

A Guide with Real Documents to include Autopsies in your Games



http://www.threefourteengames.es

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Three

Fourteen

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AUTOPS

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> Purveyors of Fine Games and Goods

The documentation on autopsies presented in this booklet is a copy of official documents used in Spain (adapted to an international audience and with minor changes).

Data are entered into these forms, by hand, and the documents are at the specialists' disposal in the form of photocopied sheets. We have chosen not to enhance the quality of the images on purpose, to keep the true appearance, with some sheets showing blurred images, or even non-horizontal text, as we explained, because they come from originally photocopied sheets.

Autopsies in your games: You can use the whole or part of these props in your games, a partial report lost on purpose with some scribbled notes? A secret dossier with strange conclusions? A bunch of deaths due to the same causes in the same spot during fifty years...? We give you the prop, you create the game!

EXTERNAL AUTOPSY

The first step before beginning the external analysis is to take photographs of the body. The recorded notes the clothes the corpse is in, as well as the type and location of any personal effects on the body. These are then removed. At this point, any kind of remains alien to the body are searched for and noted down (an ultraviolet light can assist this search): wood or metal shards, vegetal remains, et c., before being disposed of. If the examiner judges it necessary, he can take samples of skin, hair, nails and any other suspect items are taken for further research before the analysis of marks, scars and wounds begins.

With the body already naked and stripped of alien remains, the specialist passes on to the first examination of the wounds. The corpse is thoroughly cleaned to take external measurements in the best condition. Physical data are noted down: height and weight, race specifications, skin, eyes and hair colour, birth marks, tattoos and so on. In the same way, total or partial X-ray images may be taken.

INTERNAL AUTOPSY

Before the main incision, the corpse's back is placed on a block to elevate the chest while the neck and arms remain lower. This gives the examiner a better angle to reach the internal organs. Usually, a Y-shaped cut is done on the chest. The upper "arms" of the Y begin at the shoulders and reach the lower part of the sternum, while the rest of the cut continues the pubic area. As is obvious, there is no bleeding during this process, since gravity keeps the blood stored in the lower half of the body - or, simply, it is already coagulated. An exception to this process occurs when a victim has drowned; in such cases residual bleeding can occur during this step.

The chest is opened with the help of a chainsaw or pliers. Then, the ribs are cut in the side to extract the whole bones' block in one piece. At times, remains of tissue stuck to the bones will have to be scratched off, using a scalpel. The next step is to remove the organs one by one (or in small groups).

The first organs to be taken into account are the heart (and its pericardial sac), and the lungs. The usual procedure is to take a blood sample directly from the vena cava for further analysis, as well as to examine the pulmonary arteries in search of blood clots. The major blood vessels are also usually analysed.

Each organ is examined and weighed. The examiner can take tissue samples for further analysis if he deems it necessary. One of the more relevant steps is the examination on the contents of the digestive tract: stomach and intestines. This can reveal the presence of poison and provide an estimate of the time when the person eat his or her last meal (as indicated by the degree of digestion the food is in).

Once the examination of the organs is finished, the head is taken care of. The same block used to elevate the torso is now relocated under the head. A cut from one ear up to the other is done, through the back part of the head. The technician needs to exercise care to damage the visible part of the face if the victim's family has requested a viewing or plans any open casket ceremonies. The skin is taken aside and the rest of the cranium is sawed off to "un-cap" it. The bindings between the brain, cranium and spinal cord are cut off, to extract the former. If further analysis of the brain is called for, the usual procedure is to leave it in a formaldehyde solution during a period of between two and four weeks. In this way, not only is it preserved, but it gains some stiffness that will help at the time of cutting it.

As the autopsy ends, the previously removed ribs' block is put back into place, and the original incision is sewn off. This leaves the cadaver ready to be prepared and made up if it needed for funerary services.

Protocol Nr.

ADDRESS:

NAME: TELEPHONE: AUTOPSY'S DATE: GENDER: AGE: WEIGHT: HEIGHT: DATE OF DEATH: PLACE OF DEATH: REMOVAL: ETIOLOGY OF DEATH: CAUSE OF DEATH:

NATURE OF DEATH: WORK-RELATED:

MOTIVE: COURT:

TRAFFIC/COLLISION BETWEEN VEHICLES: VICTIM'S LOCATION

1		2
3	4	5

VEHICLE (CLASS OF): VICTIM'S LOCATION

DRIVEN OVER SPECIFY VEHICLE:

DRIVEN OVER BY TRAIN

FIREARM

- TERRORIST ATTACK

BLADED ARM

PRECIPITATION

BURNS

ASPHYXIA

- HANGED
- STRANGLED
- IMMERSION
- SUFFOCATION

EXPLOSION

-TERRORIST ATTACK

DRUGS

TOXICS CRUSHED SPECIFY WAY FALL ELECTROCUTION OTHERS

- —
- _
- _

PRECEDENTS

- REFERRED
- OBJECTIFIED

PETITION OF ANALYTICS

- CHEMICAL-TOXICOLOGIC
- ANATOMO-PATHOLOGIC
- CRIMINALISTIC
- BIOLOGIC





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			Date	(YYYY/MM/DD):	•
Autop	sy Nr.:				[]
	PHOTO			Tochnicu	, FINGERPR.
Mi	mily Name ddle Initital. me				
Age Gender _	Weight		Height_		
[] Good] Average] Poor			Nutrition:	[] Good [] Average [] Poor
Skin colour <u>Hair a)</u> [] Black [] Brunette [] Blond [] White [] Bald	b) [] e []	Straight Curly Wavy		Eyes: [] Blac [] Brow [] Grey [] Bluc [] Grey	wn Y en
Eyebrows Ears: Size [] Smal [] Aver [] Big	1	lose		Moutł	1
FACIAL HAIR: Moustache		_ Beard			
Dental condition: [] Good [] Average [] Poor			Piec	es missing	a mos
Particular marking	s: Scars				
Observations:					

CADAVER'S EXAMINATION

¥ . 1

	aque ansparent alescent	Pupils:	[]Mydriasis []Miosis []
Cadaver's stiffness:	[]Complete []Partially []Surpassed	conserved	Rectal temp Evolution
Cadaver livid	[] V	'ixed Variable Do not exist or	are minimal
Putrefaction:	[]No externa []Present:	l manifestatior	15

TRAUMATOLOGICAL EXAM

CORONER'S OFFICE

AUTOPSY PROTOCOL





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AUTOPSY PROTOCOL

AUTOPSY Nr.

MEASUREMENTS SHEET

Length of the corpse Cephalic Perimeter Body weight Abdominal adipose depot (navel) cms./ft.inch. cms./ft.inch. kgrs./lbs. mms./inches

PERICARDIAL CAVITY

Pericardial Cav. Fluid	ml/oz	Heart (weight)	gr/oz
Right ventricle thickness	mm/in	Left ventricle's thickness	mm/in
Interventricular septum's thick	ness mm/in	Atrium'sr thickness	mm/in
Mitral valve's perimeter	mm/in	Aortal valve's perimeter	mm/in
Tricuspid valve's perimeter	mm/in	Pulmonary valve's perimeter	mm/in
Pulmonary artery's perimeter	mm/in	Ascending Aorta's perimeter	mm/in
Thoracic aorta's perimeter	mm/in	Abdominal aorta's perimeter	mm/in

THORAX

Pleura	al ca	vity's	fluid
Right	lung	(weigł	nt)

ml/oz grs/oz Left lung (weight)

gr/oz

ABDOMINAL CAVITY AND PELVIS

Peritoneal cavity's fluid	ml/oz	
Liver	grs/oz Spleen	gr/oz
Pancreas	grs/oz	
Right kidney	grs/oz Left kidney	gr/oz
Right adrenal gland	grs/oz Left adrenal gland	gr/oz
Right testicle	grs/oz Left testicle	gr/oz
Uterus	grs/oz	
Right ovary	grs/oz Left ovary	gr/oz

OTHERS

Thyroid	grs/c	s/oz Thymus	gr/oz
Pituitary gland	grs/c	s/oz	
Encephalous (whole) grs/c	3/oz	
Brain	grs/c	s/oz Cerebellum	gr/oz

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AUTOPSY PROTOCOL

AUTOPSY Nr. /

CENTRAL NERVOUS SYSTEM: ORGANS OF THE SENSES

Meniges:[] Dura [] Pia	[] Epidural sp. [] Subdural sp. [] Fluids	
[] Faix/tentorium	[] Venous sinuses [] C. of Willis [] M. Cer. Art.	
ENCHEPHALOUS grs/oz:	[] Stem grs/oz: [] Ext. area [] Cer. Aqueduct	
[] Cerebral peduncles	[] Pons [] Cerebellar peduncles	
[] Medulla oblongata	[] IV ventricle [] Choroid plexus [] Vessels	
[] Cerebellum grs/oz:	[] External area [] Grey mat. [] White mat. [] Nucle	i



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AUTOPSY PROTOCOL

AUTOPSY Nr. /

VERTEBRAL FORAMEN:Mening	ges []Dura	[]Pia	[]Cerebros	sp. fluid	[]Vessels
[]Spinal cord: [] []Dorsal Root Gang		Dorsal	[]Lumbar	[]Sacral	[]Tail



AUTOPSY Nr. /









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AUTOPSY PROTOCOL

AUTOPSY Nr. /

AUTOPSY PROTOCOL







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AUTOPSY PROTOCOL

AUTOPSY Nr. /

CIRCULATORY SYSTEM















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AUTOPSY PROTOCOL











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AUTOPSY PROTOCOL

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AUTOPSY PROTOCOL

AUTOPSY Nr. /

DIGESTIVE APPARATUS

CONTENTS OF THE TRACT

APPROXIMATE TIME OF LAST FOOD INGESTION

PRESENCE OF STRANGE BODIES

OTHER TOXICOLOGICAL EXAMS

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AUTOPSY PROTOCOL

AUTOPSY Nr.

[] Bucal cavity [] Stomach [] Tongue [] Duodenum [] Tonsils [] Jejunum-Ileon [] Salivary glands [] Appendix [] Esophagus [] Colon [] Supra-diaphragmatic [] Rectum regional lymphatic ganglia [] Anus [X] Indicates no macroscopic anomalies



- [] Peritoneum/peritoneal cavity
- [] Mesentery
- [] Epiploic app.
- [] Abdominal arterial vesels
- [] Subdiaphragmatic regional
- lymphatic ganglia

AUTOPSY PROTOCOL



AUTOPSY PROTOCOL

AUTOPSY Nr. /

URINAL SYSTEM

RIGHT	LEFT		
[] Perirenal tissues [] Kidney grs/oz [] Pelvis [] Ureter [] Renal vessels	[] Perirenal tissues [] Kidney grs/oz [] Pelvis [] Ureter [] Renal vessels		
[] Urinary bladde: [] Urethra [] Regional lymphatic ganglia			
[X] Indicates no macros	scopic anomalies		



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AUTOPSY PROTOCOL

AUTOPSY Nr. /

[] Parathyroids		[] Hypophysis [] Suprarenal	Thyroids Cortex [] Medulla	
[X] Indicates no	macroscopic ano	malies		



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AUTOPSY PROTOCOL

AUTOPSY Nr. /

LYMPHATIC SYSTEM



Considerations:

Conclusions:

Asked for:						
A)	Anatomo-pathological	tomo-pathological study of:				
	1	for	suspicion			
	2.	for	suspicion	of		
	3	for	suspicion	of		
	4.	for	suspicion	of		
	5	for	suspicion	of		

B) Toxicological study for suspicion of intoxication from:

Attached:

C) Radiologic study of

Examiner: Dr. Court:

Case nr.:

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AUTOPSY PROTOCOL



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AUTOPSY PROTOCOL

AUTOPSY Nr. /



Cranial bones

Body of mandible

Inferior maxillary bone (mandibule) right half, as seen laterally



Listing of infectious diseases transmitted by pathogenous agents whose presence qualifies a corpse as type I

- 1.- Haemorrhagic Fever from Crimea-Congo.
- 2.- Lassa Fever.
- 3.- Marburg.
- 4.- Ebola.
- 5.- Argentinian Haemorrhagic Fever (Junin).
- 6.- Bolivian Haemorrhagic Fever (Machupo).
- 7.- Encephalitic complex transmitted by vector

arthropods arbovirus): Absettarow, Hanzalova,

Hypr, Kumlinge, Kyasanur forest disease,

Haemorrhagic Fever of Omsk, Spring/Summer Russian Encephalitis.

8.- Herpesvirus simiae, B virus.

- 9.- Rabbies.
- 10.- Plague.
- 11.- Anthrax (Bacillus Anthracis).
- 12.- Diphteria.
- 13.- Cholera.
- 14.- Q Fever.
- 15.- Creutzfeldt-Jakob or others produced by
- prions
- 16.- Paralytic poliomyelitis.
- 17.- Rickettsia prowazekii Typhus.
- 18.- Yellow Fever.

"Locales for the execution of autopsycal clinical analysis must obey these regulations:

a) Autopsies' room with a minimum size of 20 square meters (215.28 sq ft), equipped with an autopsies' table, running water -hot and cold-, aspiration system, usable sink, anti-return mechanism, proper electrical lightning, direct or forced ventilation and, in any case, an air extraction system directly linked to the outside.

b) Corpses' freezers with a capacity of two corpses for every two hundred hospitalization beds (or fraction thereof).

c) Toilets with hot and cold water showers.

d) Office for a secretary.

e) Histopathologic laboratory (own or concerted).

f) Filing facilities for pieces, preparations, reports and photographs (own or concerted).

All the facilities should be equipped with the necessary furniture, tools and set of instruments."









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