

For reports on persons missing please follow the instructions below: [AM Data Collection \(En\)](#)

1. Collection of AM data

1.1 General issues

The collection of AM data is a critical step in the positive identification of victims. As can surely be appreciated, for the next of kin, the uncertainty of not knowing and the waiting time endured before the confirmed identification of a loved one is extremely distressing. By quickly and comprehensively collecting the required AM data, you contribute decisively to alleviating some of the anxiety experienced by the next of kin, and provide them with certainty and confirmation of the information they are seeking. To minimize the distress experienced by the next of kin during this traumatic time, all attempts should be made to ensure the initial collection of AM data is all inclusive and subsequent visits will not be required.

1.2 Forms and collection of AM data

The yellow Interpol AM victim identification form is used to gather the required identification data and to accurately document who collected the material, from where and for which missing person. Interpol forms are available in the four official Interpol languages (English, French, Arabic and Spanish) and can be downloaded from their website at www.interpol.int. AM data should be collected by subject matter experts who have been appropriately trained and understand the importance of accurate collection of all the required information as outlined under sections 1.1 to 1.6 of this guide. As stated above, all efforts should be made to avoid having to return to the next of kin to collect additional material and samples, therefore, the collection of AM data must follow the same rigorous protocols expected during the examination of a crime scene and search for physical evidence.

Before you start gathering AM material, you must ensure you understand the appropriate national legislation that pertains to:

- the use of existing police information systems to verify whether identification information (i.e. fingerprints, DNA, photos etc) are already on file for the missing person, and can be used as part of the AM data collection; and,
- the searching of the home of a missing person with a view to recovering AM data and necessary information.

Record all action taken and any results obtained on an “AM Data Collection Report” which can also be found on the Interpol website. There are three primary identifiers used to confirm the identification of a victim – friction ridges (fingerprints), dental records and DNA.

1.3 Fingerprints

Use appropriate evidence recovery methods and processes to collect suitable friction ridges, including fingerprints, palm prints and barefoot impressions, believed to be from the missing person. As many friction ridges as possible should be collected. It is particularly important to collect fingerprints, palm prints and barefoot friction ridges if the missing person is a child because children often lack AM dental records.

Suitable friction ridges can usually be successfully collected from non-porous surfaces such as mirrors, glass, plastics, metals, and foils, as well as varnished, enamelled or glazed surfaces. Additionally, porous surfaces such as paper, diaries, exercise books, notebooks, pocket agendas, children's books, painting books, magazines, and newspapers, are also conducive to examining and retrieving suitable friction ridges. A thorough examination of personal belongings frequently handled (i.e. CDs, DVDs, written documents, etc.) and areas habitually visited and utilized (i.e. vehicles, homes, cottages, offices, work places, etc.) by the missing person should be included in the search for and examination of evidence to assist with the identification of the individual. Before

forwarding the material, a subject matter expert in fingerprints should assess the suitability of the friction ridges for identification purposes and complete elimination comparisons to rule out other potential donors.

1.4 Dental Records

A forensic odontologist must complete pages F1 and F2 of the AM forms. All attempts must be made to gather as complete as possible a full dental record/history of the missing person which may necessitate visits with the current dentist as well as previous dentists.

What should be collected:

- Original (copies of all) treatment records, including photographs, negatives, and x-rays (dental films, panoramic radiographs, lateral cephalographs),
- Digital x-rays (data file and print),
- Plaster models and casts of the upper and lower jaws,
- Splints, interocclusal records,
- Temporary appliances,
- Orthodontic devices, dental braces,
- Prostheses, temporary prostheses.
- All correspondence and financial records

It is important to note that whenever possible, the original copies of any and all dental records, photographs, negatives and x-rays are critical to establishing identification of the missing person. Prostheses and treatment devices that the patient wore inside the mouth may carry DNA evidence. When these items are collected, you must follow the procedures applicable to potential DNA sources.

When collecting photos of the missing person, look for photos where the missing person is smiling or otherwise showing her/his teeth. In the absence of proper dental information, such photos may provide crucial evidence.

If there is no available information concerning the person's dentist, other avenues where dental information may be obtained include health insurance providers, medical records, dental hospitals and public clinics, military records and public institutions (eg. prisons).

1.5 DNA

It is necessary to recover various DNA evidence associated to the missing person.

1. Reference samples from relatives.

Collect as many reference samples (saliva swabs) of close blood relatives as possible. Close blood relatives include parents, children, brothers, sisters, spouses (if the victim and spouse have children together), grandparents, grandchildren, aunts, and uncles. The degree of kinship must also be recorded. As it might become necessary to collect additional reference samples, make a list of any close relatives that could contribute further samples and indicate whether other relatives or persons from the same environment could be among the victims. Even if it has been possible to recover direct reference material from personal objects that have been used by the deceased (see below), it is critical that the above noted reference samples are obtained.

2. Direct biological material.

Consider any blood samples such as new-born screening or biopsy samples (check with family doctor) which may be available. Be sure to inquire about possible earlier transplantations (determine which kind of transplant) since this might result in mixed profiles.

3. Direct DNA evidence from personal objects that have been used by the deceased.

Direct DNA evidence can be obtained from a variety of sources including but not limited to, hairbrushes, combs, razors, toothbrushes, headgear (such as helmets and hats), soiled underwear, hairs, pillows and other headrests, wind instruments, nose hair trimmers, nose sprays, nail files, toupees, wigs, cigarette butts, lipsticks, masks, and chewed-on pencils or pens (if it can be assumed that they have been used by one person only). Collect as many objects as possible recognizing that some items might not yield sufficient results during the analysis while others may be contaminated (i.e. sharing of toothbrushes etc.). If possible, also collect exclusion samples (DNA samples from people other than the victim, used to eliminate their interfering data when mixed DNA results are produced). The report on the physical evidence recovered must include supporting rationale as to why it is believed the sample to be obtained from the object has been deposited by the missing person (i.e. why was this sample chosen, and has its authenticity been confirmed, for instance, by a witness?). Additionally, you must confirm whether other missing persons share a kinship or come from the same residence.

An accredited forensic laboratory must then type the DNA samples at as many loci as required according to local standards and must also forward the original results of the DNA analysis (electropherograms) to the DVI Team.

1.6 Personal characteristics, clothes, jewellery, physical description and medical conditions

Physical characteristics (i.e. scars, tattoos, body piercings, skin marks, malformations, amputations, etc.) and detailed descriptions of belongings (i.e. jewellery/body piercing jewellery including engravings or individual numbering etc.) of the missing person must be recorded. Additionally, similar items of clothing or photographs of the clothes or jewellery which the missing person was wearing or carrying at the time of the incident should be obtained if possible. If no photographs are available, a hand drawn replica may be of assistance (i.e. tattoo). Inquiries should be made with the missing person's physicians concerning any medical conditions that involved implants (i.e. pacemakers, ICDs, breast implants or osteosynthetic materials such as hip or shoulder replacements, intraosseous nails, etc). Some of these implants carry identifying features and/or serial numbers, which may have been recorded by the surgeon. Also, inquire about medications; the disaster or incident may have affected a hospital or institution for the mentally disabled, and toxicology may prove useful.

All medical information must be reviewed by the forensic pathologist on AM collection team.

2. Family Liaison

A crisis intervention team should accompany the police officers to notify the next of kin.

3. AM data collection checklist

The following AM data collection checklist for quick reference will help you to go through the necessary procedures step by step during a specific operation:

- a. Always use the yellow AM Interpol forms.
- b. Always collect ALL available AM data as all are equally important (dactyloscopic records and friction ridges obtained from scene and exhibit examinations, dental records, DNA, medical records, physical descriptors, exhibits, and clothing)
- c. Always perform quality assurance checks and balances by ensuring data be exhaustive and conclusive.