2005-11-10-01

Case Number: _____

Name of Decedent: _____

CAUSE AND MANNER	Initial Suggested manner of Death ☐ Natural ☐ Suicide ☐ Pending ☐ Accident ☒ Homicide ☐ Undetermined	Final Manner of Death ☐ Natural ☐ Suicide ☐ Pending ☐ Accident ☒ Homicide ☐ Undetermined	
	Cause of Death Immediate Cause a. Gunshot to the Head	Interval Between Onset and Death	Other Significant Conditons
	Due to b.		
	Due to c.		
	Due to d.		
	Name of Medical Certifier of Death Certificate Michael Kraemer	Title ME	Date D. C. Signed 3/31/06

NOTES

11/10/05 @ 12930A

1610 # 7924 Bone fragments found @ 12932 Avery Road

Evidence tag # 7924 Plastic container - Two Rivers

multiple burned fragments - 1 Triangular piece ? Flat surface

possibly tibial bone? 1 piece rectangular & curved - 3" - R/O?

Unknown female

DNA report 12/5/05

Partial Profile 13/15 results @ 7 loci consistent ~ Type

Item Blood stain - Soda can - Cross to PAP Smear tissue

Item B2 piece of bone with muscle attached possibly human humerus.

Random 1/1 Bill. cause pop

Dept Time 1711 66,300/x

share

Hours of Work	Mileage	Other Expenses
3.0	47x2	

ACCOUNTING

Charges

☐ Cremation Permit ☐ Disinterment Permit ☐ Other _____

☐ Other _____

☐ Other _____

☐ Other _____

2005-11-01

Case Number: _____

Name of Decedent: _____

EMPLOYMENT HISTORY ☐ NONE	Decedent's Occupation	Name of Firm	Name of Supervisor	Phone Number
	Name of Supervisor	Address of Firm		Work-Related Death ☐ Yes ☐ No

SAMPLE AND TESTS ☐ NONE	Samples Taken ☐ Blood ☐ Urine ☐ Vitreous ☐ Other	Exams Ordered ☐ Autopsy By: _____ ☐ Xray _____ ☐ Sexual Assault Screen ☐ Histology _____ ☐ Toxicology: ☐ Alcohol ☐ Carbon Monoxide ☐ Standard Drug Screen ☐ Heavy Metals
	I.D. Required ☐ Dental ID ☑ DNA ☐ Finger Print ☐ Other	☐ Special Drug Screen (specify)
	Toxicology Results ☐ See Attached ☐ Alcohol Level _____ ☐ Carbon Mon Level _____ ☐ Other Drug Poison _____ Level _____ ☐ Other Drug Poison _____ Level _____	
	Other Test Results ☑ See Attached	

DISPOSITION OF REMAINS	Body Identified by	Relation to Decedent
	Date Body Released To ☐ NOK ☐ Funeral Home	(Give relationship or F.H.)
	Livery Service Used ☐ None	Conveyed to

Organ/Tissue Donation O.K. ☐ Yes ☐ No	Valuable Left In Care of	Date Valuable Released See Property Release Rpt

Case Number: 2005-11-01

Name of Decedent: _____

SCENE AND WITNESS

Date and Time Pronounced *(Mo/Day/Yr)*: 11/10/05 1610 AM (PM)	Appears Decedent Died: ☐ At Scene ☒ Unknown ☐ Transported from:	Body Located ☐ Indoors ☒ Outdoors. Circumstances of Death: Bone fragments found in burning pit by property - behind garage next to Red Trailer Home
Ambient Temperature ☐ N/A or °F / C	If Outdoors, List Weather Conditions ☐ N/A: Overcast Temp 40°'s	Location of Body
Position of Body. Had Body Been Moved? ☒ Yes ☐ No ☐ ?	Describe Clothing: None retrieved	Additional Remark
Was Death Witnessed? ☐ Yes ☐ No. Death Pronounced by: Michael Klaeser	Names of Witness:	Relationship to Decedent

Date Last Seen Alive	Hour Last Seen Alive AM PM	Where Last Seen Alive *(Location)*
Last Seen By *(Name)*	Other Indications of Probable Date and Time of Death	

INITIAL ASSESSMENT

Evidence of Special Circumstances *(describe if checked)* ☐ N/A

- ☐ Suspicious
- ☒ Injury/poison: Bone fragments found on property identified as adult female
- ☐ Meds.
- ☐ Alcohol
- ☐ Illegal Drugs
- ☐ Weapon
- ☐ Sexual Assault

Condition of Body ☐ N/A

Decomposition ☐ No or Describe

Livor ☐ Absent ☐ Fixed or Describe

Rigor ☐ Absent ☐ Complete or Describe

Body Temperature _____ °F / C

☐ Rectal ☐ Other

INJURY ☐ NONE

Date of Injury *(or Poisoning)*: Oct 31, 2006	Time of Injury ☐ AM ☐ PM: 1730 - 1800	Place of Injury *(home, farm, highway)*: 12930 Avery Road Two Rivers WI Town of Gibson
Injury at Work? ☒ Yes ☐ No	Location: garage	County of Injury *(Injury occurring in another county, contact that coroner/medical examiner immediately)*: ☐ This County ☒ Other Manitowoc
Reporting Required/Requested? ☐ DOT ☐ OSHA ☐ Farm ☐ DNR ☐ DILHR ☐ Gun ☐ SID ☐ Other	Describe How Injury Occurred	

~~Kathy Retzaff~~

CALUMET COUNTY
MEDICAL EXAMINER CASE FILE WORKSHEET

Date: Nov 10, 2005 Case Number: 2005-11-10-01

Name of Decedent: Halbach, Theresa M.

DECENDENT

Sex ☐ Male ☒ Female	Age (1 year or over)	Age (< 1 year) ☐ Mos. ☐ Days ☐ Hrs. ☐ Mins. ☐ Unk.	Date of Birth (Mo/Day/Yr) ☐ Unknown
Marital Status ☒ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated* ☐ Unk *Still legally married	Race ☒ White ☐ Black ☐ Native Amer. ☐ Asian (Specify) _____ Hair Color _____ Eye Color _____		Decedent's SS# ☐ None _____ Decedent's Drivers License ☐ Retained ☐ L.E. ☐ None
Residence *(Street/City/State/ZIP)*			Home Phone Number *(Include area code)*
Next of Kin Name	Next of Kin Address		Next of Kin Phone Number
Relationship to Decedent	Date and Time Notified (Mo/Day/Yr) Hour AM PM		Notified By

CASE REPORTED

Time of Call AM PM	By Whom (Name of Person) Jerry Pagel	Name of Reporting Agency/Facility CCSO	
Call Received by Mike Klaeser	Time of 911 Call ☐ None AM PM L.E. Case/Complaint #	Type ☐ Cremation ☐ Exhumation ☒ Body Found ☐ Home Death ☐ Suspected Injury/Poison ☐ Other Non-Inst. Death ☐ Other _____	
Time Arrived 1530 AM (PM)	Arrived at ☒ Scene or ☐ Other Location (Address or location) Avery Property - Manitowoc Co.		Notification L.E. Office _____ D.A. _____

MEDICAL HISTORY ☐ NONE

N/A

Name of Attending Physician	Hospital/Clinic Name	Last Date Seen by Physician
Last Hospitalization *(Place and Date)*	Physician Phone Number	Reason Seen
Medication/Dosage Prescribed	Conditions for Which Meds Prescribed	Notes:
Recent Complaints	Does Decedent Have any Communicable or Contagious Disease? ☐ No ☐ Yes – If yes, specify Isolation techniques to be used	
Resuscitative Efforts *(Date)*	Efforts Made *(CPR, Oxygen, etc.)*	
Law Enforcement/Emergency Medical Agency		
Other Medical History Information		

920-418-0633 - Daniel Weiting