-mark	<input type="checkbox"/> Tattoo	<u>elbow</u>	<u>"star"</u>
<input type="checkbox"/> Scar	<input type="checkbox"/> B-mark	<input type="checkbox"/> Tattoo		
<input type="checkbox"/> Scar	<input type="checkbox"/> B-mark	<input type="checkbox"/> Tattoo		
<input type="checkbox"/> Scar	<input type="checkbox"/> B-mark	<input type="checkbox"/> Tattoo		
<input type="checkbox"/> Scar	<input type="checkbox"/> B-mark	<input type="checkbox"/> Tattoo		
<input type="checkbox"/> Scar	<input type="checkbox"/> B-mark	<input type="checkbox"/> Tattoo		

29. Did the victim have outstanding physical features or was there something about the victim that would attract attention?

1 ☐ Yes 2 ☒ No

30. Street: 31. City:

825 NW Fry Camas

32. County: 33. State: 34. Zip:

Clark WA

35. Prev. street address: 36. City: 37. County: 38. State: 39. Zip:

VICTIM BACKGROUND

40. SS#: _____ SID#: _____ FBI# _____

41. Marital status: 1 ☐ Single 2 ☒ Married 3 ☐ Divorced 4 ☐ Widowed 5 ☐ Separated

42. Occupation (legitimate or non-legitimate): none 43. Employer & city: _____

RELATIONSHIP TO OFFENDER

44. Using the list below, pick the selection that best describes the relationship between the victim and the offender(s).

Victim was the offender's: (check all that apply)

1 <input type="checkbox"/>	Acquaintance (business, drugs, etc)	9 <input type="checkbox"/>	Hitchhiker/Ride giver	16 <input type="checkbox"/>	Spouse
2 <input type="checkbox"/>	Acquaintance (first time, just met)	10 <input type="checkbox"/>	Lover	17 <input type="checkbox"/>	Spouse (Ex-)
3 <input type="checkbox"/>	Acquaintance (one way)	11 <input type="checkbox"/>	Lover (Ex-)	18 <input type="checkbox"/>	Spouse (Common-law)
4 <input type="checkbox"/>	Babysitter/Child	12 <input type="checkbox"/>	Parent/Child	19 <input type="checkbox"/>	Spouse (Estranged)
5 <input type="checkbox"/>	Family member (other)	13 <input type="checkbox"/>	Parent's Boy/Girlfriend	20 <input type="checkbox"/>	Step-parent/Step-child
6 <input type="checkbox"/>	Friend/Neighbor	14 <input type="checkbox"/>	Prostitute/John	21 <input type="checkbox"/>	Total stranger
7 <input type="checkbox"/>	Grandparent/Grandchild	15 <input type="checkbox"/>	Sibling	88 <input type="checkbox"/>	Other
8 <input type="checkbox"/>	Guardian/Dependent			99 <input type="checkbox"/>	Unable to determine

LIFESTYLE

45. General lifestyle: (check all that apply)

1 <input type="checkbox"/>	Described as "average citizen"	7 <input type="checkbox"/>	Runaway	13 <input type="checkbox"/>	Bondage
2 <input checked="" type="checkbox"/>	Described as a "party animal"	8 <input type="checkbox"/>	Alcohol Abuser	14 <input checked="" type="checkbox"/>	Promiscuous
3 <input type="checkbox"/>	Engages in criminal activity	9 <input checked="" type="checkbox"/>	Drug User/Abuser	15 <input type="checkbox"/>	Prostitute
4 <input type="checkbox"/>	Reclusive	10 <input type="checkbox"/>	Drug Dealer	16 <input type="checkbox"/>	Gang Member
5 <input type="checkbox"/>	Mental Issues	11 <input type="checkbox"/>	Homosexual	88 <input type="checkbox"/>	Other
6 <input type="checkbox"/>	Transient	12 <input type="checkbox"/>	Bisexual		

46. Is or was the victim a member of a gang? 1 ☐ Yes (If YES, describe below) 2 ☒ No ☐ Possible

Gang Type	Subset	Gang Type	Subset
1 <input type="checkbox"/> Street		5 <input type="checkbox"/> Religious/Cult	
2 <input type="checkbox"/> Biker		6 <input type="checkbox"/> White Supremacist	
3 <input type="checkbox"/> Prison		7 <input type="checkbox"/> Terrorist	
4 <input type="checkbox"/> Organized Crime		88 <input type="checkbox"/> Other	

UNIDENTIFIED DEAD VICTIM OR MISSING PERSON

47. NCIC number if victim is a missing person or an unidentified dead body: _____

48. Abnormalities of the teeth: **(check all that apply)**

- | | | | |
|---|--|---|---|
| 1 <input type="checkbox"/> None | 4 <input type="checkbox"/> Crooked | 7 <input type="checkbox"/> Some / all missing | 88 <input type="checkbox"/> Other _____ |
| 2 <input type="checkbox"/> Braces | 5 <input type="checkbox"/> Decayed | 8 <input type="checkbox"/> Stained | |
| 3 <input type="checkbox"/> Broken / chipped | 6 <input type="checkbox"/> Noticeable gaps | 9 <input type="checkbox"/> Partial plates / bridges | |

49. Wears glasses: **(check all that apply)**

- | | | | |
|--|---|---|---|
| 1 <input type="checkbox"/> Regular glasses | 3 <input type="checkbox"/> Rimless | 5 <input type="checkbox"/> Metal frames | 7 <input type="checkbox"/> Unknown |
| 2 <input type="checkbox"/> Sunglasses | 4 <input type="checkbox"/> Plastic frames | 6 <input type="checkbox"/> Contacts | 88 <input type="checkbox"/> Other _____ |

VICTIM CLOTHING

If this is an UNIDENTIFIED DEAD or a MISSING PERSON CASE where foul play is suspected, list victim's clothing, clothing color, and description. If the clothing item is multi-colored, list each of the predominate colors. **(use all that apply)**

- | | | | |
|------------|-----------|--------------------|-----------------|
| 1) Whites | 3) Greens | 5) Purples/Violets | 7) Browns/Tans |
| 2) Yellows | 4) Blues | 6) Reds/Oranges | 8) Grays/Blacks |

50 Clothing item: 51. Color: Characteristics (rips, brand, logos, etc.):

52. Dental records submitted for analysis 1 ☐ Yes 2 ☐ No53. DNA submitted for analysis 1 ☐ Yes 2 ☐ No**MISSING PERSON MEDICAL IDENTIFICATION**

54. Doctor or medical facility that has the missing person's medical records:

Dr.'s Name:		Medical Facility:		Phone:	
Street:	City:	County:	State:	Zip:	

55. Dentist or dental facility that has the missing person's dental records/x-rays:

Dr.'s Name:		Dental Facility:		Phone:	
Street:	City:	County:	State:	Zip:	

METHOD OF OPERATION

DATE AND TIME PARAMETERS

56. Victim last seen prior to death:

To:

Date <u>8-2-74</u>	Time <u>morning</u>	Date <u>8-2-74</u>	Time
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57. Death/Major assault:

To:

Date	Time	Date	Time
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58. Victim/Body found:

To:

Date <u>10-12-74</u>	Time <u>1012</u>	Date	Time
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GEOGRAPHIC LOCATION(S)**Complete all addresses even if they are the same as previous.**Last known location of **identified** victim or **missing** person: (prior to assault/murder or disappearance)

59. Street:

60. City:

61. County:

62. State:

63. Zip:

<u>825 NW IVY</u>	<u>Camas</u>	<u>CLARK</u>	<u>WA</u>	
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64. At the time of initial contact with the offender, or when last seen, what was the victim doing?

morning Hitchhiking 8-2-74 - Reported 8-4-74 @ 1500
9:30 A.M.

Location of body find: **identified**, **unidentified**, or **skeletal remains**:

65. Street:

66. City:

67. County:

68. State:

69. Zip:

<u>Dole Valley Rd &</u>	<u>Yacolt</u>	<u>CLARK</u>	<u>WA</u>	<u>986</u>
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Rock Creek Bridge**Type of site**; note that this is not the street address [as above]. List all that apply for each site70. Victim last seen site: HOUSE

(e.g., House, Woods, Dumpster, Park)

71. Death/Assault site: woods-secluded

(e.g., House, Woods, Dumpster, Park)

72. Body recovery site: WOODS

(e.g., House, Woods, Dumpster, Park)

73. Was the body recovery site in or about the victim's residence? 1 ☐ Yes 2 ☒ No74. If applicable, the victim's work place was: (check all that apply) - not empl1 ☐ Last known location of the victim prior to assault/murder3 ☐ Murder or major assault site2 ☐ Initial contact site between the offender and victim4 ☐ Victim found or body recovery siteBODY DISPOSITION

75. How did the offender dispose of the body?

1 ☒ Unconcerned whether or not body was discovered2 ☐ Concealed, hidden, or placed in order to prevent discovery3 ☐ Deliberately displayed or placed to ensure discovery

76. Did the offender intentionally place the body in an unusual position? (e.g., staged or posed)

1 ☐ Yes 2 ☒ No

77. Was there writing or carving **on the body**?

1 ☐ Yes _____ 2 ☒ No (if NO, go to 79)

78. What instrument was used to write or carve **on the body**?

1 ☐ Knife or sharp instruments 3 ☐ Blood 5 ☐ Writing instrument (pen, etc.)
2 ☐ Fingernail polish 4 ☐ Lipstick 88 ☐ Other _____

79. Is there reason to believe the offender moved the body from the assault/death site to the body recovery site?

1 ☒ Yes 2 ☐ No

80. The body was discovered: **(check all that apply)**

1 ☐ In a building 5 ☐ Bagged 9 ☐ Not concealed/In plain view
2 ☐ In a vehicle 6 ☐ Hanging 10 ☐ Concealed/Covered
3 ☐ Buried 7 ☒ Dumped in wooded area 88 ☐ Other _____
4 ☐ In water 8 ☐ In a container (box, dumpster, trunk, etc.)

81. Condition of body when found: **(check all that apply)**

1 ☐ Fresh 3 ☐ Decomposing 5 ☐ Mummified 7 ☐ Parts scattered, skeletal
2 ☐ Burned 4 ☒ Parts scattered, not skeletal 6 ☐ Skeletal remains

82. If the body was weighted, then thrown or placed in water, how was it weighted? **(check all that apply)**

1 ☒ N/A 2 ☐ Rocks 3 ☐ Chain 4 ☐ Metal 5 ☐ Cement 88 ☐ Other _____

RESTRAINTS USED ON VICTIM

83. Is there evidence that the victim was bound? 1 ☐ Yes 2 ☒ No (if NO, go to 87)

84. What was used to bind the victim? **(check all that apply)**

1 <input type="checkbox"/> Nylons, Pantyhose	5 <input type="checkbox"/> Underclothing	9 <input type="checkbox"/> Coat hanger	13 <input type="checkbox"/> Cord	17 <input type="checkbox"/> Leather
2 <input type="checkbox"/> Socks	6 <input type="checkbox"/> Other clothing	10 <input type="checkbox"/> Tape	14 <input type="checkbox"/> Chain	18 <input type="checkbox"/> Handcuffs
3 <input type="checkbox"/> Scarf	7 <input type="checkbox"/> Rope	11 <input type="checkbox"/> Electrical cord	15 <input type="checkbox"/> Belt	19 <input type="checkbox"/> Plastic ties/Flexcuffs
4 <input type="checkbox"/> Nightgown/Negligee	8 <input type="checkbox"/> Wire	12 <input type="checkbox"/> String/Twine	16 <input type="checkbox"/> Shoelaces	88 <input type="checkbox"/> Other

85. Parts of the victim that were bound: **(check all that apply)**

1 <input type="checkbox"/> Gagged	4 <input type="checkbox"/> Legs	7 <input type="checkbox"/> Hands & ankles bound together
2 <input type="checkbox"/> Hands (in front)	5 <input type="checkbox"/> Feet/Ankles	8 <input type="checkbox"/> Arms bound to torso
3 <input type="checkbox"/> Hands (in rear)	6 <input type="checkbox"/> Neck	88 <input type="checkbox"/> Other

86. The restraining device(s) was:

1 ☐ Brought to the scene by the offender 2 ☐ Found at the scene by the offender 3 ☐ Unknown

87. Was the body tied to an object or other victim? 1 ☐ Yes _____ 2 ☒ No

88. Was there evidence of an object or a gag having been placed in or over the victim's mouth?

1 ☐ Yes _____ 2 ☒ No

89. Was victim blindfolded? 1 ☐ Yes _____ 2 ☒ No

90. In your opinion was the victim's face covered or turned away in a manner that would indicate that the offender was uncomfortable with the victim's eyes staring at him/her?

1 ☐ Yes _____ 2 ☒ No

CLOTHING AND PROPERTY OF VICTIM

91. Clothing on victim when found:

- 1 ☐ Dressed (appropriately dressed for the occasion, time/location) 3 ☒ Nude
 2 ☐ Partially undressed

92. Is there evidence the victim was re-dressed by the offender?

- 1 ☐ Yes, same clothing 2 ☐ Yes, different clothing 3 ☒ No

93. Is there evidence to suggest that the victim's clothing had been ripped, torn, or cut by the offender?

- 1 ☐ Items ripped/torn _____ 2 ☐ Items cut _____ 3 ☒ No

94. Victim's clothing (not on the body) found at the body recovery site:

- 1 ☒ None 2 ☐ Piled neatly 3 ☐ Scattered 4 ☐ Dumped 5 ☐ Hidden

95. Were items of the victim's clothing missing from the body recovery site?

- 1 ☒ Yes (describe) found nude skeleton 2 ☐ No

96. Did the offender take small personal items from the victim? (This question focuses on **trophies** and **souvenirs** which may not be valuable--e.g., bra, panties, photos, driver's license, real or costume jewelry, etc.)

- 1 ☐ Yes (describe) _____ 2 ☒ No

ELEMENTS OF UNUSUAL ASSAULT

97. Did the offender disfigure the body in order to delay identification of the victim?

- 1 ☐ Yes _____ 2 ☒ No

98. Were body parts removed by offender?

- 1 ☐ Yes 2 ☒ No (if NO, go to 101)

99. Dismemberment method:

1 <input type="checkbox"/> Bitten off	3 <input type="checkbox"/> Cut - Unskilled/Rough-cut	5 <input type="checkbox"/> Sawed off
2 <input type="checkbox"/> Cut - Skilled/Surgical	4 <input type="checkbox"/> Hacked/Chopped off	88 <input type="checkbox"/> Other

100. Body parts removed: (check all that apply)

1 <input type="checkbox"/> Head	5 <input type="checkbox"/> Eye(s)	11 <input type="checkbox"/> Arm(s)	16 <input type="checkbox"/> Nipple(s)
2 <input type="checkbox"/> Scalp	7 <input type="checkbox"/> Ear(s)	12 <input type="checkbox"/> Leg(s)	17 <input type="checkbox"/> Anus
3 <input type="checkbox"/> Face	8 <input type="checkbox"/> Nose	13 <input type="checkbox"/> Feet	18 <input type="checkbox"/> Genitalia
4 <input type="checkbox"/> Teeth	9 <input type="checkbox"/> Hand(s)	14 <input type="checkbox"/> Toe(s)	19 <input type="checkbox"/> Internal organs
5 <input type="checkbox"/> Nails	10 <input type="checkbox"/> Finger(s)	15 <input type="checkbox"/> Breast(s)	88 <input type="checkbox"/> Other

101. Torture or unusual assault on victim: (check all that apply)

1 <input checked="" type="checkbox"/> None	7 <input type="checkbox"/> Body or parts of body skinned
2 <input type="checkbox"/> Mutilated/Disfigured	8 <input type="checkbox"/> Offender explored, probed, mutilated cavities/wounds of the victim
3 <input type="checkbox"/> Victim whipped	9 <input type="checkbox"/> Evidence of cannibalism/vampirism
4 <input type="checkbox"/> Burns on victim	10 <input type="checkbox"/> Drugged/Sedated
5 <input type="checkbox"/> Victim run over by vehicle	88 <input type="checkbox"/> Other
6 <input type="checkbox"/> Body parts removed	

SEXUAL ASSAULT

102. Is there evidence of sexual assault to victim or any of the victim's organs or body cavities? (if NO, go to 105)

1 ☐ Yes 2 ☐ No 3 ☒ Unable to determine

103. Evidence suggests sexual assault was:

1 ☐ Antemortem 2 ☐ Postmortem 3 ☐ Both 4 ☒ Unable to determine

104. Type of sexual assault, or attempt: (check all that apply)

1 ☐ Offender performed oral sex on victim 3 ☐ Vaginal 88 ☐ Other _____
2 ☐ Victim performed oral sex on offender 4 ☐ Anal

105. Was semen found in body cavity(s) of the victim? (check all that apply)

1 ☒ No 2 ☐ In vagina 3 ☐ In anus 4 ☐ In mouth 88 ☐ Other _____

106. Was there evidence of other ejaculation?

1 ☒ No 2 ☐ On the body of the victim _____ 3 ☐ Elsewhere at the scene _____

107. Foreign objects inserted into openings of the victim's body and **present** when the victim was discovered. (if none, go to 109)

OBJECT

1 <input type="checkbox"/> Bathroom implements	8 <input type="checkbox"/> Food item - Real/Plastic	15 <input type="checkbox"/> Pipe/Metal object
2 <input type="checkbox"/> Bottle	9 <input type="checkbox"/> Gun	16 <input type="checkbox"/> Stick/Piece of wood
3 <input type="checkbox"/> Curling iron	10 <input type="checkbox"/> Hammer/Bat/Broom handle, etc.	17 <input type="checkbox"/> Unknown hard object
4 <input type="checkbox"/> Dildo/Vibrator	11 <input type="checkbox"/> Kitchen implements	18 <input type="checkbox"/> Wire/Hanger/TV antenna
5 <input type="checkbox"/> Dirt/Rocks	12 <input type="checkbox"/> Knife	88 <input type="checkbox"/> Other
6 <input type="checkbox"/> Feces/Dirt/Rocks, etc.	13 <input type="checkbox"/> Mechanics tools	
7 <input type="checkbox"/> Flashlight	14 <input type="checkbox"/> Pencil/Pen/Marker, etc.	

BODY OPENING: _____

108. Foreign objects inserted into openings of the victim's body but **removed** before victim was discovered.

BITE MARKS ON VICTIM

109. Did the offender bite the victim? 1 ☐ Yes 2 ☒ No

110. Location of bite marks: (check all that apply)

1 <input type="checkbox"/> Face	4 <input type="checkbox"/> Abdomen	7 <input type="checkbox"/> Buttocks	10 <input type="checkbox"/> Arms/Hands	88 <input type="checkbox"/> Other
2 <input type="checkbox"/> Neck	5 <input type="checkbox"/> Chest	8 <input type="checkbox"/> Groin	11 <input type="checkbox"/> Legs/Feet	
3 <input type="checkbox"/> Breasts	6 <input type="checkbox"/> Back	9 <input type="checkbox"/> Genitalia	12 <input type="checkbox"/> Thighs	

CAUSE OF DEATH

111. What was the Medical Examiner's or Coroner's officially listed **cause** of death? (check all that apply)

- | | | |
|---|---|---|
| 1 <input type="checkbox"/> Airway Occlusion--Internal | 9 <input type="checkbox"/> Drowning | 18 <input type="checkbox"/> Poison/Chemical/Drug |
| 2 <input type="checkbox"/> Asphyxia | 10 <input type="checkbox"/> Electrocution | 19 <input type="checkbox"/> Smothering |
| 3 <input type="checkbox"/> Blunt Force Injury | 11 <input type="checkbox"/> Explosive Trauma | 20 <input type="checkbox"/> Stab Wounds |
| 4 <input type="checkbox"/> Burns--Chemical | 12 <input type="checkbox"/> Firearms | 21 <input type="checkbox"/> Strangulation, Ligature |
| 5 <input type="checkbox"/> Burns--Fire | 13 <input type="checkbox"/> Hanging | 22 <input type="checkbox"/> Strangulation, Manual |
| 6 <input type="checkbox"/> Burns--Scalding | 14 <input type="checkbox"/> Hypothermia/Exposure | 23 <input type="checkbox"/> Torso Compression |
| 7 <input type="checkbox"/> Crushing Injury | 15 <input type="checkbox"/> Malnutrition/Dehydration | 24 <input checked="" type="checkbox"/> Undetermined |
| 8 <input type="checkbox"/> Cutting/Incising Wounds | 16 <input type="checkbox"/> N/A | |
| | 17 <input type="checkbox"/> Other <u>possible suffocation</u> | |

TRAUMA

112. Estimated # of stab wounds: _____ 113. Estimated # of cutting wounds: _____

114. Estimated # of blunt force wounds: _____ 115. Estimated # of gunshot wounds: _____

Please complete 116 & 117 for all wounds inflicted. If a firearm was used, please complete questions 118 & 119 for range and caliber information. If more than one firearm was used, fill in the information for each firearm.

RANGE = 1) **Distant** (no stippling/tattooing present)

3) **Close** (powder residue/tattooing present)

2) **Intermediate** (stippling/tattooing present)

4) **Contact**

116. Location of Wounds: 117. Number of wounds: 118. Range 119. Caliber/gauge

WEAPONS

120. 1 ☐ Recovered at the scene 2 ☐ Recovered elsewhere _____ 3 ☒ Not recovered

121. Type of weapon(s) used by the offender in this assault: **(check all that apply)**

- 1 ☒ None 4 ☐ Bludgeon or club 7 ☐ Unable to determine
 2 ☐ Firearm 5 ☐ Ligature 8 ☐ Other weapon _____
 3 ☐ Stabbing or cutting weapon 6 ☐ Hands or feet

122. Weapon(s) used: **(check all that apply)**

STABBING OR CUTTING WEAPON**FIREARM**

1 <input type="checkbox"/> Pocket knife	6 <input type="checkbox"/> Screwdriver	10 <input type="checkbox"/> Shotgun	15 <input type="checkbox"/> Military -- AK-47, AR-16, etc
2 <input type="checkbox"/> Hunting knife	7 <input type="checkbox"/> Razor blade	11 <input type="checkbox"/> Rifle	16 <input type="checkbox"/> Other firearm
3 <input type="checkbox"/> Folding knife	8 <input type="checkbox"/> Other cutting	12 <input type="checkbox"/> Revolver	17 <input type="checkbox"/> Unknown firearm
4 <input type="checkbox"/> Kitchen knife	9 <input type="checkbox"/> Unknown cutting	13 <input type="checkbox"/> Semi-auto / Auto-loading pistol	
5 <input type="checkbox"/> Ice pick		14 <input type="checkbox"/> Handgun – Unknown if auto or revolver	

BLUDGEONING WEAPON**LIGATURE**

18 <input type="checkbox"/> Hammer	23 <input type="checkbox"/> Rock	27 <input type="checkbox"/> Rope/Cord	33 <input type="checkbox"/> Scarf
19 <input type="checkbox"/> Tire iron	24 <input type="checkbox"/> Bottle	28 <input type="checkbox"/> Belt	34 <input type="checkbox"/> Wire
20 <input type="checkbox"/> Club	25 <input type="checkbox"/> Other bludgeon	29 <input type="checkbox"/> Necktie	35 <input type="checkbox"/> Telephone cord
21 <input type="checkbox"/> Stick	26 <input type="checkbox"/> Unknown bludgeon	30 <input type="checkbox"/> Sock(s)	36 <input type="checkbox"/> Shoestrings
22 <input type="checkbox"/> Ball bat		31 <input type="checkbox"/> Nylons	37 <input type="checkbox"/> Other ligature
		32 <input type="checkbox"/> Pantyhose	38 <input type="checkbox"/> Unknown ligature

123. Weapons(s) used by the offender:

- 1 ☐ Found at scene by offender 2 ☐ Brought to scene by offender

CRIME SCENE

124. If the initial contact or assault on the victim was *in a building*, how did the offender gain entry?
- 1 ☐ Building open to public 3 ☐ Non-forced entry 5 ☐ Let in by 3rd person 7 ☐ Unknown
 2 ☐ Let in by victim 4 ☐ Forced entry 6 ☐ Offender lived/had right to be there 88 ☐ Other _____
125. Did the offender(s) disable the telephone, security system, or other utilities? 1 ☐ Yes 2 ☒ No
126. The property at the crime scene was: **(check all that apply)**
- 1 ☐ Undisturbed 2 ☒ Disturbed 3 ☐ Ransacked 4 ☐ Vandalized 5 ☐ Burned
127. Did the offender(s) destroy/attempt to destroy evidence at the crime scene?
 1 ☐ Yes _____ 2 ☒ No
128. Did the offender write or draw **at the crime scene(s)**?
 1 ☐ Yes (describe) _____ 2 ☒ No (if NO, go to 130)
129. Instrument used to write or draw **at the crime scene(s)**:
 1 ☐ Knife or sharp instrument 3 ☐ Lipstick 88 ☐ Other _____
 2 ☐ Blood 4 ☐ Writing instrument (pen, etc.) _____
130. Did evidence suggest a deliberate or unusual ritual, act, or thing that had been performed on, with, or near the victim (such as orderly formation of rocks, burnt candles, dead animals, defecation, etc.)?
 1 ☐ Yes (describe) _____ 2 ☒ No
131. Were significant item(s) taken from the victim or the crime scene? (Items usually taken in burglaries--tv, stereo, money.)
 1 ☐ Yes (describe) _____ 2 ☒ No

EVIDENCE, FINGERPRINTS, DNA

List all evidence of important to this case and/or evidence that could possibly link this case with other similar cases. e.g.: Blood, Weapons, Ammunition, Shoe/Tire impressions, Trace evidence, other significant item(s).

132. Evidence item #:	133. Description (include model, serial #, etc.):
1	
2	
3	
4	
5	
6	
7	
8	

134. Were comparable latent fingerprints obtained in this case? 1 ☐ Yes 2 ☒ No

135. Blood, other fluid, body specimens, or other items preserved for or DNA tested:

Fluids/Specimens/Items: NA Details: _____