Place of disaster: ______________________ PM No: ______________

Nature of disaster: ______________________

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

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
150	Body part	*No* 1 ☐ *Yes (specify):* 2 ☐ ____________				
155	Photographs taken	*No* 1 ☐ *Yes by:* 2 ☐ ____________				
160	Exhibits	*No* 1 ☐ *Yes by:* 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 / No. 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 / No. Postcode / Town State / Country Phone / Email	*No* 1 ☐ *Yes* 2 ☐ *Images (specify in field 615)* 3 ☐				
180	Samples 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 ☐				

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 No: ________

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								a	b	c
300	Clothing Items	No:	1 Type/style	2 Main colour	3 Brand/make	4 Material	5 Size			
	Head and neck 101 Headcover 102 Scarf 103 Tie 199 Other **Upper part of the body and arms** 201 Blouse 202 Braces 203 Brassiere 204 Cardigan 205 Coat/Jacket 206 Gloves 207 Overcoat 208 Pullover 209 Shirt 210 T-shirt 211 Undershirt 212 Waistcoat 299 Other **Lower part of the body and legs** 301 Belt 302 Shorts 303 Skirt 304 Socks 305 Stockings 306 Swimming attire 307 Tights 308 Trousers 309 Underpants 399 Other **The whole of the body** 401 Body suit 402 Dress 403 Religious/Cultural/ Traditional 404 Uniform 499 Other In case of using "x99 Other" describe the kind of item in column "1 Type/style".									
305	Footwear	No:	1 Type/style	2 Main colour	3 Brand/make	4 Material	5 Size			
	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.

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

Place of disaster: ______ **PM No:** ______

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

			a	b	c
310	**Watch**	No: 1 *Brand/make* 2 *Model* 3 *Main colour* 4 *Material* 5 *Inscription*			
	01 Digital wristwatch 02 Analog wristwatch 03 Digital/analog w. 04 Smartwatch				
	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 ☐ ______			
	07 Watch, other type	*Where worn:* ______			
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 No:* ______			
	02 Right	*No* 1 ☐ *Yes (specify):* 2 ☐ ______ *Serial No:* ______			
330	**External prostheses**	*No* 1 ☐ *Yes (specify):* 2 ☐ ______ *Serial No:* ______			
335	**Jewellery**	No: 1 *Type/style* 2 *Main colour* 3 *Material* 4 *Inscription* 5 *Where worn*			
	01 Anklet 02 Bracelets 03 Earclips 04 Earrings 05 Neck chains 06 Necklace 07 Nose ring 08 Pendant on chain 09 Wedding ring 10 Other rings 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.

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

Signature / Date

Place of disaster: ______________________ PM No: ______________________

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

		No:	1 Nationality	2 Number	3 Details	4 Biometrics	5 Chip	a	b	c
340	**Identity documents** 01 Bank cards 02 Driving licence 03 Identity card 04 Passport 99 Other In case of using "99 Other" describe the kind of item in column "3 Details".									

		No:	1 Brand/make	2 Model	3 Main colour	4 Material	5 Serial No.	6 Markings	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".										

		No:	1 Brand/make	2 Model	3 Main colour	4 Material	5 Serial No.	6 Markings	a	b	c
350	**Electronic devices** 01 Camera 02 Mobile phone 03 Music player 04 SIM 05 Tablet/handheld 06 Video 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.

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

Place of disaster: ______________________ **PM No:** ______________________

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 ☐			
404	Specific details	No: 1 *Scars* / 2 *Piercings* / 3 *Tattoos*			
	Head and neck 01 Head 02 Neck **Torso** 03 Torso front 04 Torso back 05 Genitalia 06 Buttocks **Upper limbs** 07 Right upper arm 08 Left upper arm 09 Right forearm 10 Left forearm 11 Right hand 12 Left hand **Lower limbs** 13 Right thigh 14 Left thigh 15 Right knee 16 Left knee 17 Right lower leg 18 Left lower leg 19 Right foot 20 Left foot	No: 4 *Skin marks* / 5 *Malformations* / 6 *Amputations*			
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 ☐ *Extensions* 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		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Place of disaster: ______________________ PM No: ______________

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
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**	*No* 1 ☐ *Yes* 2 ☐			
476	**Ancestry**	*European* 1 ☐ *White* *African* 2 ☐ *Black* *Asian* 3 ☐ *Other* 4 ☐ ______ *Mixed (specify):* 5 ☐ ______			

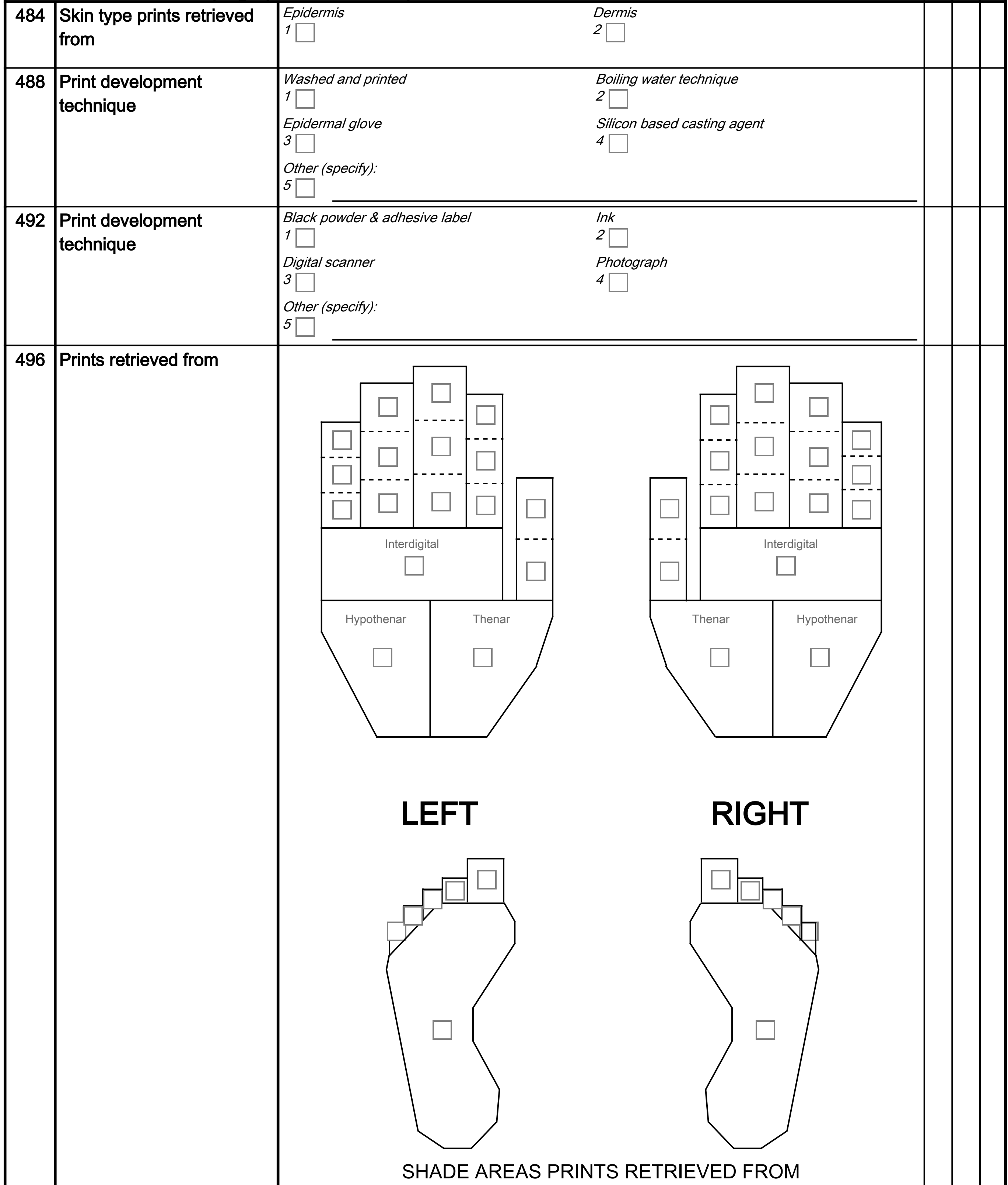
Registered by		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Place of disaster: ______________________ **PM No:** ______________________

Nature of disaster: ______________________

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

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	Print development technique	*Black powder & adhesive label* 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 No:** ______________

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

		No: 1 Specify	a	b	c
510	**Internal examination** **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 **Various** 50 Demonstrable pathological condition (e.g. heart disease, cancer etc.) 51 Healed fractures 52 Operations **In women** 60 Births 61 Hysterectomy 62 Intrauterine contra-ceptive devices 63 Pregnancy				

		No: 1 Specify	2 Serial No.	a	b	c
515	**Implants** 01 Breast 02 Pacemaker 03 Insulin pump 04 Other surgical implants					

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

Place of disaster: ______________________ **PM No:** ______________________

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	**Prostheses**	*No* 1 ☐ *Yes (specify):* 2 ☐ ______ *Serial No:* ______			
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 No. 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 No. 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 No. 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 No. 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 No:** ________________

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 PA	☐		☐						
	02 BW	☐		☐						
	03 OPG	☐		☐						
	04 CT	☐		☐						
	05 Other radiographs	☐		☐						
	06 Photographs	☐		☐						
625	**Supplementary details**									
	01 Condition of the body									
	02 Other details									

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

Place of disaster: .... PM No: ____________

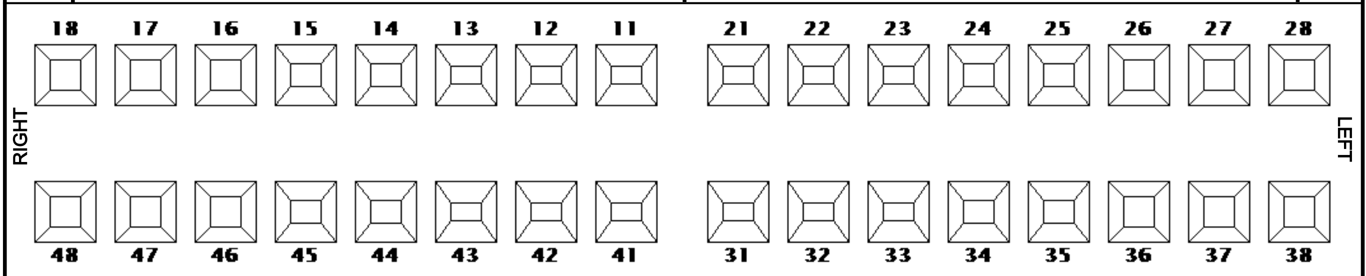
Nature of disaster: ....

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

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

ODONTOLOGY

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* 4 ☐ *Dentures*	2 ☐ *Pontics* 5 ☐ *Other*	3 ☐ *Implants*			
640	Other findings 01 Specify	1 ☐ *Occlusion* 4 ☐ *Supernumeraries*	2 ☐ *Tooth wear* 5 ☐ *Stains*	3 ☐ *Periodontal status* 6 ☐ *Other*			
645	Type of dentition 01 Dentition	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 FOd 1 FOd 2 (If available)	*Date:* *FOd 1 Name:* *Date:* *FOd 2 Name:*	*Signature:* *Signature:*				

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

Place of disaster: .... PM No: ____________

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)

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

700	1 *Field No.*	2 *Description*
705		*Additional Supporting Information page (700's)* 1 [ ] *No* 2 [ ] *Yes*

Place of disaster: ______________________ PM No: ______________

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)

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

700	1 *Field No.*	2 *Description*
705		*Additional Supporting Information page (700's)* 1 [ ] *No* 2 [ ] *Yes*

Place of disaster: ________________ PM No: ________________

Nature of disaster: ________________

	Day	Month	Year	Male	Female	Other	Unknown
Date of disaster:							

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

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

700	1 *Field No.*	2 *Description*

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

Place of disaster: ________ PM No: ________

Nature of disaster: ________

	Day	Month	Year	Male	Female	Other	Unknown
Date of disaster:							

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

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

700	1 *Field No.*	2 *Description*

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

Place of disaster: ______________________ **PM No:** ______________

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)

805 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	Human Remains		Human Remains					
	VWA								
	TH01								
	D21S11								
	FGA								
	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 (805-825)* 1 ☐ No 2 ☐ Yes							

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

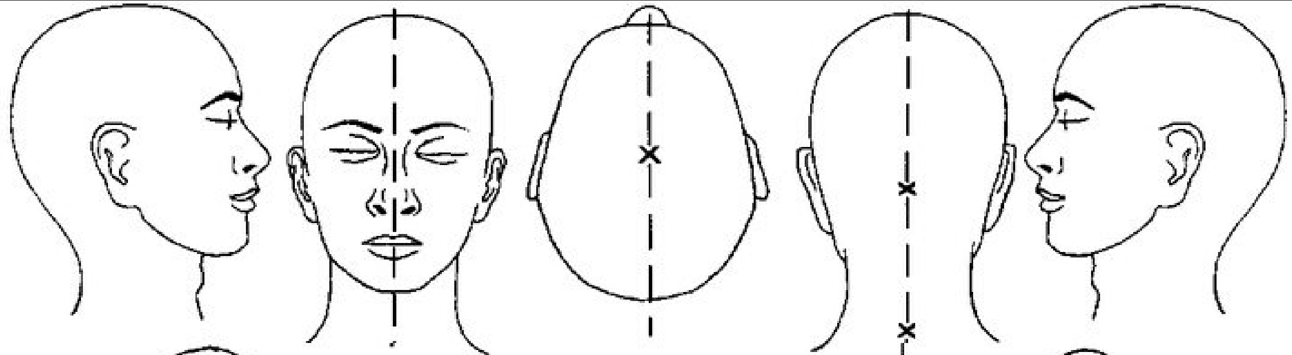
Place of disaster: ______________________ **PM No:** ______________

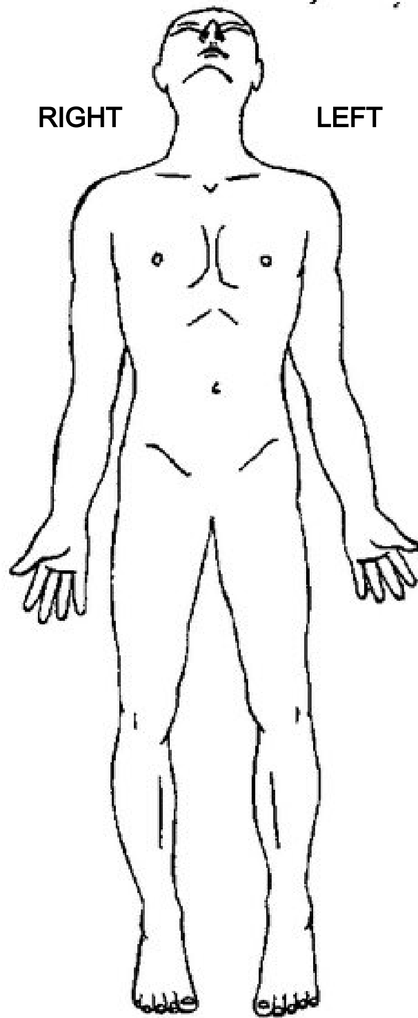
Nature of disaster: ______________________

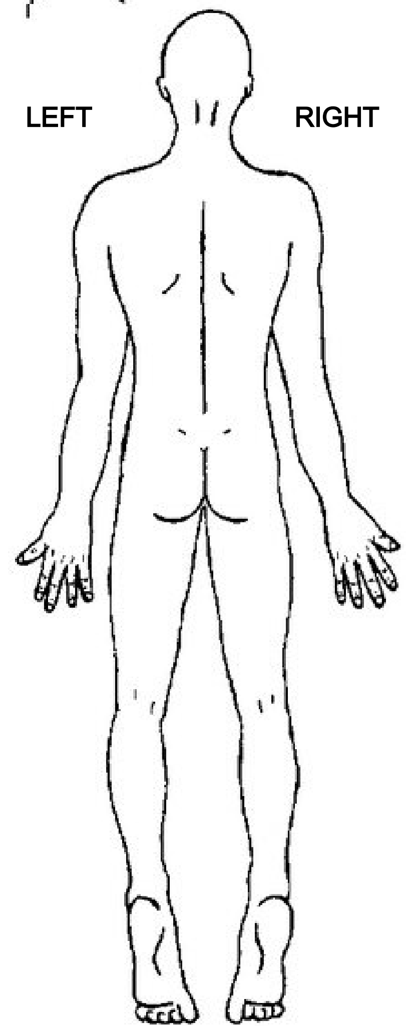
Date of disaster: Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]   Male [ ] Female [ ] Other [ ] Unknown [ ]

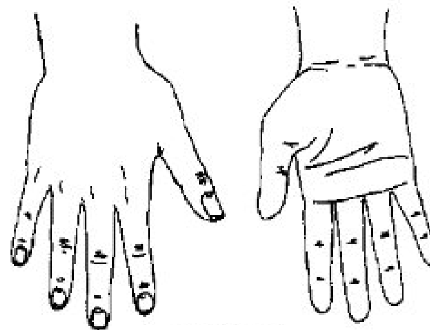
a = Data not available   b = Attachment   c = Further info on page Sup. Info. (700's)

835 APPENDIX BODY SKETCH (for optional use)

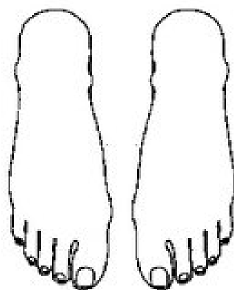


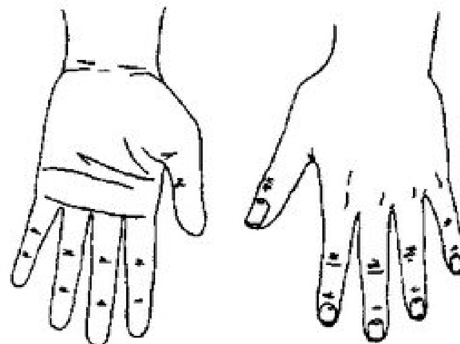


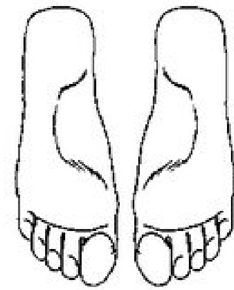




RIGHT







LEFT

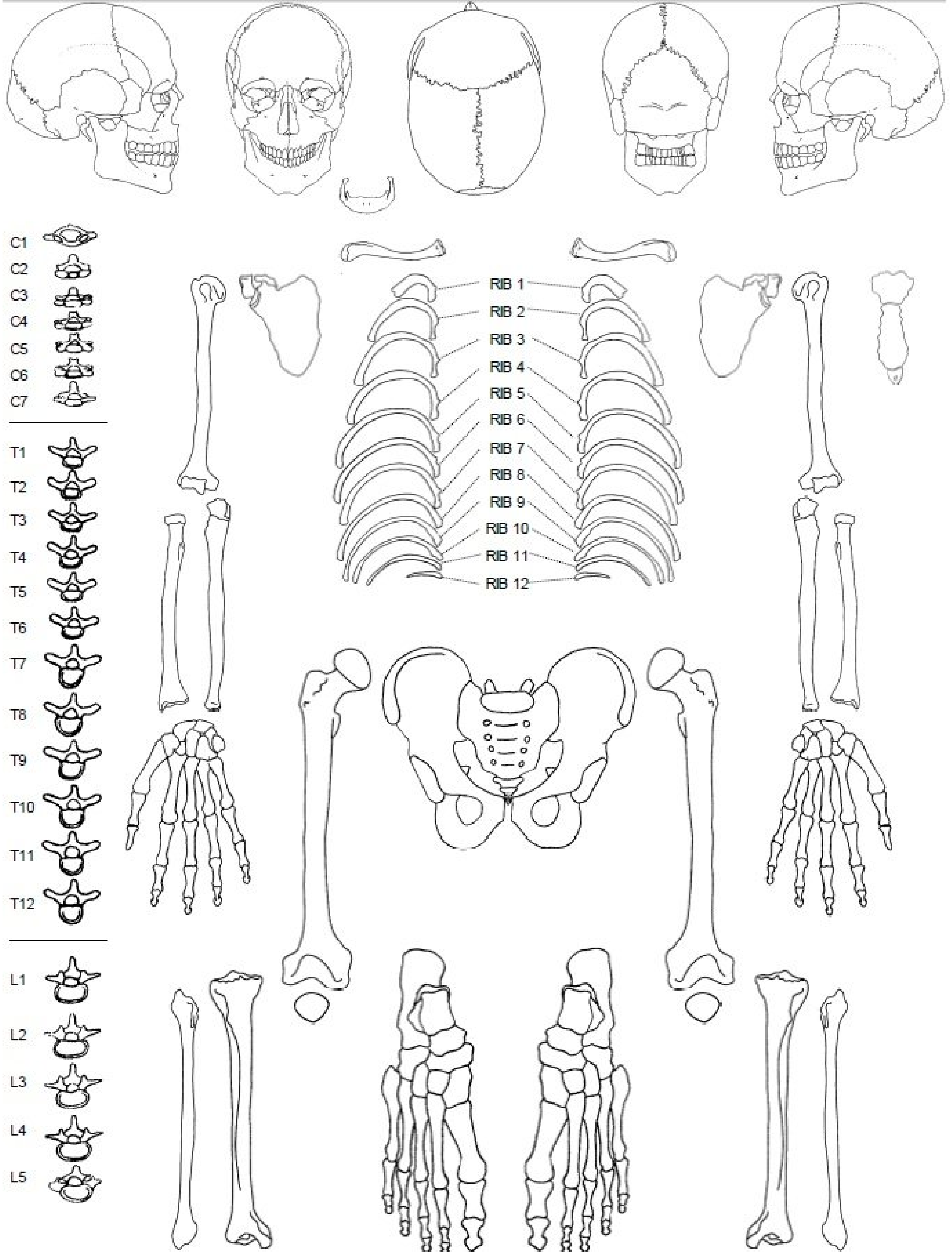
Place of disaster: ______________________ **PM No:** ______________________

Nature of disaster: ______________________

	Day	Month	Year	Male	Female	Other	Unknown
Date of disaster:							

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

840 APPENDIX SKELETON SKETCH (for optional use)



Place of disaster: PM No:

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)

850 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 :	