SDFI Secure Digital Forensic Imaging

Secure Beyond Reasonable Doubt®

Non-Fatal Strangulation Protocol

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Special Thanks to the following individuals for their involvement with this project:

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Non-Fatal Strangulation PhotoDocumentation Protocol

Introduction:

Healthcare providers working in the field of clinical forensic medicine frequently examine individuals who are victims of strangulation. The use of this protocol will help promote the continuing development of the highly specialized skills necessary for an effective evaluation of a person assaulted by strangulation. This Non-Fatal Photodocumentation Protocol will be beneficial in assisting first responders, nurses, physicians, nurse practitioners, physician assistants, emergency room healthcare providers, attorneys and law enforcement in the assessment and documentation of strangulation cases within their communities.

Multipurpose Recommended Equipment:

- Protective portable camera case (meets or exceeds IP67 • MIL C-4150J • Def Stan 81-41/STANAG 4280).
- Digital SLR camera capable of capturing RAW and JPG files (with appropriate accessories, depending on the camera system used).
- Hand-held camera remote.
- Foot-pedal-controlled camera remote.
- Low-profile, quick-release camera stand with ball-head function.
- Photomacrographic scales.
- A computer (64-bit with 6 GB RAM) with 1.0TB or greater of accessible local storage space. The best place to store forensic data is on a local, secure computer network. **Never** store digital evidence in the "Cloud"!
- Computer software and storage capable of reading/managing vast amounts of digital data.
- Computer software capable of securing and encrypting vast amounts of digital images and video at AES 256-bit federal military-level encryption standards.
- High-speed connection to the Internet (not less than 10 Mbps download and 5 Mbps upload).
- Nested, end to end secure file portal technologies.
- Optional 24-inch or larger HDTV or screen with an HDMI connector.

Procedure:

1. The very first photo the forensic examiner should capture is that of a bookend card, a patient's ID wristband or a photo of a printed evidence label. It marks the start of the examination/photodocumentation.

   Note: A copy of the SDFI bookend card can be downloaded at:
   http://www.sdfi.com/downloads/SDFI_1Up_Bookend_Card_Page_Scaling_None.pdf

2. Capture a full-body, overlapping photographic storyboard. This series of photos will identify the patient and will be useful in determining the general condition of the patient at the time of examination.

   A copy of SDFI's Forensic PhotoDocumentation Protocol can be downloaded at:
   http://www.sdfi.com/downloads/SDFI_Digital_Protocol.pdf

   Once downloaded, refer to pages 2, 3 and 4 of the protocol to capture your "far-away" photos.

3. Capture a series of mid-distance photos of the front, back, left side and right side of the face/head, upper chest/neck, upper back/nape and shoulders. Capture another photo of the front of the neck with the head tilted back to expose the full neck and the area under the chin. This will allow augmentation of the neck and head.





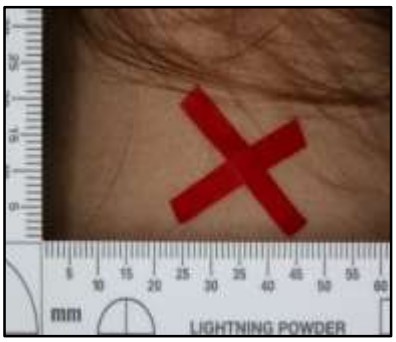
4. Capture a series of close-up photos of any visible injury on the front, left side, right side and back of the neck, first with measurement, then without. Conduct an assessment for other visible injuries and other areas of interest such as the ears, behind the ears, scalp, jaw line, submandibular area and chin.

Front of the neck, with and without a scale.


Left side of the neck, with and without a scale.


Right side of the neck, with and without a scale.

Back of the neck, with and without a scale.



Behind each ear, with and without a scale.



Scalp, with and without a scale.


5. Capture a series of close-up photos of the eyes in the nine different eye positions of gaze as shown below. The examiner should look for petechial hemorrhages, or sub-conjunctival hemorrhages.

6. If the person you are caring for is unable to move their eyes for the examiner, consider performing the eye inversion technique. This step will expose the back of the upper and lower eyelids where the examiner can look for petechiae, hemorrhaging and any other area of interest.

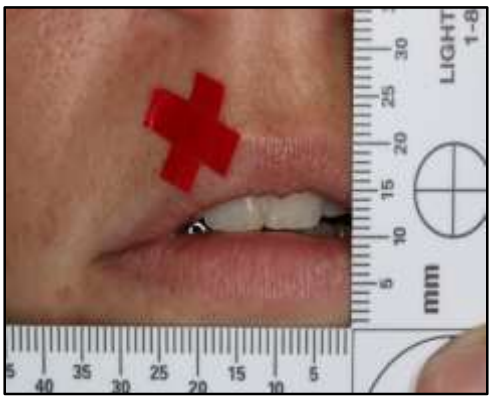
   To achieve this on the upper lid, grasp the lid using the fingers of a gloved hand by the middle eyelashes, pull it downward and forward and then pull it back over a cotton applicator placed at the upper margin of the tarsus while the person you are caring for looks downward.

   For the lower lid, place the cotton applicator on the lower margin of the tarsus and depress laterally while the person you are caring looks upward.

   Right upper and lower eyelids

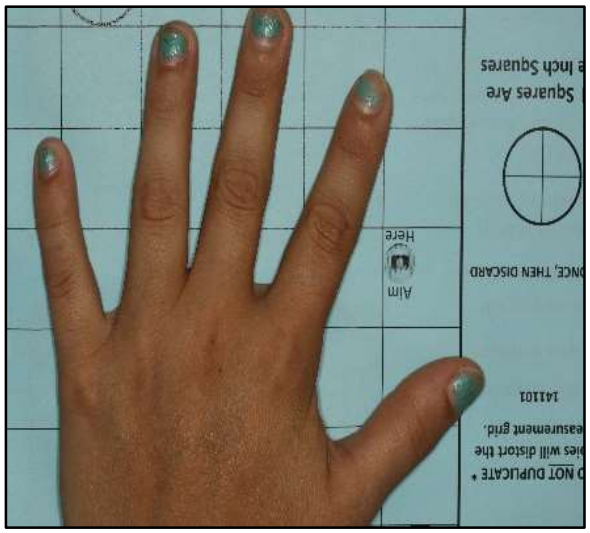
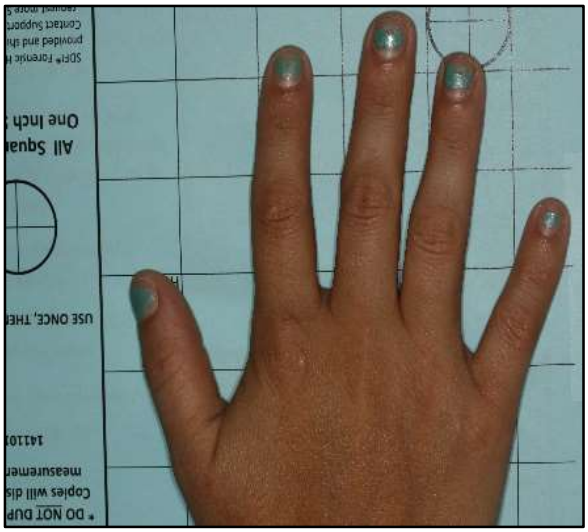

   Left upper and lower eyelids


7. Capture a close-up photo of the upper and lower lips. If you see or suspect bruising, hemorrhaging or detect any other area of interest on either the upper, lower or both lips, capture photos with a measurement scale for documentation.



8. Capture a series of close-up photos of the oral cavity. The examiner will assess the soft palate, uvula and oropharynx. If you see bruising, hemorrhaging or detect any other area of interest, capture additional close-up photos of the finding.

9. Capture a series of close-up photos of the back and front of both hands separately, using SDFI's Hand Map. If you see, suspect or detect bruising or an area of interest, capture additional photos with a measurement scale first, then without a scale.

10. Capture close-up photos of the fingertips and fingernails from both hands. If you suspect bruising or detect an area of interest, capture additional photos with a measurement scale first, then without a scale.


11. The use of a mannequin can be effective in understanding the dynamics of an assault. This tool can show the physical positions of how the patient and the perpetrator were during the assault. Some programs will photograph the patient demonstrating with their own hands the way the perpetrator carried out the strangulation, using a Styrofoam head for documentation. Understand that the person you are caring for may have varied reactions to demonstrating this. Always follow what that person wants to do in this part of the examination.

    If a mannequin or Styrofoam head is available, capture a mid-distance photo of the patient, showing where the placement of the perpetrator's hands were.



1. Capture a bookend card, a patient's ID wristband or a photo of a printed evidence label which serves to mark the conclusion of this part of the examination.

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“You Can’t Get a Refund on Time®”

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