

9046324661

**NCIC Unidentified Person File
Data Collection Entry Guide**

Agency Case # 78-1111-831

NCIC Initial Entry Report																																
Message Key (MKE) (See Categories, page 2) <input checked="" type="checkbox"/> Unidentified Deceased (EUD) <input type="checkbox"/> Unidentified Living (EUL) <input type="checkbox"/> Unidentified Catastrophe Victim (EUV)		Date 24 November 2009 Reporting Agency (ORI) FL0120000																														
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 page 7 for coding corresponding parts N - Not Recovered D - Recovered Decomposed F - Recovered Fresh S - Skeletal <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">N</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>		S	S	S	N	N	N	S	N	N	S	S	N	S	N	N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
S	S	S	N	N	N	S	N	N	S	S	N	S	N	N																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																		
Sex (SEX) <input checked="" 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"/> Unknown (U) <input type="checkbox"/> Black (B) <input checked="" type="checkbox"/> White (W)																															
Estimated Year of Birth Range (EYB) <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td style="border: 1px solid black; padding: 2px;">-</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">2</td> </tr> </table>	1	9	2	7	-	1	9	4	2	Estimated Date of Death (EDD) <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">-</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">-</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td style="border: 1px solid black; padding: 2px;">7</td> </tr> </table>	1	1	-	0	1	-	1	9	7	7	Date Body Found (DBF) <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">-</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">-</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td style="border: 1px solid black; padding: 2px;">8</td> </tr> </table>	1	1	-	2	4	-	1	9	7	8	
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1	1	-	2	4	-	1	9	7	8																							
Approximate Height Range (HGT) <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">5</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">-</td> <td style="border: 1px solid black; padding: 2px;">5</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">0</td> </tr> </table>		5	0	9	-	5	1	0	Approximate Weight Range (WGT) <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">-</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> </tr> </table>	0	0	0	-	0	0	0																
5	0	9	-	5	1	0																										
0	0	0	-	0	0	0																										
Eye Color (EYE) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Green (GRN) <input checked="" type="checkbox"/> Unknown (XXX) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Multicolored (MUL) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Maroon (MAR) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Pink (PNK)	Hair Color (HAIR) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Purple (PLE) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Gray or Partially Gray (GRY) <input type="checkbox"/> Green (GRE) <input checked="" type="checkbox"/> Unknown or Completely Bald (XXX) <input type="checkbox"/> White (WHT) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Orange (ONG) <input type="checkbox"/> Blond/Strawberry (BLN) <input type="checkbox"/> Pink (PNK)																															
Scars, Marks, Tattoos, and other Characteristics (SMT) (See Checklist, page 8) Numerous dental restorations; Healed fractures to nose & face; Left foot likely bent outward causing a limp; Arthritis in left hip																																
Fingerprint Classification (FPC)* <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">SS</td> <td style="border: 1px solid black; padding: 2px;">SS</td> <td style="border: 1px solid black; padding: 2px;">SS</td> <td style="border: 1px solid black; padding: 2px;">SS</td> <td style="border: 1px solid black; padding: 2px;">SS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">SS</td> <td style="border: 1px solid black; padding: 2px;">SS</td> <td style="border: 1px solid black; padding: 2px;">SS</td> <td style="border: 1px solid black; padding: 2px;">SS</td> <td style="border: 1px solid black; padding: 2px;">SS</td> </tr> </table>	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	Originating Agency Case Number (OCA) 78-1111-831																					
SS	SS	SS	SS	SS																												
SS	SS	SS	SS	SS																												
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. ** These skeletal remains were located in a wooded area west of a rest area in Lake City, FL. The decedent was located in between several planted pine trees. Skeletal remains were covered with approximately 3 inches of old pine needles and dirt.																																

* Fingerprints, if available, may be submitted electronically via the CJIS Wide Area Network or in hard copy to the FBI, CJIS Division, Post Office Box 4142, Clarksburg, West Virginia 26302-9929.

** All dental information should be recorded on the NCIC Unidentified Person Dental Report and entered into NCIC as supplemental information.

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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 checked="" 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 checked="" type="checkbox"/> Unknown	Footprints available? (FPA) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Body X-Rays available? (BXR) <input checked="" 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"/> Glasses <input type="checkbox"/> No <input type="checkbox"/> Con Lenses	Corrective Vision Prescription (VRX)
Manner and cause of Death (CDA) <input type="checkbox"/> Natural Causes (N) <input type="checkbox"/> Suicide (S) <input type="checkbox"/> Accidental (A) <input checked="" type="checkbox"/> Unknown (U) <input type="checkbox"/> Homicide (H)		Describe <p style="text-align: center;">Undetermined</p>		
Jewelry Type (JWT) (See Checklist, page 20) None		Jewelry Description (JWL) (See Checklist, page 20)		
DNA Profile Indicator (DNA) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DNA Location (DLO) Minnesota State Crime Laboratory; mtDNA; 1430 Maryland Avenue E, St. Paul, MN 55106; 651-793-2900; CODIS# QS06-10769-1A		
Medical Examiner/Coroner Agency Name and Case Number (MAN) District 4 Medical Examiner's Office #99-0685			Medical Examiner/Coroner Locality (MAL) 2100 Jefferson Street, Jacksonville, FL 32206	
Medical Examiner/Coroner Telephone Number (MAT) (904) 630-0982			Investigating Officer and Telephone Number (MIS) A. Murnak (904) 630-0980 AMurnak@coj.net	
NCIC Number (NIC) U076712242				

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Agency Case # 78-1111-831

MEDICAL INFORMATION

District 4 MEO	Dr. Margarita Arruza	99-0685
Name of Investigating Agency	Medical Examiner/Coroner's Name	ME/C Case Number
2100 Jefferson Street	Jacksonville, FL 32206	J. Brokaw
Street Address	City, State, Zip	Investigating Officer

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.

Optical

Glasses or Contact Lenses? Yes No If contact lenses, what kind? _____

If glasses, what type of frames? _____

Prescription: **Right Eye** _____

Left Eye _____

_____ Name of Optician, Optometrist, or Ophthalmologist	_____ Street Address
_____ City, State, Zip	_____ Telephone Number

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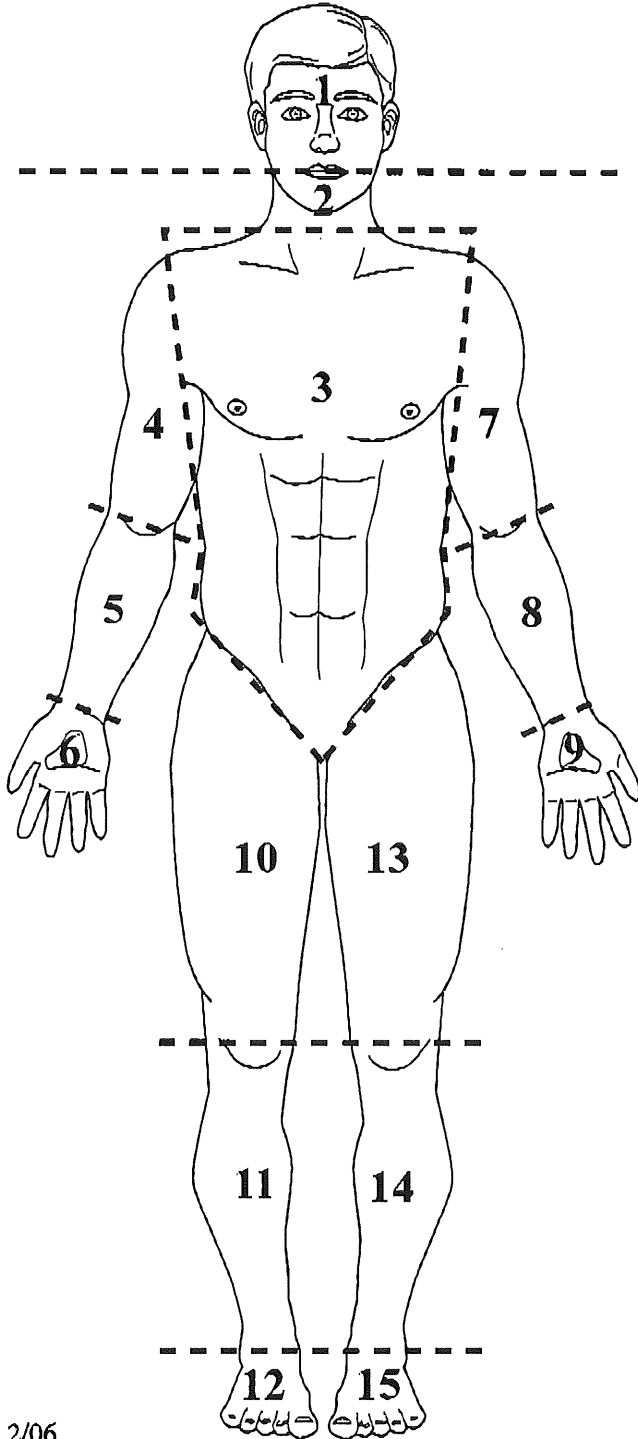
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Body Parts Status Chart

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

 S 1. Cranium

 S 2. Mandible

 S 3. Torso

 N 4. Right Upper Arm

 N 5. Right Forearm

 N 6. Right Hand

 S 7. Left Upper Arm

 N 8. Left Forearm

 N 9. Left Hand

 S 10. Right Upper Leg

 S 11. Right Lower Leg

 N 12. Right Foot

 S 13. Left Upper Leg

 S 14. Left Lower Leg

 N 15. Left Foot

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Deafness

- | | |
|--|---|
| <input type="checkbox"/> Deaf, one ear, nonspecific (DEAF EAR) | <input type="checkbox"/> Deaf, left and right ears (DEAF) |
| <input type="checkbox"/> Deaf, left ear (DEAF L EAR) | <input type="checkbox"/> Deaf-mute (DEAF MUTE) |
| <input type="checkbox"/> Deaf, right ear (DEAF R EAR) | |

Deformities

EARS

- Cauliflower ear, nonspecific (CAUL EAR)
- Left cauliflower ear (CAUL L EAR)
- Right cauliflower ear (CAUL R EAR)

FACE

- Deviated septum (DEV SEPTUM)
- Cleft lip (CL LIP)
- Cleft palate (CLEFT PAL)
- Mute, person is mute not deaf (MUTE)
- Protruding jaw, nonspecific (PROT JAW)
- Protruding upper jaw (PROT U JAW)
- Protruding lower jaw (PROT L JAW)
- Extra tooth/teeth, nonspecific (EXTR TTH)
- Extra tooth/teeth, upper jaw (EXTR U TTH)
- Extra tooth/teeth, lower jaw (EXTR L TTH)

TORSO

- Extra breast, nonspecific (EXTR BRST)
- Extra left breast (EXTR LBRST)
- Extra right breast (EXTR RBRST)
- Extra center breast (EXTR CBRST)
- Extra nipple, nonspecific (EXTR NIP)
- Extra nipple, left (EXTR L NIP)
- Extra nipple, right (EXTR R NIP)
- Extra nipple, center (EXTR C NIP)
- Humpbacked (HUMPBACKED)
- Extra vertebra(e), nonspecific (EXTR VRT)
- Extra cervical vertebra(e) (EXTR C VRT)
- Extra lumbar vertebra(e) (EXTR L VRT)

ARMS

- Crippled arm, nonspecific (CRIP ARM)
- Crippled left arm (CRIP L ARM)
- Crippled right arm (CRIP R ARM)
- Crippled hand, nonspecific (CRIP HAND)
- Crippled left hand (CRIP L HND)
- Crippled right hand (CRIP R HND)
- Crippled finger, nonspecific (CRIP FGR)
- Crippled left finger (CRIP L FGR)
- Crippled right finger (CRIP R FGR)
- Extra finger(s), nonspecific (EXTR FGR)
- Extra finger(s), left hand (EXTR L FGR)
- Extra finger(s), right hand (EXTR R FGR)

LEGS

- Short leg, nonspecific (SHRT LEG)
- Shorter left leg (SHRT L LEG)
- Shorter right leg (SHRT R LEG)
- Crippled leg, nonspecific (CRIP LEG)
- Crippled left leg (CRIP L LEG)
- Crippled right leg (CRIP R LEG)
- * Crippled foot, nonspecific (CRIP FOOT)
- Crippled left foot, includes clubfoot (CRIP L FT)
- Crippled right foot, includes clubfoot (CRIP R FT)
- Crippled toe, nonspecific (CRIP TOE)
- Crippled left toe(s), includes webbed toes (CRIP L TOE)
- Crippled right toe(s), includes webbed toes (CRIP R TOE)
- Extra toe(s), nonspecific (EXTR TOE)
- Extra toe(s), left foot (EXTR L TOE)
- Extra toe(s), right foot (EXTR R TOE)

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Fractured Bones - HEALED (HFR)

HEAD

- Skull (HFR SKULL)
 * Nose (HFR NOSE)
 Jaw, nonspecific (HFR JAW)
 Jaw, upper left (HFR UL JAW)
 Jaw, lower left (HFR LL JAW)
 Jaw, upper right (HFR UR JAW)
 Jaw, lower right (HFR LR JAW)

NECK

- Neck (HFR NECK)

SHOULDERS

- Clavicle, nonspecific (HFR CLAVIC)
 Clavicle, left (HFR LCLAVI)
 Clavicle, right (HFR RCLAVI)
 Shoulder, nonspecific (HFR SHLD)
 Shoulder, left (HFR L SHLD)
 Shoulder, right (HFR R SHLD)

TORSO

- Sternum (HFR STERN)
 Rib(s), nonspecific (HFR RIBS)
 Rib(s), left (HFR L RIB)
 Rib(s), right (HFR R RIB)
 Back (HFR BACK)
 Spine (HFR SPINE)

ARMS

- Arm, nonspecific (HFR ARM)
 Arm, left (HFR L ARM)
 Arm, upper left (HFR UL ARM)
 Arm, lower left (HFR LL ARM)
 Arm, right (HFR R ARM)
 Arm, upper right (HFR UR ARM)
 Arm, lower right (HFR LR ARM)
 Elbow, nonspecific (HFR ELBOW)
 Elbow, left (HFR L ELB)
 Elbow, right (HFR R ELB)

ARMS - CONTINUED

- Wrist, nonspecific (HFR WRIST)
 Wrist, left (HFR L WRST)
 Wrist, right (HFR R WRST)
 Hand, nonspecific (HFR HAND)
 Hand, left (HFR L HAND)
 Hand, right (HFR R HAND)
 Finger(s), nonspecific (HFR FGR)
 Finger(s), left (HFR L FGR)
 Finger(s), right (HFR R FGR)

PELVIS

- Pelvis (HFR PELVIS)
 Pelvis bone, left (HFR LPELVI)
 Pelvis bone, right (HFR RPELVI)

HIPS

- Hip, nonspecific (HFR HIP)
 Hip, left (HFR L HIP)
 Hip, right (HFR R HIP)

LEGS

- Leg, nonspecific (HFR LEG)
 Leg, left (HFR L LEG)
 Leg, upper left (HFR UL LEG)
 Leg, lower left (HFR LL LEG)
 Leg, right (HFR R LEG)
 Leg, upper right (HFR UR LEG)
 Leg, lower right (HFR LR LEG)
 Knee, nonspecific (HFR KNEE)
 Knee, left (HFR L KNE)
 Knee, right (HFR R KNE)
 Ankle, nonspecific (HFR ANKL)
 Ankle, left (HFR L ANKL)
 Ankle, right (HFR R ANKL)
 Foot, nonspecific (HFR FOOT)
 * Foot, left (HFR L FOOT)
 Foot, right (HFR R FOOT)
 Toe(s), nonspecific (HFR TOE)
 Toe(s), left foot (HFR L TOE)
 Toe(s), right foot (HFR R TOE)

Medical Devices

- Skull plate (SKL PLATE)
 Shunt, cerebral ventricle (SHUNT CERB)
 Intramedullary rod (INTRA ROD)
 Tubes in ears, left and right (EAR TUBES)
 Tube in left ear (TUBE L EAR)
 Tube in right ear (TUBE R EAR)

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Medical Conditions and Diseases (MC)

- | | |
|---|---|
| <input type="checkbox"/> Acne (MC ACNE) | <input type="checkbox"/> Kidney conditions/diseases (MC KIDNEY) |
| <input type="checkbox"/> Alcoholism (MC ALCOHOL) | <input type="checkbox"/> Liver disease (includes cirrhosis and hepatitis) (MC LIVER) |
| <input type="checkbox"/> Allergies including asthma (MC ALLERGY) | <input type="checkbox"/> Nervous conditions (includes seizures, stroke, senility, and mental retardation) (MC NERVOUS) |
| <input type="checkbox"/> Alzheimer's Disease (MC ALZHMRS) | <input type="checkbox"/> Neurological conditions/diseases (includes Cerebral Palsy, epilepsy, Multiple Sclerosis, and Parkinson's Disease) (MC NRLGCAL) |
| * <input checked="" type="checkbox"/> Arthritis (MC ARTHRIS) | <input type="checkbox"/> Paraplegic (MC PARPLGC) |
| <input type="checkbox"/> Attention Deficit Disorder (MC ADD) | <input type="checkbox"/> Quadriplegic (MC QUADPLG) |
| <input type="checkbox"/> Behavior Disorder (past and present, includes autism, depression, schizophrenia and suicidal tendencies) (MC BEHAVIO) | <input type="checkbox"/> Pregnancy, present (MC PREGNAN) |
| <input type="checkbox"/> Hematological Diseases (diseases of the blood - includes anemia, hemophilia, leukemia, and sickle cell anemia) (MC BLOOD) | <input type="checkbox"/> Pregnancy, past (MC PASTPRE) |
| <input type="checkbox"/> Cancer (MC CANCER) | <input type="checkbox"/> Pulmonary/lung diseases (includes emphysema and Cystic Fibrosis) (MC PLMNARY) |
| <input type="checkbox"/> Diabetic (MC DIABTIC) | <input type="checkbox"/> Thyroid conditions/diseases (MC THYROID) |
| <input type="checkbox"/> Down's Syndrome (MC DOWNSYN) | <input type="checkbox"/> Skin disorders (includes psoriasis and eczema) (MC SKIN) |
| <input type="checkbox"/> Drug Abuse (MC DRUGAB) | <input type="checkbox"/> Tuberculosis (MC TB) |
| <input type="checkbox"/> Eating Disorders (includes anorexia nervosa and bulimia) (MC EATDIS) | <input type="checkbox"/> Tourette's Syndrome (MC TOURETE) |
| <input type="checkbox"/> Heart/circulatory diseases (includes high blood pressure, heart failure, heart attack, hardening of the arteries, and circulation problems) (MC HEART) | <input type="checkbox"/> Other medical disorders/conditions not listed above* (MC OTHER) |

Information for entering agency:

* Identify other medical disorders/conditions, not listed above, in the Miscellaneous Field.

Therapeutic Drugs (TD)

- | | |
|---|--|
| <input type="checkbox"/> Analgesics - pain relievers (includes Darvon, Acetaminophen, and Aspirin) (TD ANALGES) | <input type="checkbox"/> Cardiac - heart medications (includes Digitalis and Digoxin) (TD CARDIAC) |
| <input type="checkbox"/> Antibiotics (TD ANTBTCES) | <input type="checkbox"/> Hypnotics - sleeping aids (includes Barbiturates, Chloral Hydrate, and Glutethemide) (TD HYPNOTI) |
| <input type="checkbox"/> Anticonvulsants - seizure medicines (includes Dilantin, Mysoline, and Phenobarbital) (TD ACONVUL) | <input type="checkbox"/> Insulin (TD INSULIN) |
| <input type="checkbox"/> Antidepressants - mood lifters (includes Amitriptylene, Elavil, Prozac, Norpramine, Triavil and Zoloft) (TD ADEPRES) | <input type="checkbox"/> Ritalin (TD RITALIN) |
| <input type="checkbox"/> Anti-inflammatory medication (TD ANTINFL) | <input type="checkbox"/> Tranquilizers (includes Valium, Thorazine, and Stellazine) (TD TRANQUI) |
| <input type="checkbox"/> Bronchial dilators (includes inhalers) (TD BRNCHDL) | <input type="checkbox"/> Other therapeutic medications* (TD OTHER) |

Information for entering agency:

* Identify other therapeutic medications, not listed above, in the Miscellaneous Field.

Drugs of Abuse (DA)

- | | |
|--|---|
| <input type="checkbox"/> Alcohol (DA ALCOHOL) | <input type="checkbox"/> Narcotics (includes Heroin, Morphine, Dilaudid, Methadone) (DA NARCOTT) |
| <input type="checkbox"/> Amphetamines (includes stimulants) (DA AMPHETA) | <input type="checkbox"/> Paint (includes thinner) (DA PAINT) |
| <input type="checkbox"/> Barbiturates (DA BARBITU) | <input type="checkbox"/> Ritalin (DA RITALIN) |
| <input type="checkbox"/> Cocaine (includes crack) (DA COCAINE) | <input type="checkbox"/> Rohypnol (brand name for Flunitrazepam, also referred to as "rophies", "roofies", "ruffies", and "roche") (DA ROHYPNL) |
| <input type="checkbox"/> Glue (DA GLUE) | <input type="checkbox"/> Other drugs of abuse* (DA OTHER) |
| <input type="checkbox"/> Hallucinogens (DA HALLUCI) | |
| <input type="checkbox"/> Marijuana (DA MARIJUA) | |

Information for entering agency:

* Identify other drugs of abuse, not listed above, in the Miscellaneous Field.

Rev 2/06

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DENTAL CONDITION WORKSHEET
(to be completed by dentist)

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. <u>Missing</u>	32. <u>Antemortem loss</u>
2. <u>Antemortem loss</u>	31. <u>Amalgam restoration</u>
3. <u>Amalgam restoration</u>	30. <u>Antemortem loss</u>
4. <u>Amalgam restoration</u>	29. _____
5. <u>Postmortem loss</u>	28. _____
6. <u>Postmortem loss</u>	27. <u>Attrition (Class 2)</u>
7. _____	26. <u>Attrition (Class 2)</u>
8. <u>Porcelain restoration; Cavity (?); Attrition (Class 2)</u>	25. <u>Postmortem loss</u>
9. <u>Cavity; Attrition (Class 2)</u>	24. <u>Attrition (Class 2)</u>
10. _____	23. <u>Attrition (Class 2)</u>
11. <u>Postmortem loss</u>	22. <u>Attrition (Class 2)</u>
12. <u>Amalgam restoration</u>	21. _____
13. <u>Amalgam restoration</u>	20. _____
14. <u>Amalgam restoration</u>	19. <u>Antemortem loss</u>
15. _____	18. <u>Amalgam restoration</u>
16. <u>Antemortem loss</u>	17. <u>Antemortem loss</u>

Additional Dental Information:

Overbite; Class 2-3 Periodontal disease of all teeth present; Class 4 Periodontal disease #31; Atrophy of mandible in molar area

9046324661

NCIC Unidentified Person File
Data Collection Entry Guide

Agency Case # 78-1111-831

NCIC Unidentified Person Dental Report

SECTION 1

ME/Coroner Case #: 99-0685 NCIC #: U076712242

Completed by: _____ Date Completed: _____

Address: _____

Telephone #: _____ Email Address: _____

X-Rays Available? Yes No Dental Models Available? Yes No Dental Photographs Available? Yes No

SECTION 2

DENTAL CHARACTERISTICS

Upper Right	
01 (18) /	_____
02 (17) X	_____
03 (16)	_____
04 (15)	_____ (A)
05 (14) /	_____ (B)
06 (13) /	_____ (C)
07 (12)	_____ (D)
08 (11)	_____ (E)
Upper Left	
09 (21)	_____ (F)
10 (22)	_____ (G)
11 (23) /	_____ (H)
12 (24)	_____ (I)
13 (25)	_____ (J)
14 (26)	_____
15 (27)	_____
16 (28) X	_____

(Numbers in parentheses
represent FDI System.)

(Letters in parentheses
represent deciduous
dentition.)

Lower Right	
32 (48) X	_____
31 (47)	_____
30 (46) X	_____
29 (45)	_____ (T)
28 (44)	_____ (S)
27 (43)	_____ (R)
26 (42)	_____ (Q)
25 (41) /	_____ (P)
Lower Left	
24 (31)	_____ (O)
23 (32)	_____ (N)
22 (33)	_____ (M)
21 (34)	_____ (L)
20 (35)	_____ (K)
19 (36) X	_____
18 (37)	_____
17 (38) X	_____

SECTION 3

DENTAL CODES

X = Tooth has been removed or did not develop
V = Tooth is present and unrestored
M = Mesial Surface Restored
O = Occlusal/Incisal Surface Restored
D = Distal Surface Restored

F = Facial or Buccal Surface Restored
L = Lingual Surface Restored
C = Lab Processed or Prefabricated Restoration
R = Endodontic Treatment
/ = Postmortem Missing or Not Recovered (Default Code)

(*The codes V and / are used differently in the Unidentified Person Report than in the Missing Person Dental Report.)

SECTION 4

DENTAL REMARKS

ALL (All 32 teeth are present and unrestored) UNK (No dental information available)

Amalgam & porcelain restorations present (surface unknown); Class 2 attrition of #8, 9, 22, 23, 24, 26, and 27; Class 2-3 periodontal disease of all teeth present; Class 4 periodontal disease of #31; Overbite; Atrophy of mandible in molar area

* * * Personal Journal (Dec. 7. 2009 2:03PM) * * *

1) Columbia County Sheriff's Office
2) Detective Division

(Manual print)

< TX >								File
Date	Time	Destination	Mode	TXtime	Page	Result	User Name	No.
Dec. 7.	2:01PM	DISPATCH	G3TEDM	1'40"	P. 11	OK		8487

< RX >								File
Date	Time	Sender	Mode	RXtime	Page	Result	User Name	No.

TX Count		006539	RX Count		010191
# : Batch	C : Confidential	\$: Transfer	P : SEP Code		
M : Memory	L : Send later	@ : Forwarding	E : ECM		
S : Standard	D : Detail	F : Fine	U : Super Fine		
y : Reduction	H : Stored/D. Server	* : LAN-Fax	+ : Delivery		
Q : RX Notice Req.	A : RX Notice	<=> : Mail	<=> : IP-FAX		
[] : Folder					