SkillsUSA Contest Projects

Crime Scene Investigation
CRIME SCENE SCENARIO

District officers responded to 1425 Broadway on a 911 hang-up call. En route the officers received additional information that a female assault victim was calling from the location. EMS was en route for injuries the victim sustained during the assault. The suspect, a white bearded male, had left the scene on foot. The victim was transported by EMS to Truman Medical Center with life-threatening injuries. Assault detectives arrived at the scene and have requested the scene be processed.

Assault CRN: 12-012045
Victim: Julia Roberts, W/F 08/02/60
Suspect: Unknown W/M
Location: 1425 Broadway
Date: March 26, 2021

SCENE SET-UP

Small table
Chair
Throw rug

EVIDENCE

Blood
Cell phone
Twine
Hotel card key
Shell casing
Bullet hole
SkillsUSA Crime Scene Investigation Competition
Crime Scene Investigations Judging Sheet

Page 1

Judges name: ____________________ Team number: __

1. Ask for Search Warrant 75 points

2. Scene photographed prior to search? 25 points

3. Systematic search of scene? 25 points

4. Did they wear gloves? 25 points

5. Did they change gloves for each item of evidence. 25 Points

6. Photograph each item before collection. Item Yes 25 points No 0 points.

   Blood
   Twine
   Cell phone
   Shell casing
   Hotel card key
   Bullet Hole

   Blood
   Twine
   Cell phone
   Shell casing
   Hotel card key
   Bullet hole
   (documented with measurements)
   Photo Card

7. Items collected from scene.

Page 1 Total
## SkillsUSA Crime Scene Investigation Competition

**Crime Scene Investigations judging sheet**

### Page 2

**Judges name:** ____________________ **Team number:** ______

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes 25 points</th>
<th>No 0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Evidence properly packaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell phone</td>
<td></td>
<td></td>
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<tr>
<td>Hotel card key</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shell casing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photo disk</td>
<td></td>
<td></td>
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<tr>
<td>9. Hotel key card processed for latent prints</td>
<td></td>
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<tr>
<td>10. Recovered latent fingerprint.</td>
<td></td>
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<tr>
<td>11. Latent fingerprint usable</td>
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<tr>
<td>12. Scene sketch</td>
<td></td>
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<tr>
<td>13. Evidence log properly filled out</td>
<td></td>
<td></td>
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<tr>
<td>14. Photograph log completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Photographs usable &amp; depicts the scene</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

Page 2 Total

Page 1 Total

TOTAL ______
Death Investigation
Preliminary Findings
CJ Skills Medical Examiner
Phone: (555)555-5555 Fax (555)555-5550

Date: ________________ Time: ________________ Case Number: ________________

Location: _______________________________________________________________

Victim's Name: _________________________________________________________

Race: _______ Sex: _______ DOB: ________________ Social Security Number: ________________

Witness/finder's name: ____________________________________________________

Address: ________________ Phone: ________________

Spouse_____ Family_____ Acquaintance_____ Stranger_____ Police_____ Other_____

How found: Dead_____ Unconscious_____ Conscious_____ Last known alive/alert_________

LKA by: Witness_____ Spouse_____ Family_____ Acq_____ Stranger_____ Police_____ Other_____

LKA how: Was seen_____ was heard_____ was talked to _____

Relative/Contact: _______________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

Medical History: Unknown_____ None_____ Information not asked for _____

Heart Disease _____ Mental Illness _____ Doctor's Name: ________________

Prior MI's _____ Alzheimer's _____ Phone Number: ________________

Hyperension _____ Stroke _____ Fax Number: ________________

Emphysema _____ Renal Disease _____ Medications: ______________________

Asthma _____ Terminal Illness: ________________________________________

Diabetes _____ Cancer: ______________________________________________

Insulin _____ Primary site: _________________________________________

No Insulin _____ Allergies: __________________________________________

Seizures _____ Drug Abuse: _________________________________________

Unknown Cause _____ Chronic Alcohol: _________________________________

Alcohol Related _____ Recent Fall: ________________________________

Trauma Related _____ Recent Injury: ________________________________

Birth-related _____ Old injury: ______________________________________

Since Childhood _____ Other Illness: _________________________________
Identified by: Visual Recognition Photo Prints Dental Other

Location of Incident or Where Body Was Found:

- Residential
- Temp. Habitat
- Business
- In Water
- Health Care
  - Single Family
  - Rooming House
  - Hotel/Motel
  - Fast-Food
  - Vacant Bldg
  - Liquor Store
  - Bar/Club
  - Shelter
  - Ditch
  - Jail
  - Grocery Store
  - Creek
  - Yard
  - Other Store

Traffic Cases: Interstate State Hwy County Road City Street Not a Road

Electricity, Chemicals, Venoms, or Poisons Involved in this Death?

Narrative:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Scene Photos: Y N ID Photo: Y N Blood Drawn: Y N X-Ray: Y N

Investigator's Opinion: Homicide Suicide Accident Natural Traffic Unknown

Investigator: ________________________________
Case Number: 

Missing Person Affidavit

Concerning:

Last Name: __________________________ First Name: __________________________ Middle: __________________________

Race ______ Sex ______ Date of Birth __________________________

I, the undersigned, do hereby certify the above name, date of birth, race, and sex is correct and further certify the following concerning the above named person.

( ) Category D: Missing person who is physically or mentally disabled.

The above person has been under my care and is physically or mentally disabled.

Diagnosis: __________________________

( ) Category I: Missing person whose disappearance was involuntary (includes child custody violations. Obtain court documents to verify)

My lawful relationship to the above mentioned person is __________________________ and I believe he/she is missing under circumstances other than voluntary because __________________________

( ) Category E: Missing person whose physical safety is endangered.

My lawful relationship to the above mentioned person is __________________________ and I believe he/she is in the company of another person under circumstances indicating that his/her physical safety is in danger because __________________________

( ) Category J: Missing person, Juvenile (under 17 years of age, or older if the Juvenile Court has extended jurisdiction)

My lawful relationship to the above mentioned person is __________________________ and further, said person is missing from his/her lawful place of residency without my permission or of any other duly authorized.

Signature: __________________________

Date: __________________________ Time: __________________________

Witness: __________________________
Height:________________ Weight:______________ Hair:______________ eyes:______________

Clothing description:_________________________________________________________________

Last seen: Date:________________ Time:________________

Location:__________________________________________________________________________ By whom:___________________________________________

Reporting Party:

Name:____________________________________________________________________________

Sex: Male____ Female____ Race_______ DOB_______ Age_______ Height________

Weight_________ Eye Color_________ Hair Color_________ SSN#__________

Address:___________________________________________________________________________

Phone:_____________________________________________________________________________

Field Notes

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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_________________________________________________________________________________

_________________________________________________________________________________

Officer’s Signature:________________________
<table>
<thead>
<tr>
<th>Traffic Violations</th>
<th>Offenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-2 Yield right of way</td>
<td>22-2 Affray-2 persons</td>
</tr>
<tr>
<td>20-3 C&amp;I Driving</td>
<td>22-3 Assault or breach of peace</td>
</tr>
<tr>
<td>20-4 DUI</td>
<td>22-11.1 Disorderly Conduct</td>
</tr>
<tr>
<td>20-5 Keep right of center</td>
<td>22-15 Intoxicated person (S.A.K.)</td>
</tr>
<tr>
<td>20-6 Driving lane violation</td>
<td>22-15.1 Trespass upon schools</td>
</tr>
<tr>
<td>20-8 Overtaking a vehicle</td>
<td>22-15.2 Explosives/blastng agents</td>
</tr>
<tr>
<td>20-10 Following too close</td>
<td>22-16 False fire alarm</td>
</tr>
<tr>
<td>20-11 Turn and stopping signals</td>
<td>22-16.1 Firearms</td>
</tr>
<tr>
<td>20-12 Follow/stop w/ tblk emergency vehicle</td>
<td>22-21 CCW</td>
</tr>
<tr>
<td>20-13 Crossing fire hose</td>
<td>22-25 Simulated drugs</td>
</tr>
<tr>
<td>20-14 Drive with view obstructed</td>
<td>22-26 Possess Paraphernalia</td>
</tr>
<tr>
<td>20-15 Clinging to moving vehicle</td>
<td>22-27 Possess Marijuana</td>
</tr>
<tr>
<td>20-16 Manner of riding motorcycle</td>
<td>22-30 Vandalism</td>
</tr>
<tr>
<td>20-17 Manner of riding in vehicle</td>
<td>22-38 Misrepresentation as officer</td>
</tr>
<tr>
<td>20-18 Using vehicle for advertising</td>
<td>22-40 Stealing</td>
</tr>
<tr>
<td>20-19 Driving on sidewalks, etc.</td>
<td>22-50 Littering</td>
</tr>
<tr>
<td>20-20 Observing barricades</td>
<td>22-56 Trespass</td>
</tr>
<tr>
<td>20-21 Driving through funeral procession</td>
<td></td>
</tr>
<tr>
<td>20-24 Obstructing parade routes</td>
<td></td>
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<tr>
<td>20-26 Removal of ignition keys</td>
<td></td>
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<tr>
<td>20-27 Leaving vehicle unattended</td>
<td></td>
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<tr>
<td>20-28 Parking vehicle on street for sale</td>
<td></td>
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<tr>
<td>20-29 Selling from parked vehicle</td>
<td></td>
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<tr>
<td>20-30 Repairing vehicle on street</td>
<td></td>
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<tr>
<td>20-31 City license required</td>
<td></td>
</tr>
<tr>
<td>20-32 Operators license required</td>
<td></td>
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<tr>
<td>20-33 Train blocking street</td>
<td></td>
</tr>
<tr>
<td>20-34.1 Cover for vehicle load</td>
<td></td>
</tr>
<tr>
<td>20-35 State vehicle license required/expoor display of plates/no front tag/expired tag</td>
<td></td>
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<tr>
<td>20-35.2 Child restraint</td>
<td></td>
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<tr>
<td>20-35.3 Motorcycle helmet violation</td>
<td></td>
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<tr>
<td>20-35.4 seatbelt violation</td>
<td></td>
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<tr>
<td>20-35.5 Fail to provide proof of insurance</td>
<td></td>
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<tr>
<td>20-58 Fail to yield to emergency vehicle</td>
<td></td>
</tr>
<tr>
<td>20-59 Fail to report injury/property/parked accident</td>
<td></td>
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<tr>
<td>20-55 Traffic signs and signals fail to obey signs</td>
<td></td>
</tr>
<tr>
<td>20-56 Interference with signs and signals</td>
<td></td>
</tr>
<tr>
<td>20-74 Speed too fast for conditions</td>
<td></td>
</tr>
<tr>
<td>20-75 Speeding (posted limit)</td>
<td></td>
</tr>
<tr>
<td>20-76 Driving too slow</td>
<td></td>
</tr>
<tr>
<td>20-78 Turn lane violation</td>
<td></td>
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<tr>
<td>20-80 Turn signal violation</td>
<td></td>
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<tr>
<td>20-81 U-turn limitations</td>
<td></td>
</tr>
<tr>
<td>20-83 One-way streets and alleys</td>
<td></td>
</tr>
<tr>
<td>20-85 stop from parking lots</td>
<td></td>
</tr>
<tr>
<td>20-90 Fail to yield posted</td>
<td></td>
</tr>
<tr>
<td>20-93 Stop sign violation</td>
<td></td>
</tr>
<tr>
<td>20-95 Obstructing intersection</td>
<td></td>
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<tr>
<td>20-96 Stop and school stop sign</td>
<td></td>
</tr>
<tr>
<td>20-96.1 Stop for school bus</td>
<td></td>
</tr>
<tr>
<td>20-109 Vehicle yield to pedestrians</td>
<td></td>
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</tbody>
</table>

**Alcohol**

- 3-3 MIP (non-intox.)
- 3-23 MIP (intox.)
- 3-24 Open container/drinking in public
FIELD REPORT

Case Report Number: ___________ Date Reported ___________ Time Reported: ___________

Crime: _______________________________________________________________________
Location: ___________________________________________________________________

Date Occurred: ___________ Time Occurred: ___________

Persons involved

Type: Victim_______ Witness_______ Suspect_______ Reporting Party_______ Other_______

Name: ____________________________

Sex: Male_______ Female_______ Race_______ DOB_______ Age_______ Height_______

Weight_______ Eye Color_______ Hair Color_______ SSN#__________________________

Address: ___________________________

Phone: ___________________________

Persons involved

Type: Victim_______ Witness_______ Suspect_______ Reporting Party_______ Other_______

Name: ____________________________

Sex: Male_______ Female_______ Race_______ DOB_______ Age_______ Height_______

Weight_______ Eye Color_______ Hair Color_______ SSN#__________________________

Address: ___________________________

Phone: ___________________________

Persons involved

Type: Victim_______ Witness_______ Suspect_______ Reporting Party_______ Other_______

Name: ____________________________

Sex: Male_______ Female_______ Race_______ DOB_______ Age_______ Height_______

Weight_______ Eye Color_______ Hair Color_______ SSN#__________________________

Address: ___________________________

Phone: ___________________________
## Property

Type: Stolen_________ Recovered_________ Lost:_________ Damaged_________

<table>
<thead>
<tr>
<th>Item #</th>
<th>Quantity</th>
<th>Color</th>
<th>Description</th>
<th>Ser/Mod #</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

## Vehicle Information

Year_________ Make_________ Model_________ Color_________ Lic. #_________

Lic. State_________ Lic. Year_________ VIN_________

Owner Name_________

Owner Address_________

## Field Notes

________________________

________________________

________________________

________________________

________________________

________________________

________________________

________________________

________________________

Officer's Signature:_________