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)			

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)

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

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)

EFFECTS (possibly carried on person or in luggage)

		Nbr:	1 Brand/make	2 Model	3 Main colour	4 Material	5 Inscription	a	b	c
310	**Watch**									
	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

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)

EFFECTS (possibly carried on person or in luggage)

340 Identity documents

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

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".

345 Effects

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

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".

350 Electronic devices

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

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".

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

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)

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* ☐

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

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 ☐ _____			

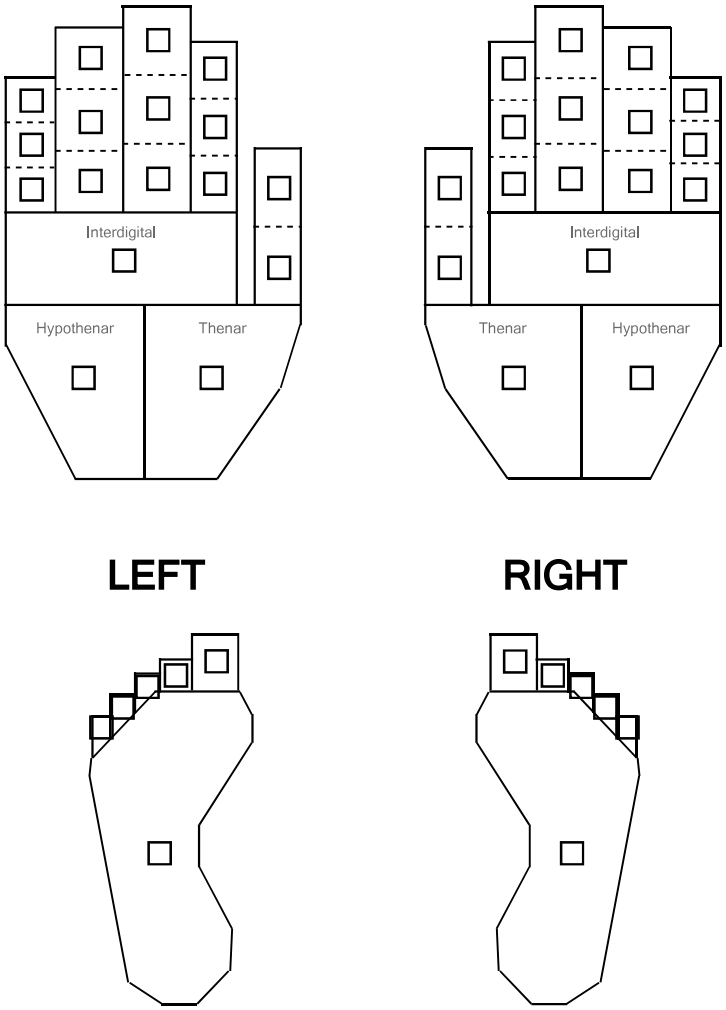
Registered by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

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)

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 :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

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)

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* ☐

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

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: ----------

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)

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 :	

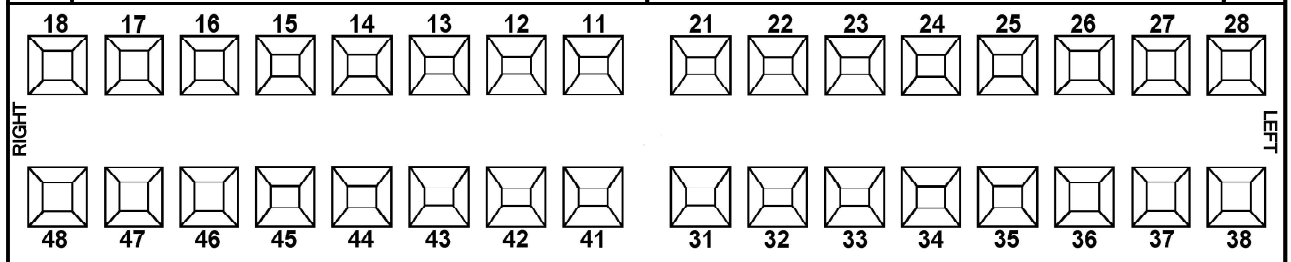
Place of disaster: _____ PM Nbr: _____

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)

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			



				a	b	c
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: Name:		Signature:			
	Forensic Odontologist 2 (If available)	Date: Name:		Signature:			

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

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*

Post **M**ortem *(pink)* **INTERPOL DVI Form - Unidentified Human Remains** Appendix **800's**

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 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 :

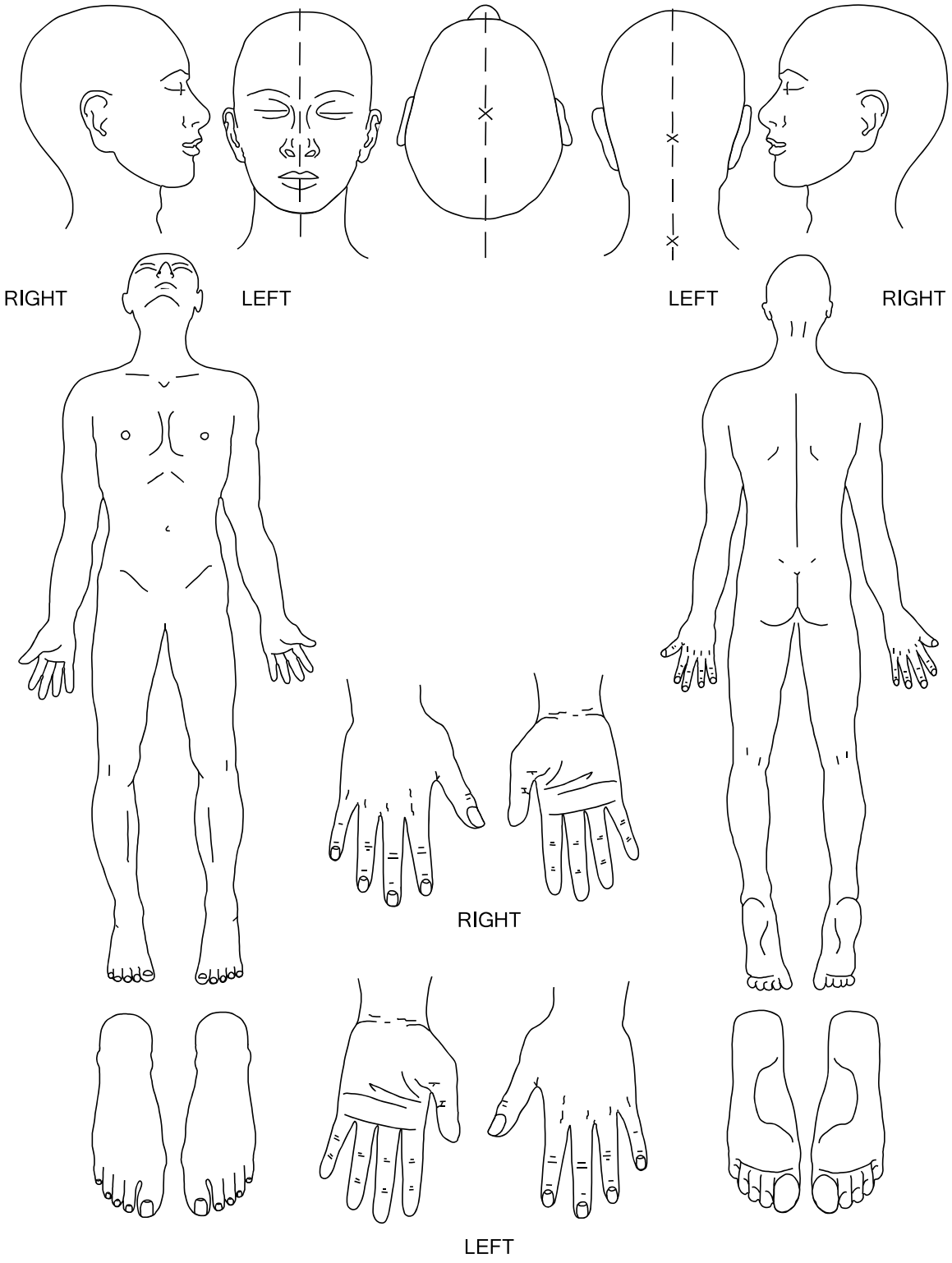
Signature / Date

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)

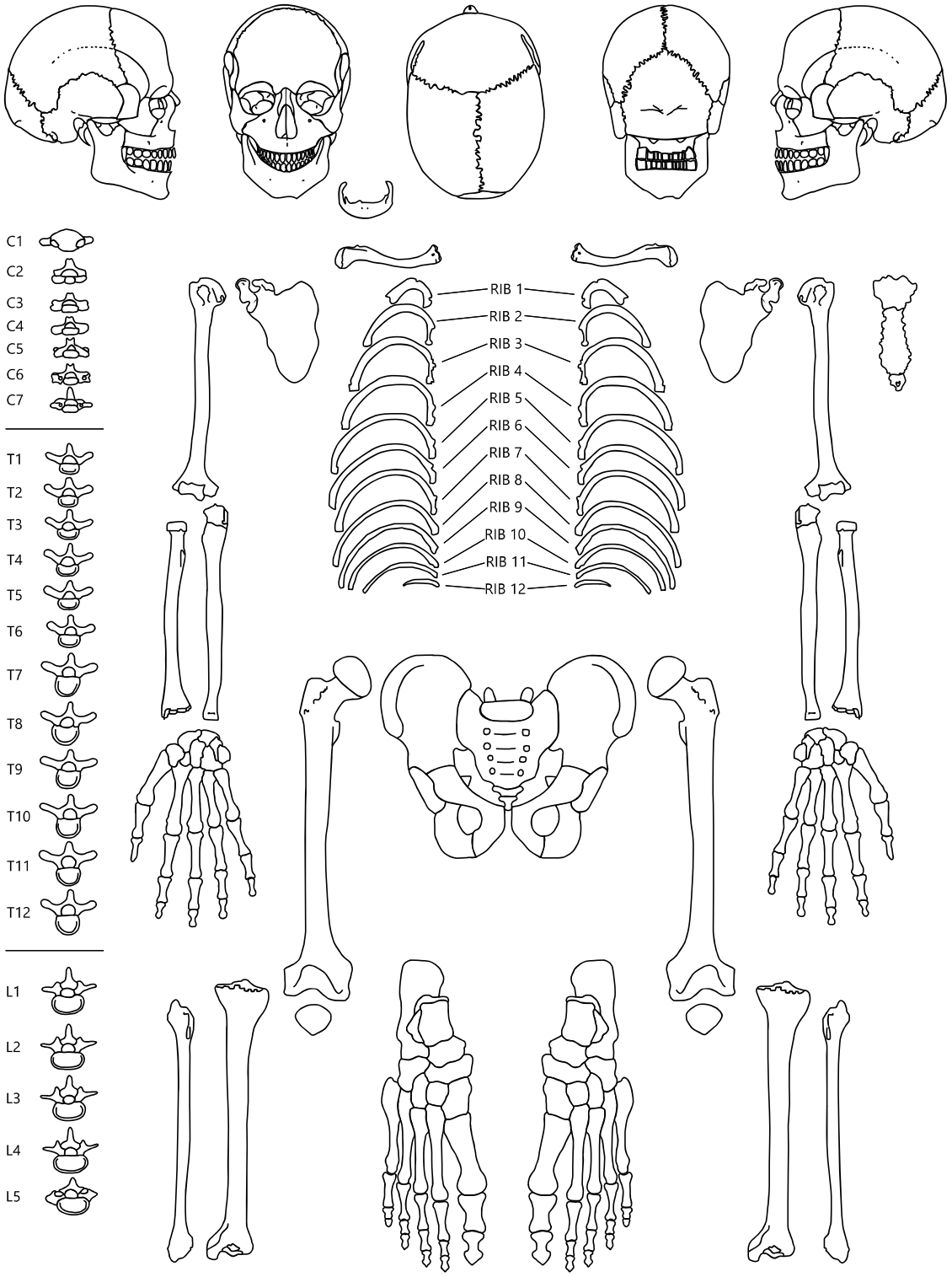


Place of disaster: ---------- **PM Nbr:** _____

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: ----------

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

PM Nbr: _____

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