



UNIDENTIFIED PERSONS PACKET



NCIC INITIAL ENTRY REPORT

Message Key (MKE) (See <i>CATEGORIES FOR ENTRY INTO THE UNIDENTIFIED PERSON FILE</i> below)		Date _____																														
<input type="checkbox"/> Unidentified Deceased (EUD) <input type="checkbox"/> Unidentified Living (EUL)		Reporting Agency (ORI) _____																														
<input type="checkbox"/> Unidentified Catastrophe Victim (EUV)																																
Body Parts Status (BPS) <input type="checkbox"/> All 15 parts recovered – fresh (ALF) <input type="checkbox"/> All 15 parts recovered – decomposed (ALD) <input type="checkbox"/> All 15 parts recovered – skeletal (SKL)	Body Parts Status (BPS) – If incomplete body or skeleton, see body diagram on page 4 for coding corresponding parts. N – Not Recovered D – Recovered Decomposed F – Recovered Fresh S – Skeletal <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																		
Sex (SEX) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Unknown (U)	Race (RAC) <input type="checkbox"/> Asian or Pacific Islander (A) <input type="checkbox"/> American Indian/Alaskan Native (I) <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> Unknown (U)																															
Estimated Year of Birth Range (EYB) _____	Estimated Date of Death (EDD) _____	Date Body Found (DBF) _____																														
Approximate Height Range (HGT) _____		Approximate Weight Range (WGT) _____																														
Eye <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> Unknown (XXX) Color <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Multicolored (MUL) (EYE) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Maroon (MAR) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Pink (PNK)	Hair <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Purple (PLE) Color <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Gray/Partially Gray (GRY) <input type="checkbox"/> Green (GRE) <input type="checkbox"/> Unknown (HAI) <input type="checkbox"/> White (WHT) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Orange (ONG) or Comp. <input type="checkbox"/> Blond/Strawberry (BLN) <input type="checkbox"/> Pink (PNK) Bald (XXX)																															
Scars, Marks, Tattoos, and Other Characteristics (SMT) _____																																
Fingerprint Classification (FPC)* _____ _____ _____		Originating Agency Case Number (OCA) _____																														
Miscellaneous (MIS) – Information such as build, handedness, clothing description, hair description, weather conditions at the time of death, place where the individual was found, should be included. If more space is needed, attach additional sheet.																																

CATEGORIES FOR ENTRY INTO THE UNIDENTIFIED PERSON FILE

- Deceased (EUD):** A person no longer living whose identity cannot be ascertained. This category also includes recovered body parts when a body has been dismembered.
- Living (EUL):** A person who is living and unable to ascertain his or her identity, e.g., an amnesia victim or infant. The information on unidentified living persons should be included only if the person gives his or her consent or if they are physically or mentally unable to give consent.
- Catastrophe Victim (EUV):** A person who was a victim of a catastrophe whose identity cannot be ascertained, or body parts when a body has been dismembered as the result of a catastrophe.

* All dental and fingerprint information should be recorded on the NCIC Unidentified Person Dental Report and return to the Washington State Patrol Missing Persons Unit, PO Box 2347, Olympia WA 98507-2347, 1-800-543-5678, FAX (360) 704-2971.



UNIDENTIFIED PERSONS PACKET



Blood Type (BLT)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> A Positive (APOS) | <input type="checkbox"/> B Positive (BPOS) | <input type="checkbox"/> AB Positive (ABPOS) | <input type="checkbox"/> O Positive (OPOS) | <input type="checkbox"/> Unknown (UNKWN) |
| <input type="checkbox"/> A Negative (ANEG) | <input type="checkbox"/> B Negative (BNEG) | <input type="checkbox"/> AB Negative (ABNEG) | <input type="checkbox"/> O Negative (ONEG) | |
| <input type="checkbox"/> A Unknown (AUNK) | <input type="checkbox"/> B Unknown (BUNK) | <input type="checkbox"/> AB Unknown (ABUNK) | <input type="checkbox"/> O Unknown (OUNK) | |

Circumcision? (CRC) <input type="checkbox"/> Was <input type="checkbox"/> Was Not <input type="checkbox"/> Unknown	Footprints available? (FPA) <input type="checkbox"/> Yes <input type="checkbox"/> No	Body X-Rays available? (BXR) <input type="checkbox"/> Full (F) <input type="checkbox"/> Partial (P) <input type="checkbox"/> None (N)	Does the Unidentified Person have corrected vision? (SMT) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Glasses <input type="checkbox"/> Con Lenses	Corrective Vision Prescription (VRX)
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Manner and Cause of Death (CDA) <input type="checkbox"/> Natural Causes (N) <input type="checkbox"/> Suicide (S) <input type="checkbox"/> Accidental (A) <input type="checkbox"/> Unknown (U) <input type="checkbox"/> Homicide (H)	Describe
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Jewelry Type (JWT)	Jewelry Description (JWL)
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DNA Profile Indicator (DNA) <input type="checkbox"/> Yes <input type="checkbox"/> No	DNA Location (DLO)
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Medical Examiner/Coroner Agency Name and Case Number (MAN)	Medical Examiner/Coroner Locality (MAL)
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Medical Examiner/Coroner Address and Telephone Number (MAT)	Investigating Officer Agency, Address, and Telephone Number (MIS)
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NCIC Number (NIC)

PLEASE REQUEST A COMPLETE DNA COLLECTION KIT BY CONTACTING:

WASHINGTON STATE PATROL
MISSING PERSONS UNIT
PO BOX 2347
OLYMPIA WA 98507-2347
1-800-543-5678 (KID-LOST)
FAX (360) 704-2971

After completing this page, use the Antemortem Personal Descriptors and check any information that would aid in the identification of the unidentified person; for example, broken bones, scars, deformities, and tattoos, and/or complete the External Characteristics Body Diagrams and the Internal Characteristics Coding Sheet. Dental information should be recorded using the NCIC Unidentified Person Dental Report.

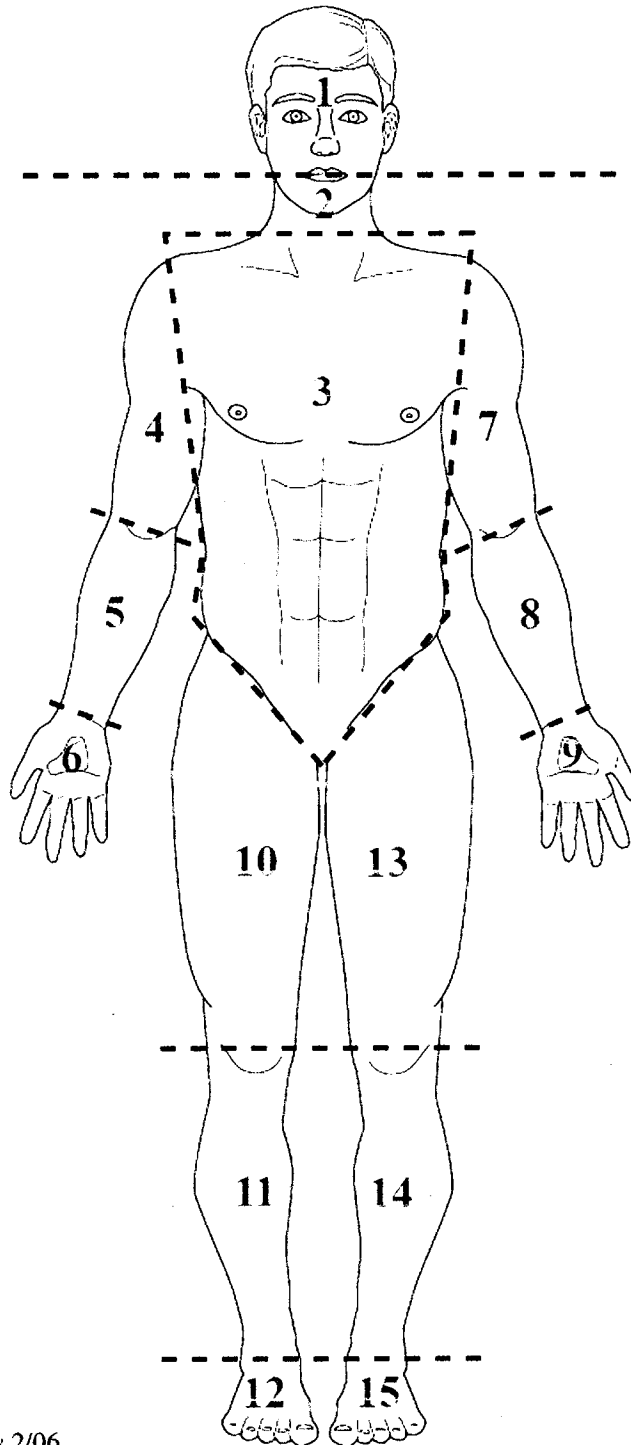
To aid in the identification, please obtain full body and dental X-rays before the body is buried/cremated. This will eliminate the need for a buried body to be exhumed.

Review the initial Unidentified Person Report to ensure that all available data has been recorded when your examination is complete.

BODY PARTS STATUS CHART

The purpose of the body parts status chart is to link information from two or more agencies that recover parts of one body. Review the following diagram and mark the appropriate code on each line.

Body parts that were amputated prior to death for which the remaining tissue has healed should be coded as recovered in the Body Parts Status Field and should be coded in the Scars, Marks, Tattoos, and Other Physical Characteristics Field using the missing body parts codes.



- N - Not Recovered
- D - Recovered, Decomposed
- F - Recovered, Fresh
- S - Skeletal

- _____ 1. Cranium
- _____ 2. Mandible
- _____ 3. Torso
- _____ 4. Right Upper Arm
- _____ 5. Right Forearm
- _____ 6. Right Hand
- _____ 7. Left Upper Arm
- _____ 8. Left Forearm
- _____ 9. Left Hand
- _____ 10. Right Upper Leg
- _____ 11. Right Lower Leg
- _____ 12. Right Foot
- _____ 13. Left Upper Leg
- _____ 14. Left Lower Leg
- _____ 15. Left Foot



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DENTAL CONDITION WORKSHEET

You should fill out this chart following the complete visual examination of the dentition and review of the dental radiographs taken of the unidentified individual or remains. You should number the teeth following the format of the Universal numbering system with tooth #1 being the upper right third molar, tooth #16 being the upper left third molar, tooth #17 being the lower left third molar, and tooth #32 being the lower right third molar. In your descriptions of the restorations present, you should include the surfaces involved (M, O, D, F, L), the restorative material used, such as amalgam, gold, porcelain, composite, temporary cement, and any other conditions that may be observed, such as endodontic treatment, pin retention, orthodontic brackets or bands. You must not leave any tooth numbers blank. If the tooth has no restorations, note it as "virgin" or "present, no restoration." Note other significant dental information at the bottom of this chart or on an additional sheet of paper, which you should attach to this worksheet.

1. _____	32. _____
2. _____	31. _____
3. _____	30. _____
4. _____	29. _____
5. _____	28. _____
6. _____	27. _____
7. _____	26. _____
8. _____	25. _____
9. _____	24. _____
10. _____	23. _____
11. _____	22. _____
12. _____	21. _____
13. _____	20. _____
14. _____	19. _____
15. _____	18. _____
16. _____	17. _____

Additional Dental Information



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Dental Radiograph Guidelines for Unidentified Remains

- All periapical radiographs should show the complete crown and root tips with surrounding tissue. Avoid elongation and foreshortening as much as possible.
- Radiographs should be taken of region, even if teeth are missing.
- Use bisecting angle or parallel technique.
- Obtain panoramic radiographs whenever possible. (Usually only possible in skeletal remains.)
- Submit one set of original radiographs and completed charting to the medical examiner or coroner of jurisdiction.

Guide to Full Mouth Radiographic Series

Upper right molar region	Upper right premolar region	Upper right cuspid region	Upper central incisor region	Upper left cuspid region	Upper left premolar region	Upper left molar region
Bitewing right molar region	Bitewing right premolar region				Bitewing left premolar region	Bitewing left molar region
Lower right molar region	Lower right premolar region	Lower right cuspid region	Lower central incisor region	Lower left cuspid region	Lower left premolar region	Lower left molar region

Recommended Dental Photographs

Photographs are occasionally used to help identify unidentified persons. This can be done by comparing the alignment and shape of the visible teeth in an antemortem photograph to those same characteristics present in the recovered human remains. Photographic superimposition of the head over photographs of possible candidates may also be useful. Multiple photographs, either conventional or digital are recommended. At a minimum, the following photographic views should be taken:

1. View of Anterior Teeth (cuspid to cuspid) showing incisal edges and alignment.
2. Frontal View of Head.
3. Right and Left Lateral View of Dentition.
4. Occlusal View of Dentition Upper and Lower.