

GYÖRGY TÓTH¹**Actual Issues of Determination of Death and Examination of the Dead on the Scene of Major Accidents and Catastrophes****Halálmegállapítás, halottvizsgálat aktuális kérdései tömeges baleset, katasztrófa helyszínén****Abstract**

In Hungary the occurrence of mass casualties with a great number of injuries and death is rare. However, when there are such situations, in addition to the provision of services to injured patients, the tasks of dealing with the dead are important as well, beginning with the initial medical elimination at the scene of the accident. Emergency patient care and the examination of the dead are very different tasks at the scene of a mass casualty, in contrast to a situation that does not force this type of medical sorting. In addition to the triage, it is necessary to have a specific order for the initial steps of pronouncing the person dead, death examination and the detailed tasks of the person performing these primary activities at the body holding area.

Key words: major accident, catastrophe, determination of death, examination of the dead

Absztrakt

Hazánkban nagyszámú sérüléssel és emellett jelentős számú halálozással is járó tömeges események ritkán fordulnak elő, jelentkezésük esetén az életben lévő betegek, sérültek ellátása mellett a halottakkal kapcsolatos teendők is meghatározóak, már a kárhely egészségügyi felszámolása kezdetén is. Mind az életben lévők oxológiai ellátása, mind a halottak vizsgálata tekintetében eltérőek a teendők a tömeges kárhelyen, szemben a diszkrepanciát nem okozó helyszínnel. A triage mellett a halálmegállapítás, a halottvizsgálat kezdeti lépéseinek, illetve a

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halottgyűjtőhelyen szükséges elsődleges tevékenységet ellátó személy részletes feladatait is szabályozni szükséges.

Kulcsszavak: tömeges baleset, katasztrófa, halálmegállapítás, halottvizsgálat

INTRODUCTION

The examination of a great number of injured and dead at the scene of a major accident requires specific knowledge and practical skills. The number of available rescue personnel, the high proportion of seriously injured patients with life-threatening injuries, the lack of ideal treatment conditions and the need for prompt treatment and transportation can create difficulties in providing services to the injured at the scene of major accidents and catastrophes.

The purpose of the medical categorization at the scene of the accident is to save as many lives as possible through the application of the principles of compromise medicine. Its implementation, organization of the rescue and management of the scene of the accident is the responsibility of the medical commander.

This method places those with injuries that can be saved at the front of the queue for care while the dead and those who are injured but cannot be saved at the back of the queue. Ambulance personnel use this method in spite of personal or material conditions, or the uncertain outcome, because if it is not implemented the rescue capacity is over-burdened resulting in an increased delay in providing patient services and a greater chance of their death. Both the determination of death and the examination of the dead are a very important part of on-the-spot activities. In addition to the current legislation, further protocols are needed.^{2,3}

THE CONCEPT OF MAJOR MEDICAL PROBLEMS USING THE TERMINOLOGY OF EMERGENCY MEDICAL CARE

MAJOR ACCIDENT

A mass or major accident is a situation where several injured have to be cared for in almost the same place, time and for similar reasons regardless of the severity of their condition. Based upon administrative definitions the exact number of injured was determined, however, During the on-the-spot medical treatment it is not only the number of injured but also their condition, the size of the ambulance team and their available equipment determine if medical treatment can be realized without compromises.⁴

² 1997. évi CLIV. törvény az egészségügyről, XII. fejezet.

³ 351/2013. (X. 4.) Korm. rendelet a halottvizsgálatról és a halottakkal kapcsolatos eljárásról

⁴ Góbl Gábor: Oxiológia, Medicina, Budapest, 2001, pp. 527-529.

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Discrepancy is a feature of on-site activity, when the number of rescue forces is fewer than the number of the injured or ill patients. This disproportion is transient, is usually limited to the site and affects the initial stage of the provision. After site confirmation and the previously called ambulance teams arrive the difference between the providers and the injured or ill patients is resolved.

The incidence of major accidents in Hungary is frequent, where a great number of people are injured in traffic accidents. The most cases of internal illness in patients at one place at the same time occur from poisoning.⁵

MASS CRASH OR MASS CATASTROPHE

The legal definition of a mass crash or mass catastrophe is that in addition to the perpetrator, there should be at least one other patient with serious bodily injury and nine other injured persons at the scene of the accident.⁶

A deadly mass crash is one that in addition to the large number of injured persons one person dies.⁷

DISASTER AND CATASTROPHE

Considering a number of variables makes it much easier to see the differences in these terms, guiding us to use them more appropriately.

A disaster is a severe event such as a massive flood, destructive tornado or hurricane, or human-caused or terrorist attack. The community may be affected, and resource need may overwhelm the local area, requiring outside assistance from the state or even federal government (as occurs with a presidential disaster declaration). These events disrupt the social order, psyche, and sense of security of those living in the region, and memories of such events may persist for generations. A catastrophe is an unusually extreme, rare event that affects an entire nation or part of the world. These events require extensive resource assistance from outside the region and a global response. The damage to the social order, psyche, and security of the country or countries affected may be profound and prolonged. Based on the United Nations definition, natural catastrophes are classified as great if a region's ability to help itself is distinctly overtaxed, making supraregional or international assistance necessary. As a rule, this is the case when there are thousands of fatalities, hundreds of thousands are left homeless, and/or overall losses are of exceptional proportions given the economic circumstances of the country concerned.⁸

⁵ Góbl Gábor: Oxológia, Medicina, Budapest, 2001, p. 530.

⁶ 2012. évi C. törvény a Büntető Törvénykönyvről, XXII. 232 §.

⁷ 2012. évi C. törvény a Büntető Törvénykönyvről, XXII. 232 §. (d.)

⁸ K. Joanne McGlown, Phillip D. Robinson: Anticipate, respond, recover: healthcare leadership and catastrophic events, Chicago, IL : Health Administration Press, 2011, pp. 3-18.

From a health care provision view point the term disaster or catastrophe is similar to the definition of a major accident, however, there is a focus on the large number of the injured. Although both start with dramatic suddenness, the emergence of many almost imperceptible effects that can be harmful to health and may cause death can be observed after a period of time.

This situation is usually apparent but typically the exact number is not initially known or is continuously increasing during the event becoming apparent only after a period of time thus resulting in the situation being considered a disaster.^{9,10}

A major accident is considered to be a disaster if the personal and technical capacity of the territorial administrative unit is insufficient to eliminate the health, technical and environmental damage, and external assistance is needed.

A disaster surpasses the mass casualty or the major accident by several orders of magnitude in everyday sense. Its size can extend to a part of a city, possibly to a partial or the entire territory of a county, or the country.¹¹

Act CXXVIII of 2011 on Disaster Relief and the amendments on certain acts related to Disaster Act defines catastrophe: Catastrophe is a state or condition appropriate for declaring, emergency or a state or situation of emergency which does not reach the prominence of this situation which endangers, threatens lives, health, material goods, basic care of the population, the natural environment and the natural values in a way or to an extent that the prevention, remedying or elimination of damages exceed the possibilities for defense of the organizations in the defined co-operation order and requires the introduction of special measures and a continuous and strict co-operation between local authorities and public bodies or requires international assistance.¹²

TRIAGE, AS THE BACKBONE OF THE COMPROMISE MEDICINE

The order of the priority of the on-the-spot medical treatment and the transportation of the injured to the right place is determined by classification on the basis of the diagnosis and the probable prognosis. It means the victims who do not show any life sign or dying patients or victims who cannot be saved in the given circumstances can become obvious at the time of the first examination.

⁹ Dr. Nagy Károly, Dr. Halász László: Katasztrófavédelem, egyetemi jegyzet ZMNE, Budapest, 2002, pp. 8-15.

¹⁰ Tóth György: Veszélyes anyaggal szennyezett tömeges kárhely egészségügyi felszámolása, Bolyai Szemle, 2011. XX. évf. 1. szám pp. 30-32.

¹¹ Peter A. and Peter L.: Considerations in Mass Casualty and Disaster Management. In: Dr. Michael Blaivas: Emergency Medicine - An International Perspective, InTech, 2012, pp. 143-182.

¹² 2011. évi CXXVIII. törvény a katasztrófavédelemről és a hozzá kapcsolódó egyes törvények módosításáról

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In case of discrepancy between service providers and recipients the activity that can be applied is the Triage. The injured are classified into five categories (Triage) as follows:¹³

- victims who can be saved, but their lives are in direct danger and need immediate care - "ABC unstable" injured patients - *in red color* (T1);
- victims whose lives are not in immediate danger, but need urgent medical care within 2-4 hours - "ABC stable" injured patients – *in yellow color* (T2);
- injured patients whose medical care can be delayed and do not become instable in spite of medical treatment over 4 hours and the intervention can be performed by rescue assistants - "ABC stable" injured patients - or victims suffering from psychological trauma, who may need supervision due to serious psychological reactions - "ABC stable" – *in green color* (T3);
- victims whose condition is so severe that they exceed the potential of the available therapeutic equipment, whose injury is so severe that they cannot be saved at the given time and place or whose conditions require too long complex surgical procedures or the personal and material conditions cannot be available on the scene of the accident, are considered to be "ineligible for urgent medical care" (Victims cannot be saved - T4), - "ABC unstable" – *in blue color*;
- victims when they are examined do not show any signs of life – *in black color* (Dead - H). (Table 1)

Class	Color	Features	Medical Care	Transportation
1.		acute life-danger	immediate	urgent
2.		severe injured patients	urgent	immediate or delayed
3.		light injured patients	delayed	delayed
4.		there is no chance of survival in the given situation	medical care, expectant	no
H.		without life signs	no	no

Table 1.: Classification categories and characteristics of injured persons during disasters and major accidents (own edition)

¹³ Dr. Major László: A katasztrófafelszámolás egészségügyi alapjai, Semmelweis, Budapest, 2010, pp. 169-174.

PRIMARY, START-TRIAGE¹⁴

At the incident site and at the scene of the of the injury an examination system is needed that can help to decide the priorities of the medical care fast, simply, with minimal time loss and with great security, thus it helps to form each classification group.

The examination algorithm is called START (simple triage and rapid treatment) system, which contains the following examination steps:

- *examination of the ability to walk*: injured patients who are able to walk do not require immediate medical care on the basis of the first examination – T3 category -, if they cannot walk, further examinations are needed;
- *respiratory examination*: in the absence of breathing, the airway should safely be opened. If the injured person does not breathe in spite of it, the injured is classified into the Dead (H) category, however, after the successful opening of the respiratory tract (in case of perceived breathing), the injured is classified to the T1 group, which means the patient is in need of immediate medical care. If breathing is observed with the initial test, further examination is carried out;
- *assessment of respiration*: A rate of under 9 or over 30 per minute requires immediate medical care – T1 category. For those between 9 and 30 additional examinations are performed;
- *examination of the peripheral circulation, assessment of the capillary replenishment time*: A heart rate of above 119 / min or when the capillary replication time is elongated (over 2 seconds) or the peripheral pulse cannot be taken or can be taken with difficulty, the injured is classified into T1 category due to the need of immediate medical care. The immediate medical care can be postponed for normal values, then the injured is classified into T2 category (Figure 1).

SECONDARY TRIAGE

Secondary or re-evaluative classification is performed at the Casualty Clearing Station where the injured are collected. Here, due to the higher number of the ambulance personnel, a more detailed examination can be performed to determine the priorities regarding to medical treatment and evacuation.

The *Revised Trauma Score (RTS)* system, used for physiological parameters, helps to classify the injured by adding respiration rate, systolic blood pressure, and GCS related scores.¹⁵

¹⁴ Kevin Mackway Jones: Major Incident Medical Management and Support, Wiley–Blackwell, 2012, pp. 96-97.

¹⁵ Kevin Mackway Jones: Major Incident Medical Management and Support, Wiley–Blackwell, 2012, pp. 98-99.)

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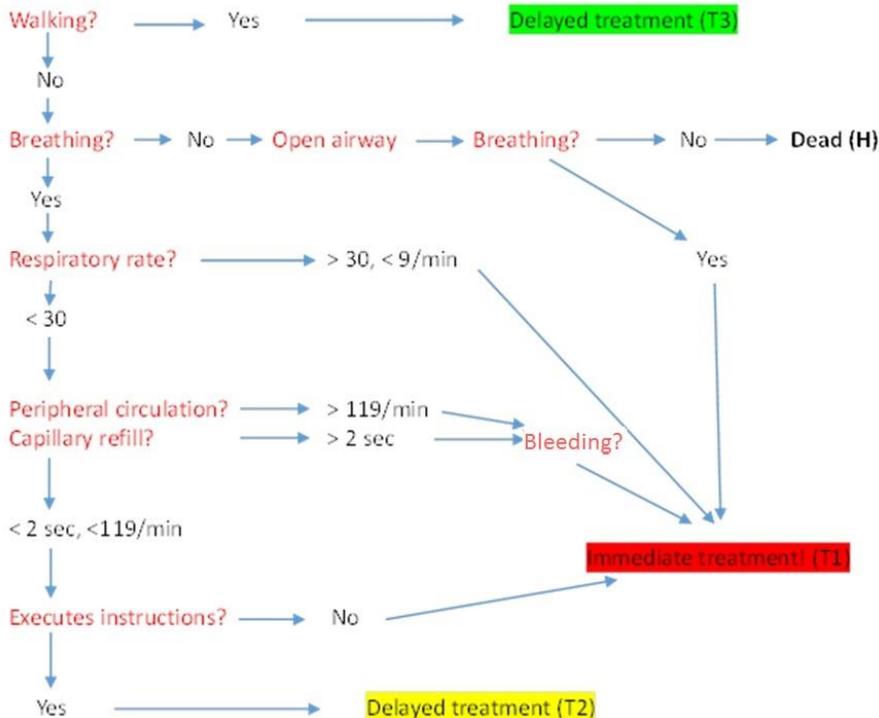


Figure 1.: Triage examination protocol (own edition)

PRONOUNCING A PERSON DEAD

At the site of a major incident where there is a discrepancy that affects the activities and interventions requiring emergency medical care, at minimum ABC-stabilization is done to save the greatest number of the injured and the patients, while fast transport carries patients to more extensive treatment in hospitals.

In spite of the interventions carried out on site, using triage to determine priority for services, selection of transportation, order of evacuation. and maximum utilization of transport capacity, there will be injured whose whose survival cannot be guaranteed, who cannot be saved, not even after immediate treatment or intervention.

The question rises in major incident sites, usually in connection with ABC-unstable patients, who cannot be saved.

The immediate care of such injured patients does not start immediately due to the nature and the direct impact of their injury. The delayed medical treatment of the ABC unstable (T4) injured patients, who cannot be saved (expectant group) is expected to result in the

end of their life functions. Their treatment is delayed in order to ensure that those who receive immediate care will survive despite the limited healthcare capacity (Failure to provide medical care does not constitute a failure to provide assistance, since in case of a major accident, disaster, the goal is to save the injured and the majority of patients).

POTENTIAL AND CERTAIN INDICATORS OF DEATH

If we do not witness the death, visible signs, even from a great distance, may raise the probability of death:

- immobility;
- abnormal bodily posture;
- being pale, a high level of cyanosis;
- invisible chest movements;
- dilated pupils.

The detection of death indicators requires immediate additional examination, even if there is no evidence of death-related pathological phenomena.

Life-threatening injury, like one of the certain death indicators, is a direct cause of the loss of life functions, therefore, resuscitation is not carried out, even if the clinical death period is presumed. In the case of emergency care, resuscitation can be omitted if signs of life are not detected, and there is evidence of the existence of certain deaths, this is especially the case for accidents with a large number of victims.¹⁶

THE PROCESS OF DETERMINING DEATH

When determining death, in the absence of indicators of certain death, circumstances that may have contributed to the development of death or may influence changes in the body following the termination of life must be considered. These changes may include the mechanism causing death or pathology of an accident, the knowledge or the lack of anamnesis, and the environmental characteristics (primarily the temperature) and their effects on the body.

Frequent causes of death after severe injury include respiratory or respiratory track disturbances such as airway obstruction following the loss of consciousness, post-traumatic tensing pneumothorax or the development of pericardial tamponade (Table 2), and severe internal (that cannot be stopped) or external bleeding, which causes bleeding to death within a short time. Some of these causes, if they are recognized at the scene of the accident in time, can be treated with adequate medical treatment, in addition, respiratory and

¹⁶ Göbl Gábor: *Oxiológia, Medicina*, Budapest, 2001, pp. 109-113.

circulatory stoppages due to cardiovascular or acute respiratory disturbances may also be reversible.¹⁷

EXAMINING LIFE FUNCTIONS WHILE DETERMINING DEATH

The examination of the life functions, when the lack of breathing and circulation is determined, is performed carefully, according to the rules, free from the effects of external factors.

After the opening the airway (leaning the head back), the respiratory examination is performed by triple sensing: checking the chest movement from a minimum of 5 cm distances, listening to the flow of air and feeling the flow of the air out of the breathing organs on our face when normal breathing is observed.

Perceiving and hearing the at least two breathings (noise-free breathing sounds) within ten seconds, together with the moving chest are considered to be normal. During this time the circulation of the patient through a central pulse is examined and analysed. Most commonly the pulsation of the pulse of the carotid artery communis is sensed for ten seconds. In the absence of normal respiration and circulation further actions are determined.

Deadly 'dozen' due to chest injuries	
Airway obstruction	Myocardial contusion
Open pneumothorax	Traumatic aortic rupture
Flail chest	Tracheal or bronchial tree injury
Tensing pneumothorax	Diaphragmatic tears
Massive haemothorax	Esophageal injury
Cardiac tamponade	Pulmonary contusion

Table 2.: Deadly 'dozen' due to chest injuries

(Source: John Emory Campbell: Basic Trauma Life Support, Upper Saddle River, New Jersey, 2004, p. 88.)

In order to determine death, examination with and without medical, equipment is needed. Optimally while life functions are being examined the ECG defibrillator unit is prepared. The purpose of using this equipment is to detect if arrhythmia presents in the background of the disappearance of life functions and, if necessary, to eliminate it while at the same time initiating resuscitation. In order to declare a person dead, asystolysis, the lack of electrical and mechanical activity of the heart must be proved where an isoelectric line can be seen

¹⁷ John Emory Campbell: Basic Trauma Life Support, Upper Saddle River, New Jersey, 2004, pp. 85-101.

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in each lead must be substantiated. The examinations (both with and without the equipment) need to be repeated after 15 minutes.

DETERMINATION OF DEATH, EXAMINATION AND DETERMINATION OF DEAD AT MAJOR ACCIDENTS

At the scene of a major accident death is determined carefully and thorough examination even where there are a great number of injured, however, a comprehensive examination of the dead can only be limited, as the ambulance personnel focus on the injured and living patients. Triage-related determination of death and tasks in connection with the examination of the dead are performed by a healthcare professional designated by the medical commander.

Death is also determined by examining breathing. In its absence, after opening the airways (if it has not been performed previously) further examination is carried out before death is pronounced.

Additional examination with equipment is not possible and not necessary initially due to the lack of equipment at the scene of the accident. After the decision the examination and the classification of the further injured is performed. To pronounce death the presence of indicators and the presence of injuries that are incompatible with life type cause that in spite of the care at the scene of the accident survival cannot be expected. Death is pronounced in the first triage on the spot. The later repetition of the examination and the examination of the dead will ideally be the responsibility of the person delegated to this activity.

Hungarian and international literature on catastrophe medicine and the elimination of major accidents do not discuss in details with the duties that should be performed with the dead, so this publication suggests a solution for appropriate methods to determine death and medically process the dead at the scene of major accidents.

The first step in the activities with the dead is to pronounce the death followed by the examination of the dead. In each case it is accompanied by an official procedure and an legal autopsy due to unnatural death.¹⁸

Further examination of the dead can take place at the scene of the incident, or at the body holding area where the dead will be taken after the initial triage. After being taken to the Casualty Clearing Station the injured who still show functions of life but may likely die later are placed into 'expectant' priority group and will die later during the elimination, and those who lose their lives during the treatment will be placed to the body holding area.

THE IMPORTANCE OF THE BODY HOLDING AREA

Dead persons are transported to the body holding area. In addition, the injured who have lost their lives during the treatment are transported here from the Casualty Clearing Station.

¹⁸ 24/2014. (VII. 11.) ORFK utasítás a rendkívüli halál esetén követendő rendőri eljárásról

In order to determine a place to be a body holding area certain standpoints should be taken into consideration similarly to the determination of the Casualty Clearing Station. The necessary conditions should be provided in both the Casualty Clearing Station and the body holding area. The body holding area should be covered or at least delimited, it should be in the immediate vicinity of the Casualty Clearing Station although it should also be separated from it. Its size is also determined according to the expected number of dead.

In case of indoor or closed rooms ventilation and lighting must be provided. Armed force for safe-keeping in the body holding area is essential as in addition to the clothes, the assumed values of the dead are also placed there. The body holding area should be a place easy of access for the vehicles, however, it should be sufficiently distant from unauthorized persons (Figure 2).¹⁹

ACTIVITY AT THE BODY HOLDING AREA

The initial coordination of the activity at the body holding area is also the responsibility of the medical commander. It is the place of the detailed examination of the dead, in addition the data collection necessary to their identification as well as the documentation are performed here too. In the case of unnatural deaths, a legal investigation will be initiated, and the possibility for the medical commander will be limited.²⁰

Regardless of the emergency care, or in parallel with it, a professional delegated to the activities related to the dead can start the work. The current rules and recommendations do not cover who is responsible for this task during the medical elimination of the Casualty Clearing Station. It is recommended that the documentation of the dead, their possible identification, the record of the causes of deaths, the collection and safe-keeping of the values of the dead will start early, in parallel with the medical treatment of the injured.

The activity at the body holding area begins with pronouncing of death and it is followed by the examination and the documentation of the dead. In the case of fatal outcome, death is determined as follows:

- already during the first quick examination;
- by the proper clarification of the accident mechanism;
- with and without equipment;
- with due foresight;
- excluding (life-incompatible injury) or maintaining the possibility of reversibility.

¹⁹ Kevin Mackway Jones: Major Incident Medical Management and Support, Wiley–Blackwell, 2012, p. 70-73.

²⁰ Dr. Angyal Miklós: A hurghadai buszbaleset áldozatainak azonosítása, A rendvédelem és a honvédelem területén végzett orvosi és pszichológiai tevékenység kihívásai napjainkban, tudományos szakmai konferencia, Budapest, 2013. november 7-8., tanulmánykötet, pp. 190-198.

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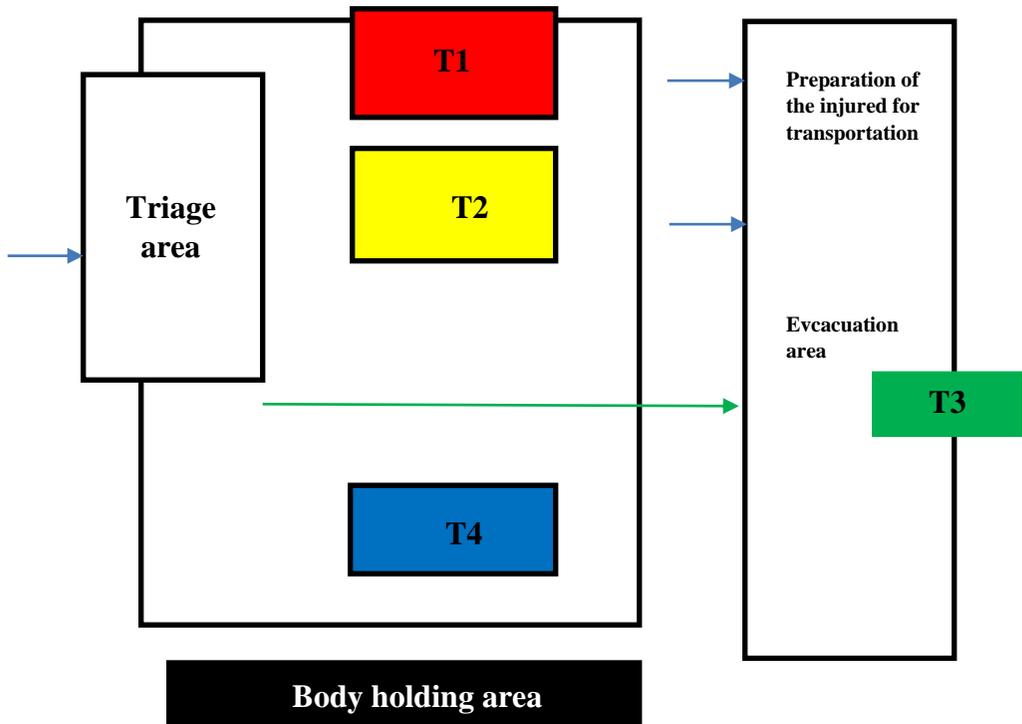


Figure 2.: Triage at the Casualty Clearing Station

(Source: Kevin Mackway Jones: *Major Incident Medical Management and Support*, Wiley–Blackwell, 2012, p. 72.)

After the quick examination of the dead the further injured will be examined and the dead will be moved and transported to the body holding area.

Although the injured have a priority in medical care and transportation, documentation, the identification of the dead and their continuous supervision (by armed force) are also of great importance.

There is currently no standardized form available to make the documentation easily thus the document proposed by the author (Figure 3/1-2) can be a well-applicable version of it. In case of the dead the Triage card is not suitable for indicating the necessary data.

Any further examination and the official procedure are the duties of the bodies designated for this purpose (co-ordinated by the police) thus their activities defined by the law

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may continue following the tasks related to the primary determination of death and the examination of the dead.^{21,22}

SUMMARY

In Hungary the occurrence of mass casualties with a great number of injuries and death is rare. However, when there are such situations, in addition to the provision of services to injured patients, the tasks of dealing with the dead are important as well, beginning with the initial medical elimination at the scene of the accident. Emergency patient care and the examination of the dead are very different tasks at the scene of a mass casualty, in contrast to a situation that does not force this type of medical sorting. In addition to the triage, it is necessary to have a specific order for the initial steps of pronouncing the person dead, death examination and the detailed tasks of the person performing these activities at the body holding area.

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13. 2012. évi C. törvény a Büntető Törvénykönyvről, XXII. 232 §;

²¹ 351/2013. (X. 4.) Korm. rendelet a halottvizsgálatról és a halottakkal kapcsolatos eljárásról

²² Kereszty Éva Margit: Orvosi teendők a kórházon kívül bekövetkezett halál esetén, Orvosi Hetilap, 2011. 152. évf. 45. sz., pp. 1808-1812.

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Dead Examination Card '1'

/during major accidents/

Deceased data:

- name:
- date of birth:
- address (if known):

For unknown deceased:

Contamination: yes no



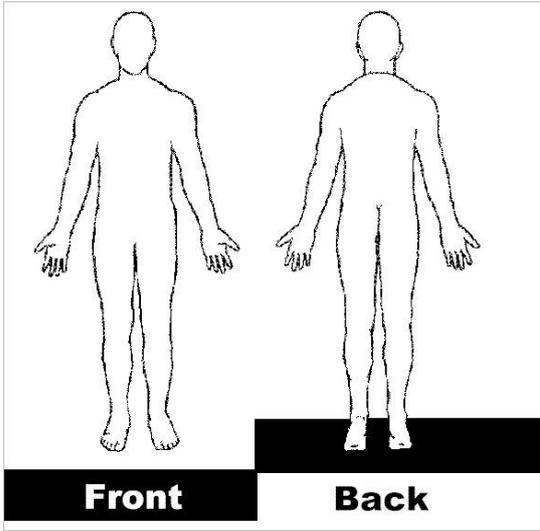
Male Female Unknown Estimated age: _____ years

- physique: _____ - estimated height: _____
- hair color (and skin color): _____
- clothes: _____
- special features: _____

The supposed date of death: _____ year _____ month _____ day _____ hour _____ minute

Suspected fatal injuries:

-
-
-
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-
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-



Further details of injuries, external traces and visible lesions:

Scene of the dead examination:
 The date of the dead examination:
 Further action:
 Name and signature of the examiner:

Figure 3/1.: Dead examination card (own edition)

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Dead Examination Card '2'

Detailed listing of the deceased's values (placing the values in the immediate vicinity of the deceased):

Clothing	cap pcs	hat pcs	scarf..... pcs
jacket..... pcs	jacket pcs	jacket pcs	women's cost pcs
sweater pcs	cardigan pcs	vest pcs	glove..... pcs
pants..... pcs	shorts pcs	skirt..... pcs	women's clothing..... pcs
T-shirt pcs	shirt..... pcs	tricot pcs	combinations pcs
underp. / panties..... pcs	socks pcs	stockings pcs	bra pcs
bottom heater pcs	warming top..... pcs	pajamas pcs	gown pcs
shoe..... pcs	sandals..... pcs	boots..... pcs	slippers..... pcs
Accessories	glasses..... pcs	belt..... pcs	umbrella pcs
backpack..... pcs	handbag..... pcs	briefcase..... pcs	shoulder bag..... pcs
belt bag pcs	car bag pcs	suitcase pcs	basket..... pcs
way pcs	walking frame pcs	crutch..... pcs	helmet pcs
Passes	ID card..... pcs	Home address card ... pcs	Insurance card pcs
Tax ID. pcs	Student ID pcs	Driving license..... pcs	Traffic license..... pcs
Passport pcs	other..... pcs	Type..... pcs	
Bank card number: _____		Type _____	
		Type _____	
		Type _____	
Jewelry			
ring, yellow metal	circle..... pcs	seal..... pcs	stone..... pcs
ring, metal	circle..... pcs	seal..... pcs	stone..... pcs
earrings, yellow metal	circle..... pcs	stone..... pcs	other..... pcs
earrings, metal	circle..... pcs	stone..... pcs	other..... pcs
bracelet	yellow metal..... pcs	metal..... pcs	other..... pcs
anklet	yellow metal..... pcs	metal..... pcs	other..... pcs
necklace	yellow metal..... pcs	metal..... pcs	other..... pcs
medal	yellow metal..... pcs	metal..... pcs	other..... pcs
Body jewelry	location: yellow metal..... pcs	metal..... pcs	other..... pcs
	location: yellow metal..... pcs	metal..... pcs	other..... pcs
wristwatch type..... pcs		Mobile phone type..... pcs	
Cash	currency: amount:	i.e.:	
Cash	currency: amount:	i.e.:	
Other communication:			

Value inventor::

Value proposer:

Value recipient:

Testa 1:

Testa 2:

Police presence (name, rank):

Figure 3/2.: Dead examination card (own edition)