

INTERNATIONAL CRIMINAL POLICE ORGANIZATION

INTERPOL

DISASTER VICTIM IDENTIFICATION

Ver. 2008



AM - FILE

Family name :

Forename(s) :

No. :

PM - FILE

No. :

DISASTER VICTIM IDENTIFICATION (DVI)

Instructions for Use of the INTERPOL DVI Form Set :

GENERAL

This DVI form set is intended for use in cases of major disaster as well as in single cases - in particular, when data concerning a known missing person or an unknown dead person are to be forwarded to another country. Provided the same form set is used, simple reference to the item number (e.g. AM/A2 - 18/2 or PM/D2 - 42/02/4) will ensure correct transmission of data. Particular instructions for the use of the AM and PM forms are given on page 2 (inside) of the respective covers.

FILING OF REPORT, WHEN CASE IS CLOSED

Whenever an identification has been made and the Comparison Report filled in (separate white page), the AM and PM forms are to be joined into one report (white cover). All AM pages (yellow) should be punched with holes along the right margin, all PM pages (pink) along the left margin; pages C1 and following should be placed in such a way that corresponding page numbers face one another (yellow-pink, yellow-pink), by which corresponding data can be directly compared page by page.

The Victim Identification Report (white form set cover, page 3) is the final document to be filled in by the experts; it is the prerequisite to issuing a death certificate and releasing the body for burial, thus enabling closure of the case.

COMPARISON REPORT

DEAD BODY		No: _____
Nature of disaster :	-----	
Place of disaster :	-----	
Date of disaster :	<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	Male <input type="checkbox"/> Female <input type="checkbox"/> Sex unknown <input type="checkbox"/>

MISSING PERSON		No: _____
Family name :	-----	
Forename(s) :	-----	
Date of birth :	<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	Male <input type="checkbox"/> Female <input type="checkbox"/>

Findings in the unknown DEAD BODY have been compared with information of MISSING PERSON

Conclusions mainly based on evidence by:			
<input type="checkbox"/> Police investigation	Possible identity <input type="checkbox"/>	Probable identity <input type="checkbox"/>	Established identity <input type="checkbox"/>
Reasons:	Place and date	Stamp/institution	
	Signature		
<input type="checkbox"/> Fingerprint	Possible identity <input type="checkbox"/>	Probable identity <input type="checkbox"/>	Established identity <input type="checkbox"/>
Reasons:	Place and date	Stamp/institution	
	Signature		
<input type="checkbox"/> Pathologist	Possible identity <input type="checkbox"/>	Probable identity <input type="checkbox"/>	Established identity <input type="checkbox"/>
Reasons:	Place and date	Stamp/institution	
	Signature		
<input type="checkbox"/> Odontologist	Possible identity <input type="checkbox"/>	Probable identity <input type="checkbox"/>	Established identity <input type="checkbox"/>
Reasons:	Place and date	Stamp/institution	
	Signature		
<input type="checkbox"/> DNA scientist	Possible identity <input type="checkbox"/>	Probable identity <input type="checkbox"/>	Established identity <input type="checkbox"/>
Reasons:	Place and date	Stamp/institution	
	Signature		
<input type="checkbox"/> Anthropologist	Possible identity <input type="checkbox"/>	Probable identity <input type="checkbox"/>	Established identity <input type="checkbox"/>
Reasons:	Place and date	Stamp/institution	
	Signature		
<input type="checkbox"/> Other: _____	Possible identity <input type="checkbox"/>	Probable identity <input type="checkbox"/>	Established identity <input type="checkbox"/>
Reasons:	Place and date	Stamp/institution	
	Signature		

VICTIM IDENTIFICATION REPORT

DEAD BODY

(pink forms enclosed)

Site of body examination Police Agency Address Phone		PM File: Date
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MISSING PERSON

(yellow forms enclosed)

Family name Forename(s) Street/No. Postcode/Town Country Date of birth	AM File: Nationality Reported missing	
<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year		

CERTIFICATE OF IDENTIFICATION

According to the data here enclosed the above dead body has been IDENTIFIED as the above missing person.

Identification was mainly based on (see comparison report)	
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Authorized signature Type the name	Reviewed by:	Place and date Signature
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Stamp / Director: Victim Identification	Place and date Signature
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Stamp / Local authority	Place and date Signature
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VICTIM IDENTIFICATION FORM

SILHOUETTE SKETCH

Please choose the appropriate sketches and mark items on D1 and D2

34 02 Head form, front (Shape of head from front)



1 *Oval*



2 *Pointheaded*



3 *Pyramidal*



4 *Circular*



5 *Rectangular*



6 *Quadrangular*

03 Head form, profile (Shape of head from side)



1 *Shallow*

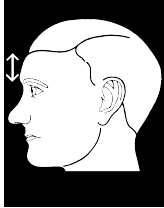


2 *Medium*

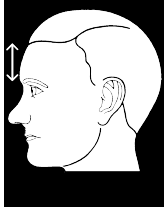


3 *Deep*

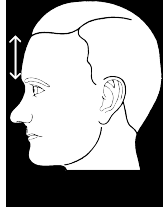
37 01 Forehead - Height/Width



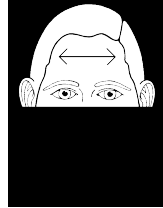
1 *Low*



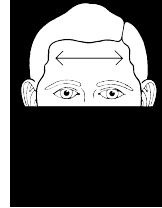
2 *Medium*



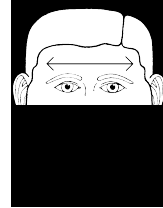
3 *High*



4 *Narrow*

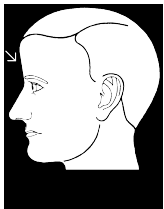


5 *Medium*

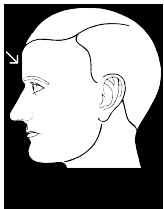


6 *Wide*

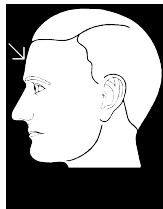
02 Forehead - Inclination



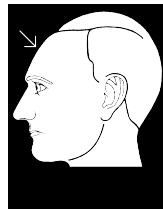
1 *Protruding*



2 *Vertical*



3 *Receding*



4 *Receding clearly*

40 03 Nose - Curve/Angle



1 *Concave*



2 *Straight*



3 *Convex*



4 *Turned down*



5 *Horizontal*



6 *Turned up*

42 02 Ear lobes



1 *Not attached*



2 *Attached*