

Death Cases

6.05.01 PURPOSE

This order describes the procedures for the preliminary investigation of death cases and delineates responsibilities of the responding officers, supervisors, and the Office of the Chief Medical Examiner (OCME). This order does not cover In-Custody Deaths (DGO 8.12) or Investigations of Officer-Involved Shootings and Discharges resulting in death (DGO 8.11).

6.05.02 DEFINITIONS

Department of Public Health’s Comprehensive Crisis Services (CCS) supports the needs of children, youth, adults, and families impacted by violence and/or mental health crises. CCS routinely responds to homicide scenes. CCS can provide clinical support, therapy, and crisis case management services. If needed, members may contact CCS directly or refer individuals to CCS at (415) 970-3800.

Dying Declaration is a statement made by a dying person regarding the cause and circumstances of their impending death.

Human Service Agency Family and Children’s Services (FCS) responds to suspected child abuse, neglect, or exploitation reports. If needed, members may contact FCS directly at (415) 558-2650.

Member refers to sworn personnel, unless otherwise specified.

San Francisco Street Violence Intervention Program (SVIP) is a street outreach and crisis response program that aims to reduce and intervene in street violence. SVIP members routinely respond to homicide scenes resulting from street violence and can be identified by a jacket/windbreaker with an “SVIP” logo.

Sudden Infant Death Syndrome (SIDS) is “the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.” (California Department of Public Health)

6.05.03 POLICY

Members’ primary responsibility in a death case is to determine whether any crime occurred which contributed to the death. To preserve potential evidence, the initial response to any death case should treat the location as a crime scene until determined otherwise. Members should make

reasonable efforts to protect the decedent's privacy and dignity. Members are reminded that they may only take or use a photograph of the deceased for law enforcement purposes (PC 647.9). After members conduct a preliminary investigation, the OCME is the lead investigating agency for SIDS, suicides, overdose deaths, and natural death cases. The Homicide Unit is the lead investigating unit for suspicious deaths and homicides. Homicides and suspicious deaths which occur in San Francisco under the jurisdiction of other law enforcement entities (e.g., SF Sheriff's Department, UCSF Police Department, BART Police Department, etc.) may be investigated by that jurisdiction; or by San Francisco Police Department's (SFPD) Homicide Unit if requested by the other jurisdiction, and at the discretion of the Deputy Chief of the Investigations Bureau.

6.05.04 PROCEDURES

A. General Procedures During Death Investigations

1. **Determining Death** - A member who discovers or is dispatched to the scene of a death shall ensure an ambulance has been called and immediately initiate life-saving procedures, if appropriate. Even if death is evident, such as rigor, rotting/advanced decomposition, evisceration of heart/brain, decapitation, or lividity, an ambulance is needed as paramedics declare the time of death. If the paramedics determine that the person is dead, members shall note the time of death and confirm paramedics have contacted the OCME to respond to the scene.

If there is any doubt concerning the manner of death, members shall obtain a statement from OCME personnel clarifying whether the death appears natural or suspicious. If SFPD and OCME personnel disagree concerning the nature of the death, an SFPD supervisor shall immediately contact the Lieutenant of Homicide through the Department Operations Center to discuss the investigation.

2. **Searching or Moving a Body** - Members shall not search nor move a body, except in the following situations:
 - a. If the member believes their life or the lives of others are in danger if the body is not searched or moved immediately.
 - b. If failure to move the body would likely result in its loss (e.g., by fire, ocean currents, etc.). If possible, this decision should be made by a supervisor.
 - c. With the permission of OCME.

Whenever a body is moved or searched prior to the arrival of the OCME, members shall notify the OCME, document the reason in the incident report, and document the name of the individual who authorized the search or movement, if applicable.

3. **Witnessing Searches** - Members should witness searches by OCME personnel and obtain an OCME property receipt for any property taken from the body or the premises. A Homicide Investigator, with the consent of OCME personnel, may take charge of any evidence relating to a suspected homicide.

4. OCME Property Receipt - Members shall scan and digitally attach the OCME property receipt to the incident report and book the original into evidence. Members shall describe the details of the search and any property taken in the incident report.

No OCME property receipt will be issued to members who leave the scene based on the below conditions. Members shall note in the incident report that no OCME property receipt was received due to leaving the scene.

5. Leaving the Scene - Members may leave the scene of a death case prior to OCME personnel's arrival only when the following conditions are present:
 - a. The death appears to be the result of natural causes;
 - b. The OCME personnel will be delayed more than 30 minutes;
 - c. There is no reason to remain at the scene (e.g., a relative is willing to take responsibility for the deceased); and
 - d. Authorization is received from an on-scene supervisor.
6. Unidentified Dead Bodies - If the deceased's identity cannot be established after the OCME arrives, the OCME will issue a "John Doe" or "Jane Doe" number for the report.
7. Death Notification - Members are not responsible for, nor should members make, death notifications to relatives or family members; this is the responsibility of the OCME.
8. CAL/OSHA Notifications - Members may be required to notify Cal/OSHA regarding the death of an employee occurring in a place of employment or in connection with any employment. Members shall adhere to the current Department Notices regarding Cal/OSHA notifications.

B. Homicides and Suspicious Deaths

1. Investigative Procedures/Notifications - At the scene of a homicide or suspicious death, members shall immediately take the following steps:
 - a. Protect the crime scene and take all reasonable steps to ensure nothing is disturbed. When appropriate, use crime scene tape. Members should prevent anyone from entering the crime scene except for necessary emergency medical, law enforcement, and OCME personnel.
 - b. Initiate an Incident Log (SFPD 28A).
 - c. Notify a supervisor.
 - d. Note any video cameras which could have captured the incident.
 - e. Make the following notifications through the Department Operations Center (DOC):
 - i. The Office of the Chief Medical Examiner
 - ii. Crime Scene Investigations Unit
 - iii. Homicide Unit

2. Evidence (see DGO 6.02 Physical Evidence and Crime Scenes) - Members shall not touch a weapon or other potential evidence unless its loss or destruction is likely. Under no circumstances should members attempt to unload a firearm. If it is necessary to move evidence, don a pair of fresh latex gloves unless exigent circumstances require the evidence be moved without gloves. Ensure the original position of the evidence and its condition is documented via Body Worn Camera (BWC) and in the incident report. Notify the Homicide Investigators regarding any moved evidence. CSI is responsible for processing evidence at homicide and suspicious death scenes.
3. Witnesses - Members shall canvass the area for witnesses and record the names and addresses of persons present or persons who may have knowledge of the incident. Members should conduct initial interviews with anyone who may have information. Members should not show video or photographic evidence to witnesses without the approval of Homicide Investigators.

Generally, a witness to a crime may not be stopped and detained in any way or pat searched, and they may refuse to cooperate if they so choose. A brief detention is justified where exigent circumstances are present, such as where a violent crime has recently been reported. Members should detain for only the minimal amount necessary to obtain their information and determine their willingness to cooperate with the investigation. Members shall not transport victims or witnesses without their consent. (See DGO 5.03 Investigative Detentions)

4. Suspects - If there is a reasonable suspicion to detain a suspect at the scene, members should conduct any cold shows and remove the suspect from the interior crime scene as soon as feasible. Members should consult with a supervisor and/or Homicide Investigator before moving a suspect any substantial distance. Members should not Mirandize a suspect unless the suspect is a youth, as mandated by DGO 7.01 Policies and Procedures for Youth Non-psychological Detention, Arrest and Custody.
5. Family Members - If family members request information, members should put them in contact with Homicide Investigators or OCME personnel, if on scene. If the OCME or the Homicide Unit has not arrived on scene, but SVIP or a Department of Public Health (DPH) liaison is present, they may assist the family members. If after one hour or at the request of a family member, no Homicide Investigator or OCME personnel has made contact, a supervisor should contact DOC to obtain an estimated time of arrival for Homicide Investigators and/or OCME and provide that information to the family.
6. Dying Declarations - Members should attempt to obtain as much information as possible regarding the cause and circumstances of the incident from the injured party. When capturing information, members should confirm their BWC is activated. The following may be relevant information:
 - a. The Declaration is made under a sense of impending death.
 - c. Known suspect information is provided.
 - d. The cause and circumstances that led to the injury.

7. Bulletins/Teletypes - Members shall not disseminate bulletins or teletypes without the approval of a Homicide Investigator.
8. Remaining at the Scene - Members shall remain at the scene until the decedent is removed by OCME personnel and the members are released by the Homicide Unit. When the deceased is transported to the hospital, members must remain at the hospital until the OCME arrives or until released by the Homicide investigator.

C. Accidental Overdose Deaths - Most overdose deaths are categorized as accidents, but certain factors may be relevant to a potential criminal investigation.

1. Investigative Procedures/Notification - At the scene of an overdose death, members shall immediately take the following steps:
 - a. Take all reasonable steps to ensure that nothing is disturbed.
 - b. Notify a supervisor.
 - c. Interview any witnesses present to determine the name of the deceased, the narcotics ingested, and if they know who sold the deceased the narcotics or where the narcotics were purchased.
 - d. Note any video cameras which could have captured the narcotics deal or overdose.
 - e. Note any narcotics or narcotics paraphernalia at the scene.
 - f. If a member administered Naloxone during life-saving measures, inform EMS/paramedics that Naloxone was administered. The member shall give the used intranasal Naloxone device to EMS/paramedics for disposal in accordance with current Department Notice on "Opiate Overdose Prevention and Treatment."

Advise the OCME of the above facts upon their arrival, as the OCME will collect any relevant evidence at the scene of an overdose. Members shall document any of the above facts in the incident report.

D. SIDS - It is critical that responding members possess the skill, knowledge, and sensitivity necessary to ensure a competent preliminary investigation while remaining aware of the impact these incidents have on the survivors. A complete preliminary investigation into the circumstances surrounding the sudden death of an infant is essential in order to separate natural or accidental death from criminal misconduct.

1. Procedures/Notification - At the scene of an apparent SIDS death, members shall immediately take the following steps:
 - a. Establish control of the location where the infant was first discovered and preserve any evidence that may assist in the determination of the cause of death (blankets, bedding with vomit, etc.).
 - b. Notify a supervisor.
 - c. Contact Family & Children Services (FCS) and report the incident.
 - d. If appropriate, assist the parents or care providers in preparing to accompany the infant to the hospital. This assistance may include arranging for the immediate care of any children remaining at the scene, securing the location, etc.

2. Identification and Interviewing Persons at the Scene - Members should remember that parents, caregivers, and even first responders may suffer a variety of emotional responses, and these responses cannot be predicted.
 - a. Members shall identify and document all persons involved and/or present.
 - b. Inform the parents or caregivers why the interview is necessary.
 - i. In cases of an apparent SIDS incident, the parents or caregivers should be informed as to how the interview and investigation will proceed. Members should explain the importance of gathering the information while it is fresh in their minds and that both an incident report will be generated and the OCME may have additional questions.
 - c. Members should attempt to gather and document who found the baby, relevant times and circumstances, positions, and whether anything else was in the crib/sleeping area.

E. Suicides

1. Investigative Procedures/Notification - At the scene of an apparent suicide, members shall immediately take the following steps:
 - a. Take all reasonable steps to ensure that nothing is disturbed.
 - b. Notify a supervisor.
 - c. Interview any witness or person present to determine the name of the deceased and any known circumstances surrounding the incident.
 - d. Note any instruments of death present (knife, pills, ligature, etc.) and/or a suicide note. The OCME will take any suicide note and the instrument of death.

- F. End of Life Option Act Deaths - California's End of Life Option Act authorizes an adult who meets certain qualifications and has been determined by their attending physician to be suffering from a terminal disease to request a drug prescription to be self-administered for the purpose of ending their own life. Nothing in the Act authorizes a physician or any other person to end an individual's life by lethal injection, mercy killing, or active euthanasia. Patients who activate the End of Life Option Act intend to pass away peacefully without the involvement of emergency services; however, there are rare times when police and fire are summoned.

Upon arrival, members may be presented with documents such as a Physician's Order for Life-Sustaining Treatment (POLST), an Advanced Directive, and/or a final attestation form signed by the decedent, although these documents are not legally required by the Act. Members should attempt to contact the deceased's physician to confirm they will sign the death certificate. In these instances, the family often prearranges for a funeral home to collect the deceased. There is no requirement to contact the OCME, nor is a police report required, unless other circumstances dictate a report should be written. Members shall document in the CAD event that the incident is an End of Life Option Act death.

- G. Health and Well-Being - A death case can be a traumatic event that can negatively affect members of the public and members involved.
1. Public - Members may refer any member of the public to DPH CCS and, if applicable, follow the established procedures for victim of violent crime notification as set forth in DGO in 6.19 Victim of Violent Crime Notification.
 2. Sworn and Non-sworn Members - The Behavioral Science Unit, Critical Incident Response Team (CIRT), is a valuable resource for all members involved in a traumatic incident. Supervisors shall notify the on-call CIRT through DOC as specified in 8.04 Critical Incident Response Team.

References

California Department of Public Health- Sudden Infant Death Syndrome Program
Incident Log (SFPD 28A)
DGO 5.03 Investigative Detentions
DGO 6.02 Physical Evidence
DGO 6.19 Victim of Violent Crime Notifications
DGO 7.01 Policies and Procedures for Juveniles Detention, Arrest, and Custody
California Evidence Code section 1242
California Health and Safety Code, Division 1, Part 1.85, Section 443-443.22 “End of Life Option Act”
Department Notice: Opiate Overdose Prevention and Treatment - Naloxone Hydrochloride
Department Notice: Reporting Requirements for Cal/OSHA