INTERPOL DVI Form - Unidentified Human Remains

Place of disaster: _____ **PM Nbr:** _____

Nature of disaster: _____

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ADMINISTRATIVE DATA (checklist of operations in the mortuary)			*Date*	a	b	c
155	**Photographs taken**	*No* 1 ☐ *Yes (specify):* 2 ☐ _____				
160	**Effects collected**	*No* 1 ☐ *Yes (specify):* 2 ☐ _____				
165	**Prints taken from** 01 Finger(s) 02 Palm(s) 03 Foot/feet	*No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ _____ *No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ _____ *No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ _____				
170	**Examination** 01 External examination 02 Partial autopsy 03 Full autopsy 04 Pathologist name Street / Nbr. Postcode / Town State / Country Phone / Email	*No* 1 ☐ *Yes* 2 ☐ *Images (specify):* 3 ☐ _____ *No* 1 ☐ *Yes* 2 ☐ *Images (specify):* 3 ☐ _____ *No* 1 ☐ *Yes - See separate report* 2 ☐				
175	**Dental examination** 01 Completed 02 Odontologist name Street / Nbr. Postcode / Town State / Country Phone / Email	*No* 1 ☐ *Yes* 2 ☐ *Images (specify in field 615)* 3 ☐				
180	**Specimens taken** 01 By pathologist Reference to 545 02 By odontologist Reference to 610	*No* 1 ☐ *Yes* 2 ☐ *DNA* 3 ☐ *Tox (if required)* 4 ☐ *No* 1 ☐ *Yes* 2 ☐ *DNA* 3 ☐				
185	**Reference numbers**	*AFIS* _____ *DNA* _____ *MP* _____ *Police* _____ *Local* _____ *Other* _____				

CHECKLIST OF CONTENTS	*Enclosed complete*	*Not available*	*Remarks*
Administrative Data (fields 1xx)			
Effects (fields 3xx)			
Body description (fields 4xx)			
Pathology (fields 5xx)			
Odontology (fields 6xx)			
Supporting information (fields 7xx)			
Appendix (fields 8xx) (optional)			

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EFFECTS (possibly carried on person or in luggage)

300 Clothing Items

Nbr:	1 *Type/style*	2 *Main colour*	3 *Brand/make*	4 *Material*	5 *Size*	a	b	c

Head and neck
101 Headcover
102 Scarf
103 Tie
199 Other

Upper part of the body and arms
201 Gloves
202 Overcoat
203 Coat/Jacket
204 Cardigan
205 Waistcoat
206 Braces
207 Pullover
208 Blouse
209 Shirt
210 T-shirt
211 Undershirt
212 Brassiere
299 Other

Lower part of the body and legs
301 Belt
302 Trousers
303 Shorts
304 Skirt
305 Tights
306 Socks
307 Stockings
308 Underpants
399 Other

The whole of the body
401 Body suit
402 Dress
403 Religious/Cultural/Traditional
404 Uniform
405 Swimming attire
499 Other

In case of using "x99 Other" describe the kind of item in column "1 Type/style".

305 Footwear

Nbr:	1 *Type/style*	2 *Main colour*	3 *Brand/make*	4 *Material*	5 *Size*	a	b	c

01 Boots
02 Open footwear
03 Shoes
99 Other

Describe the kind of footwear in column "1 Type/style", e.g. sports shoes, sandals

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver, Gold or Multi-coloured.

Registered by
Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

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EFFECTS (possibly carried on person or in luggage)

		a	b	c

310 Watch

Nbr: | 1 *Brand/make* | 2 *Model* | 3 *Main colour* | 4 *Material* | 5 *Inscription*

01 Digital Wristwatch
02 Analog Wristwatch
03 Smartwatch
04 Watch, other type — *Where worn:* _____

05 If wristwatch, worn on — *Left* 1 ☐ *Right* 2 ☐ *Outside* 3 ☐ *Inside* 4 ☐

06 Watch strap/chain — *Leather* 1 ☐ *Metal* 2 ☐ *Rubber* 3 ☐ *Other (specify):* 4 ☐ _____

315 Glasses

1 *Brand/make* | 2 *Model* | 3 *Main colour* | 4 *Material* | 5 *Inscription*

01 Frame

02 Lenses (glass) — *Self tinting* 1 ☐ *Tinted* 2 ☐ *No* 3 ☐ *Yes (specify):* _____

03 Shape of lenses — *Round* 1 ☐ *Oval* 2 ☐ *Square* 3 ☐ *Half* 4 ☐ *Rimless* 5 ☐ *Full rim* 6 ☐

04 Lenses material/type — *Glass* 1 ☐ *Polycarbonate* 2 ☐ *Bi-focal* 3 ☐ *Progressive* 4 ☐

320 Contact lenses

No 1 ☐ *Yes (if coloured specify):* 2 ☐ _____

325 Hearing aids

01 Left — *No* 1 ☐ *Yes (specify):* 2 ☐ _____ *Serial Nbr:* _____

02 Right — *No* 1 ☐ *Yes (specify):* 2 ☐ _____ *Serial Nbr:* _____

330 External prostheses

No 1 ☐ *Yes (specify):* 2 ☐ _____ *Serial Nbr:* _____

335 Jewellery

Nbr: | 1 *Type/style* | 2 *Main colour* | 3 *Material* | 4 *Inscription* | 5 *Where worn*

01 Anklet
02 Bracelet
03 Earclips
04 Earrings
05 Neck chain
06 Necklace
07 Pendant
08 Wedding ring
09 Other rings
10 Other rings on finger
99 Other

In case of using "99 Other" describe the kind of item in column "1 Type/style".

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver, Gold or Multi-coloured.

Registered by Duty Title : Name : Address : Phone / Email :

Signature / Date

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EFFECTS (possibly carried on person or in luggage)

340 Identity documents

01 Bank cards
02 Driving license
03 Identity card
04 Passport
99 Other

In case of using "99 Other" describe the kind of item in column "3 Details".

Nbr:	1 *Nationality*	2 *Number*	3 *Details*	4 *Biometrics*	5 *Chip*	a	b	c

345 Effects

01 Badges/keys
02 Bum bag
03 Currency
04 Diary/agenda
05 Purse
06 Ticket
07 Wallet
99 Other

In case of using "99 Other" describe the kind of item in column "2 Model".

Nbr:	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Serial Nbr.*	6 *Markings*	a	b	c

350 Electronic devices

01 Camera
02 Mobile phone
03 Music player
04 SIM
05 Tablet/handheld
06 Video
07 Storage media
99 Other

In case of using "99 Other" describe the kind of item in column "2 Model".

Nbr:	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Serial Nbr.*	6 *Markings*	a	b	c

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver, Gold or Multi-coloured.

Registered by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

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Nature of disaster: _____

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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BODY DESCRIPTION (external)			a	b	c
402	State of the body	*Complete* 1 ☐ *Incomplete* 2 ☐ *Body part* 3 ☐			
404	Specific details	Nbr: 1 *Scars* 2 *Piercings* 3 *Tattoos* 4 *Skin marks* 5 *Malformations* 6 *Amputations*			
	Head and Neck				
	01 Head				
	02 Neck				
	Torso				
	11 Torso front				
	12 Torso back				
	13 Genitalia				
	14 Buttocks				
	Left limbs				
	21 Left upper arm				
	22 Left forearm				
	23 Left hand				
	24 Left thigh				
	25 Left knee				
	26 Left lower leg				
	27 Left foot				
	Right limbs				
	31 Right upper arm				
	32 Right forearm				
	33 Right hand				
	34 Right thigh				
	35 Right knee				
	36 Right lower leg				
	37 Right foot				
408	Height	*Min* ____ *cm* / *Max* ____ *cm* | *Min* ____ *ft* ____ *in* / *Max* ____ *ft* ____ *in*			
412	Weight	*Min* ____ *kg* / *Max* ____ *kg* | *Min* ____ *lb* / *Max* ____ *lb*			
416	Build	*Slight* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐			
420	Hair of the head				
	01 Type	*Natural* 1 ☐ *Extension* 2 ☐ *Hairpiece* 3 ☐ *Wig* 4 ☐ *Implanted* 5 ☐			
	02 Length	*Short <6 cm / 2.4 in* 1 ☐ *Medium <12 cm / 4.7 in* 2 ☐ *Long >12 cm / 4.7 in* 3 ☐ *Shaved* 4 ☐			
	03 Dyed colour	*None/unknown* 1 ☐ *Streaked* 2 ☐ *Blond* 3 ☐ *Brown* 4 ☐ *Black* 5 ☐ *Red* 6 ☐ *Grey* 7 ☐ *White* 8 ☐ *Mixed grey* 9 ☐ *Other (specify):* 10 ☐ _____			
	04 Natural colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ _____			
	05 Baldness	*Partial* 1 ☐ *Total* 2 ☐ *Forehead* 3 ☐ *Sides* 4 ☐ *Tonsure* 5 ☐			
	06 Distinctive feature(s)	*Describe (and use page Sup. Info. (700's) for details):* _____			

Registered by Duty Title : Name : Address : Phone / Email :

Signature / Date

Place of disaster: _____ **PM Nbr:** _____

Nature of disaster: _____

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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BODY DESCRIPTION (external + fingerprint)			a	b	c
424	**Eyebrows** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
428	**Eyes** 01 Colour (Left and Right) 02 Distinctive feature(s)	*Blue* 1 ☐L ☐R *Grey* 2 ☐L ☐R *Green* 3 ☐L ☐R *Brown* 4 ☐L ☐R *Black* 5 ☐L ☐R *Hazel* 6 ☐L ☐R *Maroon* 7 ☐L ☐R *Pink* 8 ☐L ☐R *Cross-eyed* 1 ☐L ☐R *Squint-eyed* 2 ☐L ☐R *Artificial eye* 3 ☐L ☐R *Other (specify):* 4 ☐ _____			
432	**Nose** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
436	**Facial hair** 01 Type 02 Colour	*Shaved* 1 ☐ *Moustache* 2 ☐ *Goatee* 3 ☐ *Whiskers* 4 ☐ *Full beard* 5 ☐ *Other (specify on page 700's)* 6 ☐ *Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ _____			
440	**Ears** 01 Ear lobes/pierced 02 Distinctive feature(s)	*Attached* 1 ☐ *No* 2 ☐ *Yes* *Pierced - specify number of piercings* 3 ☐ *Left* _____ 4 ☐ *Right* _____ *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
444	**Mouth/teeth** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
448	**Lips** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
452	**Chin** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
456	**Neck** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
460	**Hands/nails** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
464	**Feet/nails** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
468	**Body/pubic hair** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
472	**Circumcision** 01 Distinctive feature(s)	*No* 1 ☐ *Yes* 2 ☐			
476	**Ancestry**	*European* 1 ☐ *White* *African* 2 ☐ *Black* *Asian* 3 ☐ *Other (specify):* 4 ☐ _____ *Mixed (specify):* 5 ☐ _____			

Registered by			*Signature / Date*
	Duty Title	:	
	Name	:	
	Address	:	
	Phone / Email	:	

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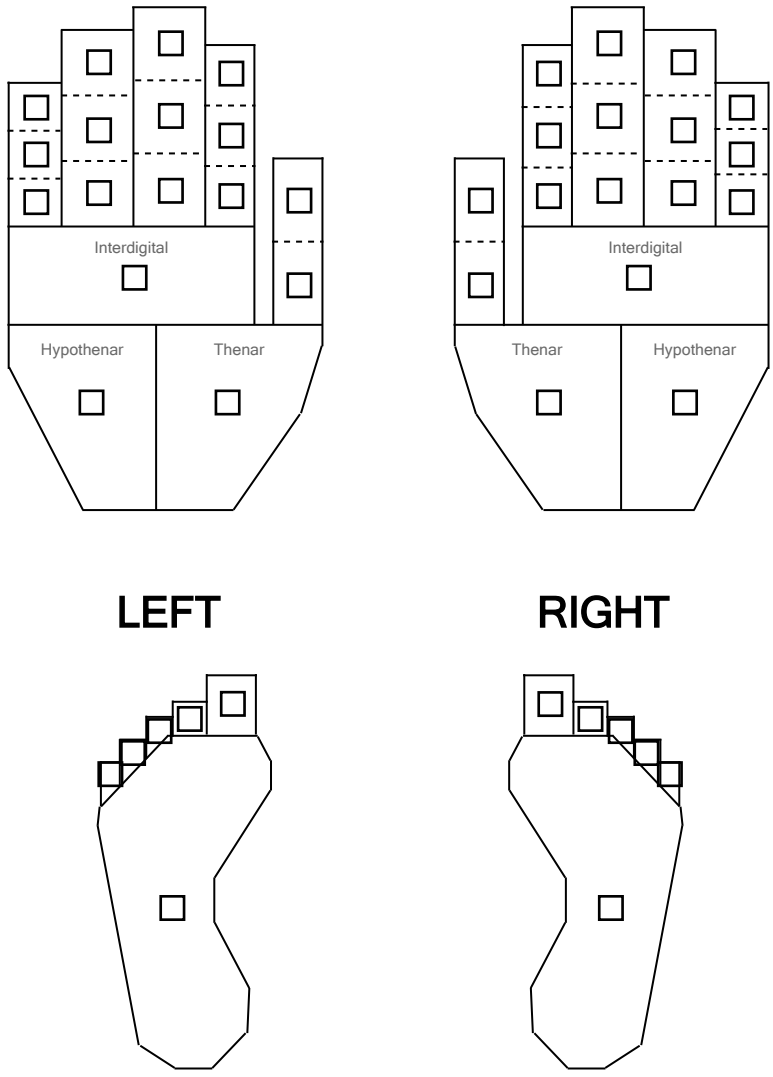
BODY DESCRIPTION (fingerprint information)			a	b	c
484	Skin type prints retrieved from	*Epidermis* 1 ☐ *Dermis* 2 ☐			
488	Print development technique	*Washed and printed* 1 ☐ *Boiling water technique* 2 ☐ *Epidermal glove* 3 ☐ *Silicon based casting agent* 4 ☐ *Other (specify):* 5 ☐ _____			
492	Prints recorded using	*Black powder and adhesive lifter* 1 ☐ *Ink* 2 ☐ *Digital scanner* 3 ☐ *Photograph* 4 ☐ *Other (specify):* 5 ☐ _____			
496	Prints retrieved from	 SHADE AREAS PRINTS RETRIEVED FROM			

Registered by Duty Title : Name : Address : Phone / Email :

Signature / Date

Place of disaster: _____ **PM Nbr:** _____

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Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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PATHOLOGY

			a	b	c
510	**Internal examination**	Nbr 1 *Specify*			
	Head 01 Brain 02 Neck 03 Skull 04 Other				
	Chest 10 Heart/vessels 11 Lungs 12 Thorax/ribs/sternum 13 Other				
	Abdomen 20 Appendix 21 Intestines 22 Stomach 23 Other				
	Other internal organs 30 Adrenals/pancreas/spleen 31 Genitalia 32 Kidneys/ureters/bladder 33 Liver/gall bladder				
	Skeleton/soft tissue 40 Left lower limb 41 Left upper limb 42 Pelvis 43 Right lower limb 44 Right upper limb 45 Other bones 46 Soft tissue other locations 47 Vertebral column				
	Various 50 Demonstrable pathological condition (eg. heart disease cancer etc.) 51 Healed fractures 52 Operations				
	In women 60 Births 61 Hysterectomy 62 Intrauterine contraceptive devices 63 Pregnancy				
515	**Implants**	Nbr: 1 *Specify* 2 *Serial Nbr.*			
	01 Breast 02 Pacemaker 03 Insulin pump 04 Other surgical implants				

Registered by

Duty Title :

Name :

Address :

Phone / Email :

Signature / Date

Place of disaster: -- **PM Nbr:** ____________________

Nature of disaster: --

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ — *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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PATHOLOGY			a	b	c
520	Internal prostheses	*No* 1 ☐ *Yes (specify):* 2 ☐ ______ *Serial Nbr:* ______			
525	Other artificial aids	*No* 1 ☐ *Yes (specify):* 2 ☐ ______			
535	Sex	*Male* 1 ☐ *Female* 2 ☐ *Undetermined* 3 ☐ | *Reason:*			
540	Estimated age 01 Age (Fill either year or month) 02 Method used	*Min* ______ *year* / *Max* ______ *year* | *Min* ______ *month* / *Max* ______ *month* *Specify:* ______			
545	DNA specimens taken Specimen Nbr. Type State	______ *Bone* 1 ☐ *Teeth* 2 ☐ *Muscle* 3 ☐ *Blood* 4 ☐ *Other (specify):* 5 ☐ ______ Swab-card spotted with: *Buccal cells* 6 ☐ *Blood* 7 ☐ *Tissue* 8 ☐ *Fresh* 1 ☐ *Slight* 2 ☐ *decomp.* *Moderate* 3 ☐ *decomp.* *Advanced* 4 ☐ *decomp.* *Skeletonized* 5 ☐ *Burnt* 6 ☐			
	Specimen Nbr. Type State	______ *Bone* 1 ☐ *Teeth* 2 ☐ *Muscle* 3 ☐ *Blood* 4 ☐ *Other (specify):* 5 ☐ ______ Swab-card spotted with: *Buccal cells* 6 ☐ *Blood* 7 ☐ *Tissue* 8 ☐ *Fresh* 1 ☐ *Slight* 2 ☐ *decomp.* *Moderate* 3 ☐ *decomp.* *Advanced* 4 ☐ *decomp.* *Skeletonized* 5 ☐ *Burnt* 6 ☐			
	Specimen Nbr. Type State	______ *Bone* 1 ☐ *Teeth* 2 ☐ *Muscle* 3 ☐ *Blood* 4 ☐ *Other (specify):* 5 ☐ ______ Swab-card spotted with: *Buccal cells* 6 ☐ *Blood* 7 ☐ *Tissue* 8 ☐ *Fresh* 1 ☐ *Slight* 2 ☐ *decomp.* *Moderate* 3 ☐ *decomp.* *Advanced* 4 ☐ *decomp.* *Skeletonized* 5 ☐ *Burnt* 6 ☐			
	Specimen Nbr. Type State	______ *Bone* 1 ☐ *Teeth* 2 ☐ *Muscle* 3 ☐ *Blood* 4 ☐ *Other (specify):* 5 ☐ ______ Swab-card spotted with: *Buccal cells* 6 ☐ *Blood* 7 ☐ *Tissue* 8 ☐ *Fresh* 1 ☐ *Slight* 2 ☐ *decomp.* *Moderate* 3 ☐ *decomp.* *Advanced* 4 ☐ *decomp.* *Skeletonized* 5 ☐ *Burnt* 6 ☐			
550	Further ID information				

Registered by		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Place of disaster: _____ **PM Nbr:** _____

Nature of disaster: _____

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ODONTOLOGY								a	b	c
610	**Material present for examination**	*Check*		*Specimen taken*						
	01 Jaws with teeth	☐ *Upper*	☐ *Lower*							
	02 Jaws without teeth	☐ *Upper*	☐ *Lower*							
	03 Teeth only	*FDI No's:*								
	04 Fragments									
	05 Other									
615	**Dental images available**	1 *Digital*	2 *State number of*	3 *Non digital*	4 *State number of*					
	01 Periapical (PA)	☐		☐						
	02 Bitewing (BW)	☐		☐						
	03 Orthopantomagram (OPG)	☐		☐						
	04 Computed Tomography (CT)	☐		☐						
	05 Other radiographs	☐		☐						
	06 Photographs	☐		☐						
625	**Supplementary details**									
	01 Condition of the jaws									
	02 Other details									

Registered by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

Place of disaster: _____ **PM Nbr:** _____

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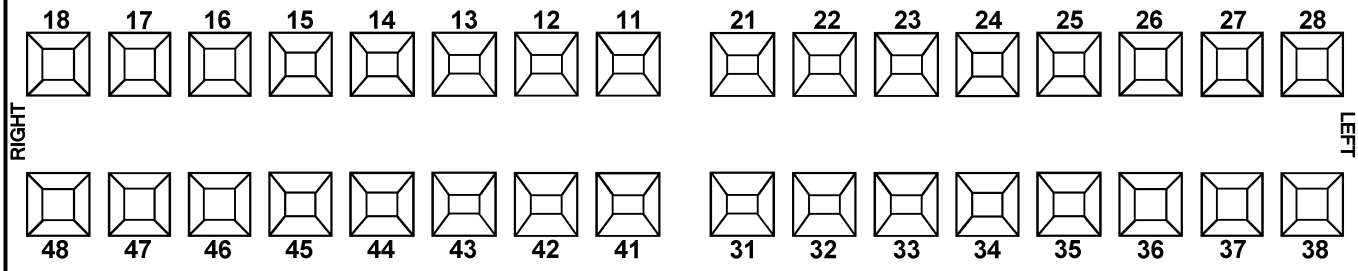
ODONTOLOGY

		a	b	c
630	**Dental findings (for primary teeth change specific FDI code)**			

11			21
12			22
13			23
14			24
15			25
16			26
17			27
18			28



48			38
47			37
46			36
45			35
44			34
43			33
42			32
41			31

			a	b	c
635	**Specific data** 01 Specify	1 ☐ *Crowns* 2 ☐ *Pontics* 3 ☐ *Implants* 4 ☐ *Dentures* 5 ☐ *Other* 6 ☐ *Root canal*			
640	**Other findings** 01 Specify	1 ☐ *Occlusion* 2 ☐ *Tooth wear* 3 ☐ *Periodontal status* 4 ☐ *Supernumeraries* 5 ☐ *Stains* 6 ☐ *Other*			
645	**Type of dentition** 01 Specify	1 ☐ *Primary dentition* 2 ☐ *Mixed dentition* 3 ☐ *Permanent dentition*			
647	**Estimated age** 01 Age (Fill either year or month)	*Min* _____ *year* / *Max* _____ *year*; *Min* _____ *month* / *Max* _____ *month*			
650	**Quality check** Forensic Odontologist 1	*Date:* *Signature:* *Name:*			
	Forensic Odontologist 2 (If available)	*Date:* *Signature:* *Name:*			

Registered by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Place of disaster: ---------- **PM Nbr:** _____

Nature of disaster: ----------

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

SUPPORTING INFORMATION (if referring to data given on a previous page, please indicate field and item number)

700	1 *Field Nbr.*	2 *Description*

705	*Additional Supporting Information page (700's)*	*1* ☐ *No*	*2* ☐ *Yes*

Place of disaster: _____ **PM Nbr:** _____

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APPENDIX DNA					a	b	c
810	**Typing Laboratory**	*Name:* _____ *Email:* _____ *Address:* _____ *City:* _____ *Date of sample:* _____					
815	**Laboratory Standards**	*Accredited according to:* _____ *Not accredited 1* ☐					
820	**STR kit(s) used**	*Name(s) of kit(s) used:* _____					
825	**DNA**	Specimen Nbr: _____					

VWA			DYS391		
TH01			DYS576		
D21S11			DYS570		
FGA			Yindel		
D8S1179					
D3S1358					
D18S51					
Amelogenin					
TPOX					
CSF1PO					
D13S317					
D7S820					
D5S818					
D16S539					
D2S1338					
D19S433					
Penta D					
Penta E					
D1S1656					
D2S441					
D10S1248					
D22S1045					
D12S391					
SE33					
D6S1043					

Add any information not represented of the markers above, using c-column/page 700's Supporting information.

830 *Additional DNA profile page (810-825)* *1* ☐ *No* *2* ☐ *Yes*

Registered by

Duty Title :
Name :
Address :
Phone / Email :

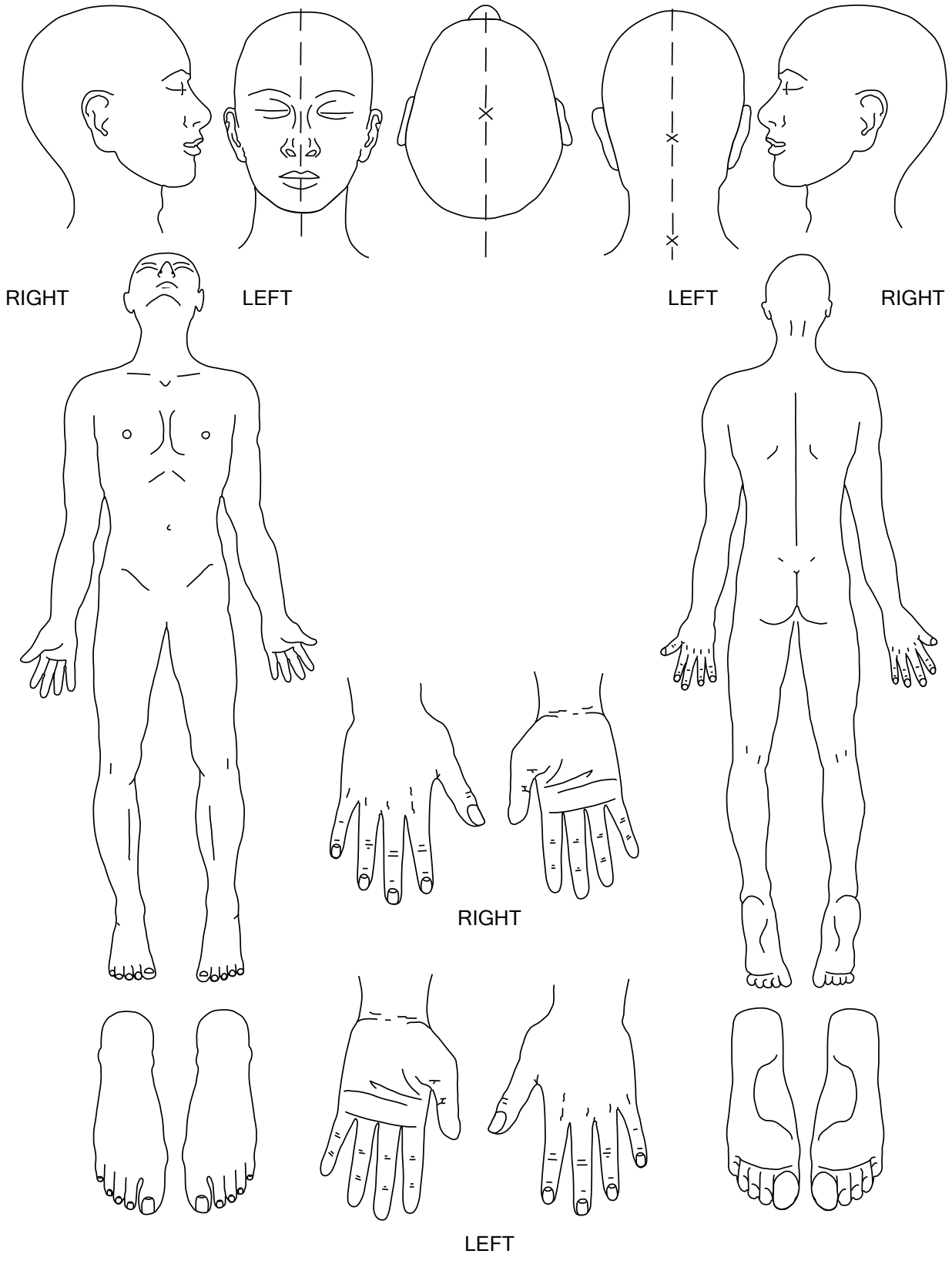
Signature / Date

Place of disaster: ---------- **PM Nbr:** _____

Nature of disaster: ----------

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

835 APPENDIX BODY SKETCH (for optional use)

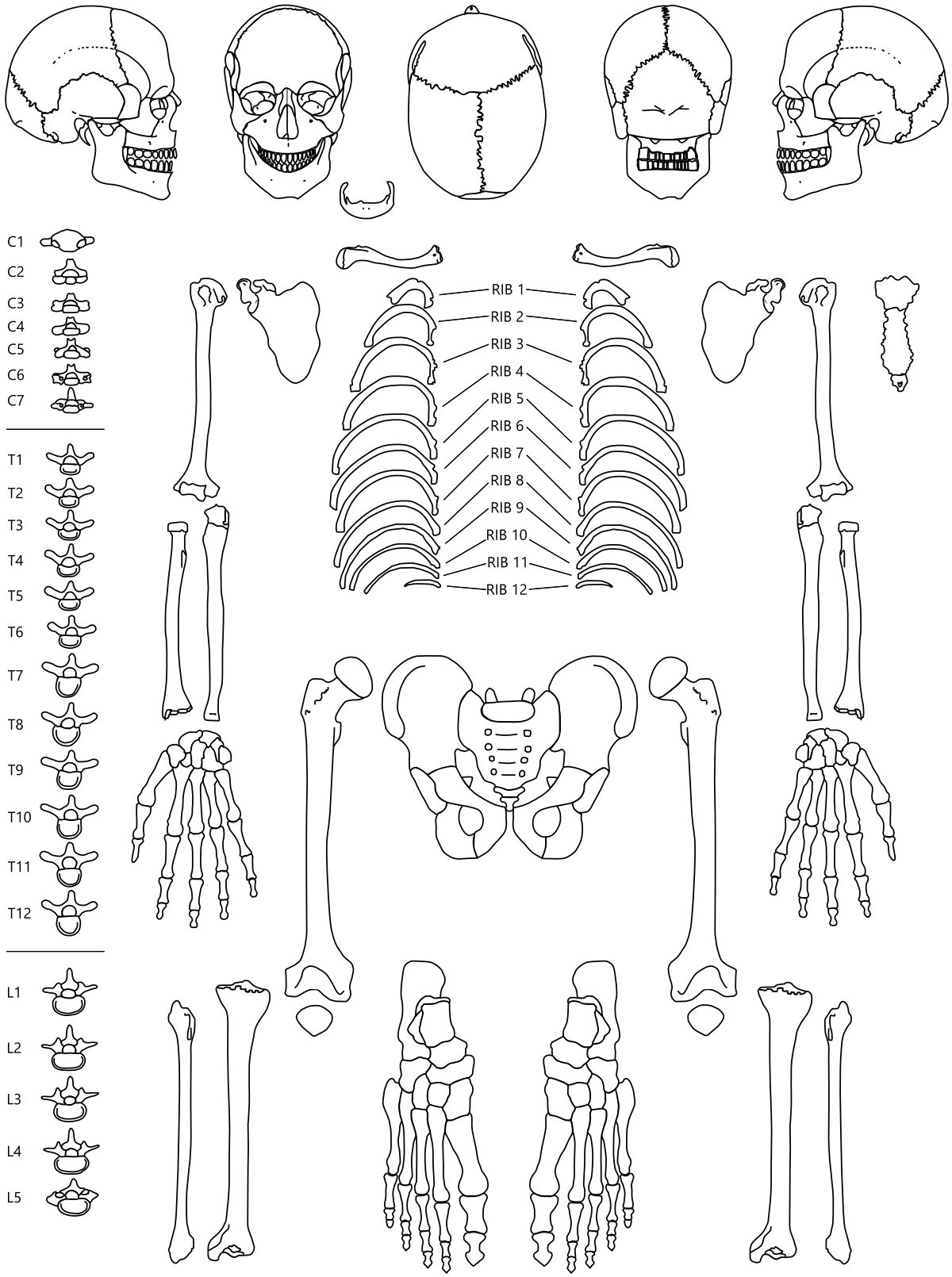


Place of disaster: _____ **PM Nbr:** _____

Nature of disaster: _____

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

840 APPENDIX SKELETON SKETCH (for optional use)



Place of disaster: _____ **PM Nbr:** _____

Nature of disaster: _____

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

APPENDIX RADIOLOGICAL EXAMINATION RECORD (for optional use)			a	b	c
852	Modality	*X-ray* 1 ☐ *CT* 2 ☐ *Fluoroscopy* 3 ☐ *Other (specify):* 4 ☐ _____			
854	Technical issues	*No* 1 ☐ *Yes (specify):* 2 ☐ _____			
856	Type of remains	*Human* 1 ☐ *Non-human* 2 ☐ *Comingled* 3 ☐ *Unsure* 4 ☐			
858	State of remains	*Intact* 1 ☐ *Incomplete* 2 ☐ *Individual body parts (specify):* 3 ☐ _____			
860	Disease processes	*No* 1 ☐ *Yes (specify below)* 2 ☐			
862	Dental work	*No* 1 ☐ *Yes (specify below)* 2 ☐			
864	Implants	*No* 1 ☐ *Yes (specify below)* 2 ☐			
866	Forensically significant findings	*No* 1 ☐ *Yes (specify below)* 2 ☐			
868	Hazards	*No* 1 ☐ *Yes (specify below)* 2 ☐			
870	Supplementary details				
872	Accompanying images	*No* 1 ☐ *Yes (specify):* 2 ☐ _____			

Registered by			*Signature / Date*
	Duty Title	:	
	Name	:	
	Address	:	
	Phone / Email	:	

Place of disaster: _____ **PM Nbr:** _____

Nature of disaster: _____ **From PM Nbr:** _____

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

APPENDIX EXAMINATION RECORD UNIDENTIFIED FRAGMENTED REMAINS			a	b	c
875	**Number of fragments**	*1* 1 ☐ *2-20* 2 ☐ *21-60* 3 ☐ *61-100* 4 ☐ *101-200* 5 ☐ *>200* 6 ☐			
876	**Weight (g)**	_____			
877	**Size (mm)**	*Min* _____ *Max* _____			
878	**Condition** 01 Condition	*Fresh* 1 ☐ *Decomposed* 2 ☐ *Burnt* 3 ☐ *Mixed* 4 ☐			
	02 If burnt, colour of bone	*Yellow/orange£87* 1 ☐ *Black* 2 ☐ *Grey* 3 ☐ *White* 4 ☐ *Mixed* 5 ☐			
879	**Non-human material present**	*No* 1 ☐ *Yes* 2 ☐			
880	**Minimal Numbers of Individuals**	1 ☐ 2 ☐ 3 ☐ 4 ☐ >5 ☐			
881	**Identifying Features** 01 Identifying method(s)	*None* 1 ☐ *DNA* 2 ☐ *Ridge detail* 3 ☐ *Dental* 4 ☐ *Other* 5 ☐			
882	**Skeletal Pathology**	*No* 1 ☐ *Yes* 2 ☐			
883	**Forensically Significant Findings**	*No* 1 ☐ *Yes* 2 ☐			
884	**Imaging Performed**	*None* 1 ☐ *Photographs* 2 ☐ *X-ray* 3 ☐ *CT* 4 ☐			
885	**Supplementary details**				

Registered by

Duty Title :

Name :

Address :

Phone / Email :

Signature / Date