

# NATIONAL ASSOCIATION OF MEDICAL EXAMINERS MASS FATALITY PLAN

## SECTION I - INTRODUCTION

### I. Definition

Any situation in which there are more human bodies to be recovered and examined than can be handled by the usual local resources. Local teams should define the terms of disaster, personnel, equipment, and resources BEFORE the disaster hits.

### II. Evaluation Team

- A. Should consist of at a minimum the CME/Coroner, the Operations Director, and the Chief Investigator who proceed together to the disaster site. The safety of the scene must be assessed and clearance issued by the appropriate agency before the evaluation team enters.
- B. Evaluate
  - 1. Potential or real number of fatalities
  - 2. Condition of the bodies
  - 3. Level of difficulty in recovery – types and numbers of personnel and equipment needed.
  - 4. Accessibility of the incident scene
  - 5. Possible biological, chemical, physical, or radiological hazards
- C. Begin the formulation of a plan for documentation, body recovery, and transportation
- D. Select a site for a Temporary Morgue – estimate personnel needs. This morgue can be used as a holding area until the examination center is prepared to receive additional bodies.
- E. Select a site for the Morgue Examination Center – estimate personnel needs
- F. Select a site for the Family Assistance Center- estimate personnel needs
- G. DMORT (Disaster Mortuary Operational Response Team) – If it appears advisable, DMORT can provide a Multidisciplinary Assistance Team to aid the evaluation of the need for additional personnel and equipment. The team should be available and on site in less than 24 hours. During an emergency response, DMORT works to support local authorities and provide technical assistance and personnel to recover, identify, and process deceased victims. The main unit may be preceded by a DMORT evaluation

team. A part of National Disaster Medical Services (NDMS), DMORT may be activated under several legal authorities including the Federal Response Plan (FRP), the Public Health Services Act, the Aviation Disaster Family Assistance Act, Presidential Mandate, and Federal and State existing agreements. DMORT is accessed by the local medical examiner/coroner through a request to their Emergency Management Agency. DMORT also has temporary portable morgue facilities available.

### III. Sites of Operation Under the Direction of the ME/Coroner

- A. The Scene(s): Body and initial evidence recovery; site of a temporary morgue if indicated.
- B. The Morgue Examination Center: Body identification and processing
- C. The Family Assistance Center:
  - 1. Acquisition of antemortem information
  - 2. Care of the families
  - 3. Media information
  - 4. Positive identification notification
- D. The Long Term Examination Site: Processing biological specimens and evidence not originally accessed at the Scene or Morgue/Examination Center.

## **SECTION II – SCENE RESPONSIBILITIES**

- I. Develop a plan in conjunction with police, fire, and rescue personnel. Incident Command System (ICS) will be instituted. This assures a unified command center with a specific individual in charge through which all activities are coordinated. It follows the standard military model.
- II. Equipment: Getting things organized before attempting to move bodies.
  - A. Designate an Equipment/Supply Officer(s)
  - B. Protective Clothing: gloves, boots, coats, hard hats, rain suits, and respirators (etc) as dictated by the situation.
  - C. Substantial Body Bags; number and type.
  - D. Refrigerated Trucks with metal floors which allow decontamination: 20 bodies per 40 foot trailer at 35 - 38°F

- E. Transportation: Personnel, equipment, and bodies (military, other government, contract services, funeral homes)
- F. Tents & Storage
- G. Paint for numbering (1,2,3; P1, P2, P3; E1, E2, E3...)
- H. Flags for marking locations
- I. Plastic toe tags; Sharpie permanent pens
- J. Biohazard bags & boxes
- K. Photography equipment
- L. Gridding, laser survey, GPS systems
- M. Critical incident stress debriefing
- N. Rest stations and food
- O. Worker Safety – health provisions in place (includes having appropriate immunizations – Tetanus, Hepatitis B – up to date)
- P. Communication devices: radio, cell phones
- Q. Writing or computer equipment for scene log maintenance

### III. Body Recovery Teams – Evaluation

- A. ME/Coroner Investigator
- B. ME/Coroner Assistant(s) – Police, fire, military
- C. Scribe
- D. Photographer: Separately badged. Personal cameras are not allowed at the site or scene of mortuary operations.
- E. Physical Anthropologist
- F. Evidence Technician
- G. Scene Registrar

### IV. Body Recovery Teams – Removal & Transfer

- A. Recovery Evaluation Teams
- B. Up to 4 transport personnel/body to move a deceased from the site to the temporary morgue

- C. Scene Log required in addition to individual case records and paperwork
- V. Search and Body Recovery (document, document, document)
- A. Appoint a Body Recovery Team supervisor
  - B. Assure overall security of the area
  - C. Establish and execute an adequate search pattern
  - D. Grid and consider the use of aids such as global positioning devices for each body or body part discovered EARLY in the discovery process.
  - E. Utilize engineering/surveying consultants as indicated
  - F. Document, process, and recover bodies, fragments and associated evidence (Scribe and photographer)
  - G. Transport to and storage in temporary morgue and refrigerated truck pending transportation to the Examination Center
- VI. Role of the Scene Registrar
- A. Arrange for scene data entry into the total record system
    1. Have a system in place to electronically track used supplies throughout your system
    2. Assure replenishment and billing information.
    3. NDMS can have acquisition programs rapidly in place to assist.

### SECTION III - MORGUE/EXAMINATION CENTER

This material applies in part to both the Temporary Morgue and the Morgue/Examination Center. The DMORT web site ([www.DMORT.org](http://www.DMORT.org)) contains suggestions for equipment and supplies.

- I. Equipment: Early considerations
- A. Site selection based on the findings of the Evaluation Team
  - B. Security/ID badges; different colors reference function and access.
  - C. Unique numbering system separate from your usual case numeric system.
  - D. Refrigerated trucks with ramps to allow access and egress

- E. Protective clothing - gloves, scrubs, aprons, shoes, shoe covers, masks, coveralls, headwear, respirators
- F. Communications - telephones, radios, fax, PA (paging systems); local cell operators may designate a specific reserved air wave.
- G. Computers – programs and operators – all electronic files (including WIN ID, supplies, tracking, etc.) should be backed up daily.

H. Records

- 1. Personnel log including name, agency, SSN & in and out time.
- 2. Morgue/Examination Center Registrar
- 3. Antemortem and postmortem formats and forms
- 4. Entry operators/Data analysts

I. Office equipment and supplies – copiers, typewriters, log books, etc...

J. Disaster Victim Packet – should contain all forms and paperwork necessary for every examination station

K. Station Processing Plan – flexible to fit the situation

L. Worker Safety and Comfort Supplies

- 1. Healthcare provisions in place
- 2. Immunization records
- 3. Rest areas including toilet facilities
- 4. Nutrition needs
- 5. Critical Incident Stress Debriefing

II. Station System and Personnel (suggested procedure – local adaptation will be necessary)

A. Registration in Body Receiving Area

- 1. Receipt of DMORT Transportation Log or like document completed at the Temporary Morgue
- 2. Log in documentation from Temporary Morgue: date, time, and numbering (from the scene)
- 3. Assignment of permanent body tracker
- 4. Transfer of chart and all required documentation (Disaster Victim Packet) to the individual tracker.

B. Screening Station: Personal effects and clothing documentation/anatomic charting/further evidence collection. This is the point at which a decision can be made for a specimen (body part, fragmentary

remains, partial body) to take a long path through all subsequent stations or a shorter path with an examination at the morphology station and DNA only retrieved. Criteria for long or short path need to be established before the disaster.

1. Medical Examiner/Coroner's officer
2. Medical Examiner/Coroner's officer assistant
3. Scribe
4. Photographer and assistant
5. Personal Effects Technician
6. Evidence Technician
7. Anthropology consultant
8. Bomb Tech or other specialist as indicated
9. Complete necessary forms and return to tracker

N.B.: All paperwork generated at this station (Disaster Victim Packet) must be placed in the case file to go with the tracker and body to the next station. This procedure is repeated at every station.

10. Option of DNA or other convenient specimen procurement (requires lab tech for transmission)

C. Print Station (finger, palm, foot)

1. Print Specialist – Local Law Enforcement, FBI Disaster Squad
2. Print all bodies
3. Complete proper documentary form
4. Fingers or hands removed only at the discretion of the Chief Medical Examiner/Coroner. If removed – place in a properly identified container and place them back with the body after processing.

D. Radiology/X-ray Station

1. Radiologist
2. X-ray technician/assistant
3. Portable x-ray units, film and developers
4. Full body x-rays are mandatory
5. Dental x-rays may be a part of this operation or are often a part of the Dental Station operation as

dictated the Chief Odontologist. A bomb technician or other specialist as indicated may be needed here.

6. Log all films

- Morgue ID #
- Date/time
- Radiograph #
- # of films taken
- Initials or signature of technician

E. Dental Station

1. Odontologist
2. Dental assistant
3. Photographer
4. Evidence technician
5. Scribe
6. X-rays – if not previously performed
7. Charting – The universal numbering system, 1-32 with the upper right 3<sup>rd</sup> molar as #1, upper central incisors as #8 & #9, upper left 3<sup>rd</sup> molar as #16, lower left 3<sup>rd</sup> molar as #17 and lower right 3<sup>rd</sup> molar as #32 is usually preferred. There is also a FDI numbering system available.
8. Immediately enter data into WIN ID II (2002)
9. Jaws are only removed on non-viewable bodies (the funeral director is an excellent consultant) at the discretion of the CME/Coroner at the request of the Chief Odontologist. If removed – place in a properly identified container and place them back with the body after processing. Many medical examiners feel that jaw removal is antiquated and unnecessary with modern dental technology.

F. Autopsy Station

1. The decision to do complete or partial autopsies resides with the Medical Examiner/Coroner authority locally responsible for body processing and death certification. Some reasons for complete autopsies:
  - Homicides – terrorism

- Indeterminate manner of death
  - Flight crews – the same pathologist should do all members
  - Unidentified remains
  - Federal request
  - Local ME/Coroner request
2. Forensic pathologist
  3. Autopsy assistant
  4. Evidence technician
  5. Bomb tech or other specialist as indicated
  6. Scribe
  7. Photographer
  8. Lab technician
  9. DNA (4 mL blood in a purple top tube; 5 – 10 gm skeletal muscle, spleen, liver, bone, and/or teeth), toxicology and other specimen procurement. Some may have already be obtained at the initial screening station in some operations – requires lab tech for proper documentation and transmission.
  10. Evidence collection continues
  11. Completion of form designating preliminary autopsy findings Victim Identification Profile (VIP)/DMORT Program, Pathology examination of partial or complete remains)
  12. Documentary forms to the tracker
  13. Histology specimens to the lab tech
  14. Toxicology specimens to lab tech for transmission
- G. Anthropology/Morphology Station
1. Personnel needed:
    - Anthropologist
    - Anthropology assistant
    - Scribe

- Evidence Technician
  - Photographer
  - Radiographer
  - Forensic pathologist
2. Fragmented, incomplete, charred, commingled remains
  3. Documentation to the tracker with the remains
  4. If a bone section or the like is retained, place in a properly identified container and place it back with the body after processing. If it is a specimen for DNA, for example, it is to be properly documented and transmitted to a laboratory technician.

#### H. Body Storage

1. Individual tracker returns the body to the receiving area.
2. The body or part, with the direction of the receiving registrar is transferred to the appropriate secure designated “processed” refrigerated area and documented. The refrigerated area must be fully staffed with receivers and security.
3. The Examination Center Registrar receives the Victim Disaster Packet from the tracker and assures proper transfer to the Records Management Team.
4. Special storage sites should be designated for specimens such as DNA & Toxicology.

#### I. Records Management Team

1. Personnel needed:
  - Supervisor/Registrar
  - Computer entry clerks
  - Data clerks
  - File clerks
  - Security
  - Communication clerks – telephone, e-mail and fax (one member made an entry here – I was unable to read) from other sites (scene, family assistance center, command post)
2. Establish tracking procedures for files

3. Establish back-up protocols for computer files

## SECTION IV - LONG TERM EXAMINATION/"SIFTING" SITE

In any mass fatality event in which there is extensive property destruction, the need for a long term off-site examination center will exist.

### I. Site Selection

The site should be secure, accessible, and well away from the other sites of operation.

### II. Equipment

- A. Storage for evidence
- B. Refrigeration
- C. Communication
- D. Protective gear
- E. Worker safety and comfort supplies
  1. Health care
  2. Rest areas including toilet facilities
  3. Nutrition needs
  4. Critical incident stress debriefing
  5. Tent
- F. Heavy duty equipment for debris removal and disposition
- G. Transportation services for body parts and evidence (to the examination center)
- H. Transportation services for personnel
- I. Sifting grids, tools, wheelbarrows, etc...

### III. Personnel

- A. Anthropologist

- B. Anthropology assistant
  - C. Evidence technicians
  - D. Scribe
  - E. Registrar – proper transmission and overall entry of data
  - F. Photographer
  - G. Bomb tech or other specialist as indicated
  - H. Supply officer
  - I. Pathology, radiology and odontology services remain available at the Examination Center and , if needed, at any long term sifting site.
  - J. Security – 24 hour for as long as operational
  - K. Workers capable of assisting with significant physical labor demands
- IV. This site will likely remain functional well after the scene, Examination Center, and Family Assistance Center are closed. It is the responsibility of the ME/Coroner to assure proper support and operation of this site as long as it is required.

## SECTION V - FAMILY ASSISTANCE CENTER

A representative of the Medical Examiner’s office should be in charge during the initial setting up of the Family Assistance Center (FAC). Personnel may be recruited from the local Funeral Directors Association. The Family Assistance Center is a multi-agency organization and can not be handled by the Medical Examiner alone. In the case of aviation disasters, the National Transportation Safety Board (NTSB) requires the airline involved to set up the FAC. DMORT has members assigned to this “go team”.

- I. Site Selection
  - A. Functional for the specific incident.
  - B. Close to the actual scene.
  - C. Easily accessible for families.
  - D. Adequate parking.
- II. Security

- A. Sheltering families from possible media intrusion.
- B. Secure parking lot, inside, and outside the FAC.
- C. Use of military personnel as well as police.

### III. Transportation Services

- A. Secure, sensitive, and professional.
- B. Knowledgeable of the area.
- C. Serve family, friends, and staff needs.

### IV. Administrative Staff

#### A. Family Assistance Center Team Leader/Coordinator

1. Overall operation supervisor
2. Establishes antemortem data acquisition and entry plan
3. Coordinates operation with Registrar/Records Supervisor
4. Conducts daily briefings with families \_before media briefings.
5. Conducts daily briefings with media in a secure area away from friends & family.
6. Establishes and supervises death notification procedures with medical, psychological, and religious personnel
7. Coordinates Center transportation and security plans
8. Coordinates roles of family assistance team members
9. Coordinates relations with outside agencies
10. Serves as a member of the death notification team
11. Provide for critical incident stress debriefing

#### B. Medical Examiner/Coroner Representatives

Function in liaison and general inquiry needs. Outside staff such as funeral directors familiar with ME/Coroner operations are desirable.

#### C. Family interview personnel for antemortem data acquisition

#### D. Computer specialists for antemortem data entry and transfer to the Morgue/Examination Center

E. Communication Specialists

1. Telephone services for the Center
2. Referring media inquiries to the FAC Team Leader from addressing at the daily briefings

F. Support Services

1. Red Cross/Salvation Army/other service organizations
2. Communication companies
3. Food services
4. Religious services
5. Mental health support
6. Physical health support
7. Massage therapy/chiropractic
8. Therapy animals
9. Site support – Janitorial/Plumbing/Electrical
10. Translators and Embassy and Consulate representatives when international victims are involved.

G. Death Notification Procedure/Release of Body, Identified Parts, and Effects

1. All families should be counseled with regard to their wishes for disposal should additional body parts be identified. Their decision must be recorded on an appropriate form.
2. After positive identification has been established by the ID Team and approved by the CME/Coroner.
3. Conducted preferably by the staff of the Family Assistance Center according to an established protocol.
4. A release authorization form should be completed and placed in the Victim Disaster Packet.
5. Associated personal effects not deemed to be evidence should be released with the body and documented according to the standard operating procedure of the ME/Coroner jurisdiction involved.
6. Unassociated personal effects will be handled through a contract with a recovered property company (i.e. Kenyon International)
7. Unidentified body parts will be documented and stored as “common tissue”. Subsequent disposal will be the responsibility of the ME/Coroner. This procedure will likely be established through consultation with victims groups and establishing a group consensus consistent with local regulations

and resources.

8. A death certificate should be released to the funeral home with any remains. (See also Section VII – Death Certificates)
9. A release log will be kept separately to document the overall process.

## **SECTION VI - LOGISTICS**

### **I. Logistics Team**

Responsible for the operation of the logistics section, including the acquisition, storage, issue, and accountability of all supplies and equipment necessary to support the operation. NDMS has supplemental programs which can be put in place.

#### **A. Team Leader**

- Will monitor the status of all procurement actions.
- Will hand-carry, as necessary, all high-priority supply actions.
- Will maintain expense data, accountability documents, procurement documents, and other information pertaining to the logistics operation.
- Will insure that the logistics section is staffed at all times during operating hours.
- Will insure that personnel logs including name, agency, SSN and in and out times are maintained at all sites of operation.

#### **B. Supply Clerks**

- Will perform duties assigned by the team leader to include, but not limited to, staffing the logistics section of the morgue, making supply runs, preparing supply documents, issuing supplies and equipment etc.

## **SECTION VII - IDENTIFICATION/DEATH CERTIFICATION**

- I. The final determination of body or body parts positive identification is the sole responsibility of the local ME/Coroner in which the disaster occurs.

II. I.D. Team

- A. Composition: Pathologist, dentist, anthropologist, radiologist, print technician, investigative staff, and family counselor.
- B. Must meet at the end of each working day.
- C. Review all proposed positive identifications.
- D. Make recommendations daily to the ME/Coroner.

III. Positive identifications should be transferred to the Family Assistance Center for action by the Death Notification Team.

IV. All notification procedures are the responsibility of the ME/Coroner.

V. Possible identification methods may include:

- A. DNA
- B. Prints
- C. Dental
- D. Medical radiography
- E. Distinctive physical characteristics
- F. Serial numbers on permanently installed medical devices
- G. Visual in some cases (N.B. – personal effects do not constitute a true means of identification).

VI. Death Certificates

- A. Issued according to procedures normally in place and as directed by the local ME/Coroner jurisdiction.
- B. The administrative or judicial issuance of death certificates in situations in which there is an absence of positive physical forensic scientific identification is a responsibility solely of the local ME/Coroner in conjunction with local legal and public health authorities.

**SECTION VIII – MASS FATALITIES RESOURCE LIST**

It is recommended that 24/7 contact methods be available and kept up to date by quarterly review for local and

federal resources necessary for the successful management of a mass fatality incident. This is a major planning responsibility for the local ME/Coroner.

Although any consultants such as DMORT or USAR are ultimately under the supervision of the local medicolegal authority, it is the responsibility of that authority to see that all necessary logistical support services for them are put in place.

- Adjutant General
- Airlines
- Ambulance
- American Red Cross
- Architects
- Attorney General
- Automobile rental
- Barriers
- Batteries
- Biohazard disposal and supplies
- Body bags
- Body handlers
  - Local police and fire auxiliary
  - National Guard
  - Funeral Directors Association
- Boots and Footwear – steel toe/shank
- CDC
  - Bioterrorism
  - [www.bt.cd.gov](http://www.bt.cd.gov)
  - 770-488-7100
- Chairs
- Chiropractic
- Cleaning supplies
- Clergy/Religious resources
- Coats
- Contractors
  - Commercial
  - Kenyon International – Personal effects
- Communications
- Computers and software programs
- Copiers
- Dental technicians
- Dentist (Odontologist)
- Disaster Mortuary Team (DMORT)
  - State Emergency Management
  - 1-800-USA-NDMS
- Day Care
- Dogs, cadaver
- Domestic Preparedness
  - Hotline 1-800-424-8802
  - Helpline 1-800-368-6498
- Electrician
- Emergency management
- Engineers

- Environmental Protection Agency  
1-201-321-6765
- Fax machines
- Film
- Fingerprint technicians
  - FBI Disaster Squad
  - Local and State Law Enforcement
- FAA 1-718-553-1919
- Fire service
- Flags and stakes
- Flashlights
- Food and beverage
  - Restaurant Association
- Funeral Directors Association
- Generators
- Governor
- Gridding and laser surveying equipment
- Hard hats
- Hazmat
- Health and Human Services
- Health Department
- Helicopters
- Hotels and motels
- ID badges
- Insurance, State Dept of
- Laundry service
- Maintenance supplies
- Maps
- Massage therapy
- Media
- Medical supplies
- Medical societies
- Mental health
- Military
- Mobile morgue 1-800-USA-NDMS
- Morgue supplies
- NTSB 1-202-314-6100
- National Guard
- Osteopathic society
- Office supplies
- Pathologists
  - AFIP 1-301-319-0000
- Portable x-ray services
- Photographers
- Police services
- Protective clothing
- Radiation health
- Radiologist
- Radiologic technicians
- Rain gear
- Refrigerated trucks

- Secret Service 1-315-448-0304
- Salvation Army
- Security
- Search dogs
- Signs
- Spray paint
- Tables
- Telecommunication
- Tents
- Toe tags
  - Plastic (Kinko's for examples)
- Trackers
  - DMORT
  - Funeral Directors
  - National Guard
- Trailers (supply storage)
- Translation Services
- Transportation
  - Body
  - Personnel
- Transportation workers
  - Motor Pool
  - Signs
  - Barriers
- Turnpike Authority
- Travel services
- Typewriters
- Urban Search & Rescue
  - 1-800-USA-NDMS
  - 1-703-222-6277
- Volunteer organizations
- Weather services
- Websites
- X-ray supplies and equipment

**SECTION IX – APPENDIX (FORMS AND REFERENCES)**

**Disaster Scene  
Death Investigation Record**

Date/Time: \_\_\_\_\_ Body Number: \_\_\_\_\_

Possible Name of Deceased: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Approximate Age: \_\_\_\_\_

Physical Investigation: \_\_\_\_\_ Photos Taken: Yes \_\_\_ No \_\_\_

Clothing/Personal Effects: \_\_\_\_\_

Position and Location of Body: (Grid location, GPS, etc./Note type of surface the body is on, covering, etc.)

Rigor Mortis:	Livor:	Body Temperature:
Observations/Trauma: (NOTE MISSING PARTS)		Decomposition and Artifacts:
		Identifying Marks: (i.e. scars, tattoo, etc.)

Comments/Summary

Team Leader: \_\_\_\_\_

Recovery Team: \_\_\_\_\_

**Notification of Mass Disaster**

Medical Examiner's Office Notified by \_\_\_\_\_  
NAME OF CALLER

from \_\_\_\_\_ at \_\_\_\_\_  
AGENCY DATE AND TIME

Call back number(s) \_\_\_\_\_

Type of Incident (i.e. aircraft crash, train derailment) \_\_\_\_\_

Agency handling scene \_\_\_\_\_  
TELEPHONE #

Approximately Number of Fatalities \_\_\_\_\_

Date and Time of Occurrence \_\_\_\_\_

Exact Location of Incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Access Route to Use \_\_\_\_\_

Noteworthy Conditions (i.e. Hazards to responders, terrain, chemical/biological exposure)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exact Location of Command Post \_\_\_\_\_  
TELEPHONE #

Exact Location of Staging Area \_\_\_\_\_

Need a Representative Now? \_\_\_\_\_

When do you anticipate needing a disaster response? \_\_\_\_\_

Pathologist on duty notified: \_\_\_\_\_ Date and Time \_\_\_\_\_  
By: \_\_\_\_\_ Comments: \_\_\_\_\_

Chief Medical Examiner notified: \_\_\_\_\_ Date and Time \_\_\_\_\_  
By: \_\_\_\_\_ Comments: \_\_\_\_\_

Director of Operations notified: \_\_\_\_\_ Date and Time \_\_\_\_\_  
By: \_\_\_\_\_ Comments: \_\_\_\_\_

## Transportation Log

ALL of the following fields must be completed before the transfer vehicle is released to the morgue. The driver of the transfer vehicle is responsible for the log sheet until he/she releases it to the admitting section leader at the morgue. Additional sheets may be added depending on the number of body bags that are being transferred.

### Each Body Bag Number Being Transported

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Number of Body Bags:** \_\_\_\_\_

**License Number of the Vehicle:** \_\_\_\_\_

\_\_\_\_\_  
Driver's Name (Printed)

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date and Time Leaving Crash Site

\_\_\_\_\_  
Admitting Section Leader (Printed)

\_\_\_\_\_  
Admitting Section Leader's Signature

\_\_\_\_\_  
Date and Time Vehicle Arrived at the Morgue















# VIP/DMORT Program

## Requested Records List

Victim Last/First/Middle \_\_\_\_\_

Case # \_\_\_\_\_

Informant Last/First/Middle \_\_\_\_\_

Address \_\_\_\_\_

Informant phone \_\_\_\_\_

On Site Phone \_\_\_\_\_

### Dental

Type	Location	Contact	Phone	Date Ord	Date Rec

### Prints


### Radiographs


### Medical Records


### Photo Requests


### Requested Records Notes

**Policy on Release of Incomplete Human Remains**

**Incomplete** is defined as a body with any missing structure due to the disaster incident.

When Positive identification is made by the Medical Examiner/Coroner of a disaster victim classified as Incomplete Human Remains the "Declaration of Positive Identification of Disaster Victim". Following the completion of said form, the next of kin will be notified through established procedures by designated staff at the Family Assistance Center. Release Authorization Form shall be used for "Incomplete Human Remains". This form must be signed by the next of kin or person acting as such and returned to the Mortuary Operations Center.

If, after release of the "Incomplete Human Remains", additional tissue(s) or structure(s) are recovered and positively identified as belonging to the released "Incomplete Human Remains" appropriate next of kin wishes will be followed as designated on the "Incomplete Human Remains Form".

The Incomplete Human Remains Form outlines two options for the next of kin. They are:

1. I/We **do not** wish to be notified. I/We are authorizing the appropriate officials to dispose of said tissue(s) by methods deemed appropriate by said officials.
2. I/We **wish to be notified** and will make a decision regarding disposition at that time.

This policy is agreed upon and adopted this date: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Medical Examiner/Coroner DMORT Incident Commander

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

## **SAMPLE/ LETTER**

### **Official Notification to Next of Kin Regarding Positive Identification of Victim**

**(The following is a suggested format, which should be created on the official letterhead of the Office Medical Examiner/Coroner of jurisdiction)**

Date

Name of Next of Kin  
Address

Dear, .....

Please consider this letter official notification to you and your family that the body of your ...enter relationship... , ....enter full name of deceased, has been positively identified. Identification was accomplished as a result of forensic examinations correlated with ante-mortem records. On behalf of the entire mortuary disaster team please accept our heartfelt condolences regarding the loss of your loved one.

I appreciate your patience and cooperation during this most trying time. It is necessary for you and your family to make certain decisions regarding disposition. Please carefully read the following information and complete where necessary.

Our office will arrange for your ...enter relationship....to be transferred to a funeral home or agent of your designation. Please sign and return the attached RELEASE FORM to the official who delivered this form to you.

Sincerely,

Name of Medical Examiner/Coroner or designee

#### **NOTE:**

*( Attach to this letter DMORT Form 320A "Release Authorization" if remains is classified as "Incomplete Human Remains" INC/HR or DMORT Form 320B "Release Authorization" if the remains is classified as "Complete Human Remains" C/HR.)*

# VIP Personal Information

Page 1 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender  Male  Female  
Last First Middle Maiden/Birth name \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (W) \_\_\_\_\_

Res County \_\_\_\_\_ Res Country USA Phone (O) \_\_\_\_\_

Live Inside City Limits  Yes  No Race:  African American  Hispanic  Asian/Pacific Islander  
 Caucasian  Native American  Other \_\_\_\_\_

Social Security # / Other \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship (1 or more) \_\_\_\_\_

Naturalization Card  Yes  No Religion \_\_\_\_\_

Alias 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Last First Middle Last First Middle

Birth Hospital \_\_\_\_\_ Birth City \_\_\_\_\_ State/Country \_\_\_\_\_

Group Status:  Traveling Alone  Group such as family, company, sports team or school

Group Type: \_\_\_\_\_ Fam/Grp Name \_\_\_\_\_

If family group, please list other family members below:

Related to \_\_\_\_\_

Marital Status  Never Married  Widowed  Divorced  Separated  Unknown Wedding Date \_\_\_\_\_  
(MM/DD/YYYY)

Spouse \_\_\_\_\_  Living  Deceased  Unknown  
Last Maiden/Birth name First Middle

Father \_\_\_\_\_  Living  Deceased  Unknown  
Last First Middle

Mother \_\_\_\_\_  Living  Deceased  Unknown  
Last Maiden/Birth name First Middle

Legal Next of Kin \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ On Site Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Wife  Father  Brother  Son  Employer  Other \_\_\_\_\_

Relationship:  Husband  Mother  Sister  Daughter  Friend

Informant 1: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First

Address \_\_\_\_\_ On Site Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship  Wife  Father  Brother  Son  Employer  Other  
 Husband  Mother  Sister  Daughter  Friend

\_\_\_\_\_  
Please place other here

Informant 2: Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ On Site Phone \_\_\_\_\_

Relationship  Wife  Father  Brother  Son  Employer  Other  
 Husband  Mother  Sister  Daughter  Friend

\_\_\_\_\_  
Please place other relationship here

# VIP Personal Information

Page 2 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Male  
 Female

Dentist Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Extensive Dental Work | <input type="checkbox"/> Most/all teeth |
| <input type="checkbox"/> Lower dentures        | <input type="checkbox"/> Dental Films   |
| <input type="checkbox"/> Upper dentures        | <input type="checkbox"/> Bridge         |
| <input type="checkbox"/> Upper & Lower         | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Partial Plate         |   |
| <input type="checkbox"/> Braces                |   |
| <input type="checkbox"/> No teeth              |   |

Dentist 2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Medical Radiographs?  Yes  No      Physican(s) \_\_\_\_\_

Address \_\_\_\_\_

Medical Radiographs Location

Potential Type of Radiographs - and dates taken if known

Objects in Body:  Pacemaker  Steel plate  Shrapnel  
 Bullets  Needles  Other

\_\_\_\_\_ Please place other objects here

Old Fractures: Description: \_\_\_\_\_  
 Yes  No

Surgery  Gall Bladder  Laparotomy  Breast Implants  
 Appendectomy  Caesarean  Open heart  
 Tracheotomy  Mastectomy  Other

\_\_\_\_\_ Please place other surgery here

Unique Characteristics Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics  
 Yes  No

Prosthetic \_\_\_\_\_  
 Yes  No  
Prosthetic Location/Description \_\_\_\_\_

Prints on File:  Yes  No      Prints Located \_\_\_\_\_  
 Fingerprints \_\_\_\_\_  
 Footprints \_\_\_\_\_

Employer & Address \_\_\_\_\_ Please list last employer if retired - Information on additional employers should be placed on page 6

Type of Business \_\_\_\_\_  
Occupation \_\_\_\_\_

# VIP Personal Information

Page 3 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Male  
 Female

Height inches  Less than 24  24-36"  37-48"  49-60"  61-72"  73-84"  85-96"  Over 96"

Weight in  less than 10  41-60  101-120  161-180  221-240  281-300

Pounds  11-20  61-80  121-140  181-200  241-260  Greater than 300

21-40  81-100  141-160  201-220  261-280

Eye  Blue  Green  Grey

Color  Brown  Hazel

Eye  Missing R  Glass R  Cataract R  Blind R

Status  Missing L  Glass L  Cataract L  Blind L

Optical  Glasses  
 Contacts  
 None

Description \_\_\_\_\_

Hair Color  Auburn  Brown  Gray  Salt & Pepper  Other \_\_\_\_\_  
 Blonde  Black  Red  White Please place other here

Hair Colored  Yes  No  Unknown Color \_\_\_\_\_ Hair Style \_\_\_\_\_

Hair Accessory  Wig  Toupee  Hair Piece  Hair Transplant

Hair Length  Short 1-3"  Medium 4-8"  Long 8-12"  Very Long 12-24"  Over 24"  Bald

Hair Description \_\_\_\_\_

Facial Hair Color  Blonde  Brown  Black  Gray  Red  Salt & Pepper  White  N/Applicable

Facial Hair Type  Beard  Beard & Moustache  Moustache  Clean Shaven  Goatee  N/Applicable

Facial Hair Style  Fu Manchu  Mutton Chops  
 Handle Bar  Pencil Thin Upper Lip  
 Whiskers Under Lower Lip  Full Upper Lip

Facial Hair Notes \_\_\_\_\_

Ear Lobes  Attached  Unattached  Unknown Circumcision  Yes  No  Unknown  NA

Fingernail Type  Natural  Artificial  Unknown Length  Extremely Long  Long  Medium  Short

Fingernail Color \_\_\_\_\_ Fingernail Characteristics  Bites  Mishapen  Decorated  Stained

Description \_\_\_\_\_

Toenail Color \_\_\_\_\_ Toenail Characteristics  Bites  Mishapen  Decorated  Stained

Toenail description \_\_\_\_\_

Complexion:  Light  Medium  Dark  Acne  Tanned  Olive  Ruddy

Tan Mark Description \_\_\_\_\_

Tattoo(s)  Yes Description/ \_\_\_\_\_  
 No Body Location \_\_\_\_\_

Can family draw a picture?

Tattoo  Yes  Unknown Tattoo  
Photos  No  NA Photo Location \_\_\_\_\_

Body Piercing(s)?  Yes  No

Body Piercing Location(s) \_\_\_\_\_

Body Piercing Description \_\_\_\_\_



# VIP Personal Information

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       Male    Female  
Last                      First                      Middle

## Shoes

A= Data not available B= Photo C= Further information available on page 6

#	Material	Color	Description	Label	Size US	Size cm	A	B	C
01 Shoes							<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

## Watch

A= Data not available B= Photo C= Further information available on page 6

#	Type	Material	Color	Description	Make	Inscription	A	B	C
01	Digital						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
02	Analog						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
03	Other						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
04	Worn <input type="checkbox"/> Right Wrist <input type="checkbox"/> Left Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Pin On <input type="checkbox"/> Pocket Watch								
05	Band <input type="checkbox"/> Leather <input type="checkbox"/> Metal <input type="checkbox"/> Other		Specify Other			Band Color			

A= Data not available B= Photo C= Further information available on page 6

#	Jewelry	Material Color	Stone Color	Description	Inscription	Where Worn	A	B	C
01	Wedding Ring						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
02	Finger Rings						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
03	Ear Rings						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
04	Earclips						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
05	Neck Chains						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
06	Pendant Chain						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
07	Other Chains						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
08	Bracelets						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
09	Medic Alert						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
10	Other2						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
11	Other3						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
12	Other4						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
13	Other5						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Use this space for more info regarding jewelry:

# VIP Personal Information

Page 6 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Male  
 Female

**Wallet:** Description \_\_\_\_\_

Contents \_\_\_\_\_

**Purse:** Description \_\_\_\_\_

Contents \_\_\_\_\_

## Other Personal Effects

Ever in Armed Forces?  Yes  No  Unknown Military Branch \_\_\_\_\_

Military Service Number \_\_\_\_\_ Nation Served \_\_\_\_\_

Approximate Service Date \_\_\_\_\_

Highest Education Level: Elem/Second (0-12) \_\_\_\_\_ Or College (1-5+) \_\_\_\_\_

## Additional Data

## VIP Personal Information

Page 7 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

SS# \_\_\_\_\_  
 Male  Female

### Potential Living Biological Donors

#### Mother/Father of Missing Individual

Consent Form

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

#### Brother and Sisters of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

#### Spouse of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

#### Children of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### Primary donor for Nuclear DNA Analysis

An “appropriate family member” for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, OR
2. **Spouse** and Natural (Biological) **Children**, OR
3. A Natural (Biological) Mother or Father and victim’s biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)

# VIP Personal Information

Page 8 of 8

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Interview Location \_\_\_\_\_ Interview Date \_\_\_\_\_ Interview Time \_\_\_\_\_  
(MMDD/YYYY)

## Interviewer Info:

Interviewer Name \_\_\_\_\_  
First Last

Interviewing Organization \_\_\_\_\_

## Interviewer Home Information

Interviewer Address \_\_\_\_\_  
Street, City State, Zip

Interviewer home phone \_\_\_\_\_

Interviewer cell phone \_\_\_\_\_

interviewer work phone \_\_\_\_\_

## Interviewer On-Site Information

interviewer onsite address \_\_\_\_\_  
Street, Hotel, Room #

interviewer onsite phone \_\_\_\_\_

interviewer onsite cell \_\_\_\_\_

## **Reviewer Info:**

Reviewer Name \_\_\_\_\_

Reviewer Signature \_\_\_\_\_

Reviewing agency \_\_\_\_\_

# VIP/DMORT Program

## Requested Records List

Victim Last/First/Middle \_\_\_\_\_

Case # \_\_\_\_\_

Informant Last/First/Middle \_\_\_\_\_

Address \_\_\_\_\_

Informant phone \_\_\_\_\_

On Site Phone \_\_\_\_\_

### Dental

Type	Location	Contact	Phone	Date Ord	Date Rec

### Prints


### Radiographs


### Medical Records


### Photo Requests


### Requested Records Notes



# VIP/DMORT Program Jewelry Recovered Description

Post Mortem Records

Body #

Location

Description on Tracking Form

Inscription

Ankle Bracelet

Belt Buckle

Bracelet

Cuff Links

Necklace

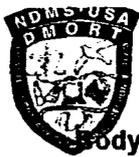
Religious Medal

Misc Jewelry

Tie Clip

Ear Ring Location    Both    Right    Left    More than one right    More than one left

Ear Ring Description



# VIP/DMORT Program

## Pathology Report Personal Effects

Body Bag# \_\_\_\_\_

Size \_\_\_\_\_

Rings:  None  2  4  1  3  5

Stone Color:  Clear  Blue  Gray  Green  Red  Turquoise  
 White  Lt Blue  Lt Green  Black  Yellow  Jade  Garnet

Wedding Ring \_\_\_\_\_

Number of Stones  None  1  2  3  4  5

### Description on Tracking Form

Inscription \_\_\_\_\_

Additional Rings \_\_\_\_\_

Description \_\_\_\_\_

Additional Rings \_\_\_\_\_

Inscription \_\_\_\_\_

Misc Jewellery \_\_\_\_\_

Description \_\_\_\_\_

Misc Jewellery \_\_\_\_\_

Description \_\_\_\_\_

Watch Brand  Yes  No \_\_\_\_\_

Band Color \_\_\_\_\_

Description on Tracking Form \_\_\_\_\_

Inscription \_\_\_\_\_

Necklace Description on Tracking Form \_\_\_\_\_

Inscription \_\_\_\_\_

Religious Description on Tracking Form \_\_\_\_\_

Medal Inscription \_\_\_\_\_

Wallet Description on Tracking Form \_\_\_\_\_

Contents \_\_\_\_\_

Purse Description \_\_\_\_\_

Yes No Contents \_\_\_\_\_

CURRENCY: \_\_\_\_\_

### MISC ITEMS FOUND:

Currency found \_\_\_\_\_

Misc personal effects \_\_\_\_\_



# VIP/DMORT Program

## Pathology Report

### Recovered Clothing Description

Incident Name \_\_\_\_\_

AK Body #	Coroner Case #	First Name	MI	Last Name	Location
Item	Color	Size	Style	Material	Manufacturer
Dress					
Blouse					
Hose					
Slip					
Girdle					
Bra					
Skirt					
Shirt					
Tie					
Undershirt					
Hat					
Jacket					
Gloves					
Sweatshirt					
Coat					
Sweater					
Blazer					
Suit Jacket					
Vest					
Slacks					
Shorts					
Shoes					
Boots					
Socks					
Underpants					
Belt					

Belt Buckle Description

Belt Buckle Inscription

Other Clothing: (List significant descriptions)

Dry Cleaning Marks Description

Laundry Marks Description

Tobacco Smoker Tobacco Product

Yes  No

Tobacco Brand

What Fingers Stained



# VIP/DMORT Program

## Pathology Examination of Partial or Complete Remains

Bag # \_\_\_\_\_

Coroner Case # \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Exam \_\_\_\_\_

Male  Female  Unknown

Examining Pathologist \_\_\_\_\_

Morgue # \_\_\_\_\_

Coroner Case # \_\_\_\_\_

### General Description

Est Race

Caucasoid  Negroid  Asian  American Indian  Hispanic  Unknown  Other

Est Height Inches \_\_\_\_\_

Est Wt Pounds \_\_\_\_\_

Consists Of: \_\_\_\_\_

Specimen Wt \_\_\_\_\_

Dimensions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Head

Scalp Hair

Black  Lt Brown  Gray  Red /Auburn  Other  
 Dk Brown  Blonde  White  Gray/White

Hair Length Style

>24"  8-12"  1-3"  Straight  Curly  
 12-24"  4-8"  <1"  Wavy  Tightly curled

Other \_\_\_\_\_

Facial Hair Color

Black  Lt Brown  Gray  Red /Auburn  Other  
 Dk Brown  Blonde  White  Gray/White

Facial Hair Type

Beard  Other (describe) \_\_\_\_\_  
 Moustache  
 Clean Shaven

Ears  Left Ear Pierced Yes No # \_\_\_\_\_  Right Ear Pierced  Yes  No # \_\_\_\_\_

Pierced other: \_\_\_\_\_

Teeth Present?  Yes  No

Additional head and neck exam remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Torso

Viscera Identifiable

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Pathology Exam Form Page 2 of 2

Bag # \_\_\_\_\_

Sex

Male  Female  Unknown

Date of Exam \_\_\_\_\_

## Genitalia

Ext  Male  Female  Indeterminate  Penis Circumcised  Penis Uncircumcised  Penis Indeterminate  
Internal  Testis Left  Testis Right  Uterus  Tubes Left  Tubes Right  Ovaries Left  Ovaries Right

## Extremities

Extremity  
Remarks

<input type="checkbox"/> Rt Upper	<input type="checkbox"/> Arm	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hand	# Fingers _____	Fingernails/Polish _____
<input type="checkbox"/> Left Upper	<input type="checkbox"/> Arm	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hand	# Fingers _____	Fingernails/Polish _____
<input type="checkbox"/> Rt Lower	<input type="checkbox"/> Thigh	<input type="checkbox"/> Leg	<input type="checkbox"/> Foot	# Toes _____	Toenails/Polish _____
<input type="checkbox"/> Left Lower	<input type="checkbox"/> Thigh	<input type="checkbox"/> Leg	<input type="checkbox"/> Foot	# Toes _____	Toenails/Polish _____

Scars (other than surgical) \_\_\_\_\_  
 Birthmarks \_\_\_\_\_  
 Deformities (non peri-mortem) \_\_\_\_\_

Tattoos \_\_\_\_\_

Objects in Body  Pacemaker  Bullets  Prosthetic Devices  Orthopedic devices  Other

Prosthetics List manufacturer, serial numbers, and other identifying features:  
\_\_\_\_\_  
\_\_\_\_\_

Surgery  Thoracotomy  Cholecystectomy  Other laparotomy  Laminectomy  
 Coronary Artery Bypass  Appendectomy  Mastectomy

Personal Effects  Yes  No Brief Description \_\_\_\_\_

Optical  Glasses  Contacts  Clothing (See Clothing Form)

## Additional Information



# VIP/DMORT Program

## Radiology Report

Body # \_\_\_\_\_

Incident Name \_\_\_\_\_  
Incident Location \_\_\_\_\_

Coroner Case # \_\_\_\_\_

Date of Exam \_\_\_\_\_

Decedent: \_\_\_\_\_

(LAST, FIRST, MIDDLE)

Radiology Team  
From :

Sex \_\_\_\_\_

Age \_\_\_\_\_

- |                  |                                      |                                      |                                      |                                      |
|------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Healed fractures | <input type="checkbox"/> Cranium     | <input type="checkbox"/> R Forearm   | <input type="checkbox"/> L Hand      | <input type="checkbox"/> L Upper Leg |
|                  | <input type="checkbox"/> Mandible    | <input type="checkbox"/> R Hand      | <input type="checkbox"/> R Upper Leg | <input type="checkbox"/> L Lower Leg |
|                  | <input type="checkbox"/> Torso       | <input type="checkbox"/> L Upper Arm | <input type="checkbox"/> R Lower Leg | <input type="checkbox"/> L Foot      |
|                  | <input type="checkbox"/> R Upper Arm | <input type="checkbox"/> L Forearm   | <input type="checkbox"/> R Foot      |                                      |

### Radiology Parts X-Rayed

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### Radiology Per Effects

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# VIP/DMORT Program

## Pathology Report Physical Characteristics

Incident Name \_\_\_\_\_

Bag # \_\_\_\_\_

Sex  Male  Female  Unk

First/M/Last Name \_\_\_\_\_ Grid Location \_\_\_\_\_

Race  African American  Caucasian  Hispanic  Native American  Asian/Pacific Islander  Other

Build  Gracile  Robust  Intermediate  Indeterminate  
Height cm \_\_\_\_\_ Inches \_\_\_\_\_  
Weight kg \_\_\_\_\_ Pounds \_\_\_\_\_

Complexion  Light  Medium  Dark  Acne  Tanned  Olive  Ruddy

Eyes  Blue  Green  Grey  Missing R  Glass R  Cataract R  
 Brown  Hazel  Blind  Missing L  Glass L  Cataract L  
Ear Lobes  Attached  Unknown  
 Unattached

Facial Hair  Beard  Beard & Moustache  Moustache  Clean Shaven  Goatee

Facial Hair Color  Blonde  Brown  Black  Gray  Red  Salt & Pepper  White

Facial Hair Style  Bushy  Full Upper Lip  Whiskers Under Lower Lip  Pencil Thin Upper Lip  
 Fu Manchu  Handle Bar  Mutton Chops  Very long

Hair Color  Auburn  Blonde  Brown  Black  Gray  Red  Salt & Pepper  White  Other

Hair Length  Ex Short less than 1"  Medium 4-8"  Very Long 12-24"  Shaved  
 Short 1-3"  Long 8-12"  Ex Long more than 24"

Hair Colored  Yes  No  Unk Hair Accessory  Wig  Toupee  Hair Piece  Hair Transplant

Finger Nail Type  Natural  Artificial  Unknown Length  Extremely Long  Long  Medium  Short

Characteristics  Bites  Deformed  Dirty  Mishapen  Decorated  Tobacco Stain

Polish Color \_\_\_\_\_

Toenail Length  Extremely Long  Long  Medium  Short

Characteristics  Deformed  Dirty  Mishapen  Decorated Toenail Color \_\_\_\_\_

Optical  Glasses  Contacts

Objects in Body  Pacemaker  Bullets  Prosthetic Devices  Orthopedic devices  Other \_\_\_\_\_

Prosthetics \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circumcision  Yes  No  Unk  NA

Scars, birthmarks, deformities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgery  Thoracotomy  Cholecystectomy  Other laparotomy  Laminectomy  
 Coronary Artery Bypass  Appendectomy  Mastectomy \_\_\_\_\_

Smoker  Yes  No

Tatoos \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Personal Effects \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# VIP/DMORT Program

AK Body # \_\_\_\_\_

## Anthropology Examination Form

Date of Exam 4/29/2002

Coroner # _____	Decedent: _____ (First, middle, last)
Sex _____	Age _____ Race _____ (Do not enter info in this box)

Estimate age \_\_\_\_\_ Anthropology estimated information in this area.

Age narrow lower \_\_\_\_\_ Age narrow upper \_\_\_\_\_ 95% Lower limits: \_\_\_\_\_ 95% Upper limits: \_\_\_\_\_

Stature \_\_\_\_\_ (in inches) Anthro sex  Male  Female  Unknown  Male possible  Female possible

### Ancestry Skeletal

### Skeletal Robusticity

- Caucasoid    Asian    Hispanic    Other  
 Negroid    American Indian    Unknown

- Gracile    Robust  
 Intermediate    Indeterminate

### Present Parts

<input type="checkbox"/> Cranium	<input type="checkbox"/> Partial R Upper Arm	<input type="checkbox"/> L Forearm	<input type="checkbox"/> Partial R Lower Leg	<input type="checkbox"/> L Foot
<input type="checkbox"/> Partial Cranium	<input type="checkbox"/> R Forearm	<input type="checkbox"/> Partial L Forearm	<input type="checkbox"/> R Foot	<input type="checkbox"/> Partial L Foot
<input type="checkbox"/> Mandible	<input type="checkbox"/> Partial R Forearm	<input type="checkbox"/> L Hand	<input type="checkbox"/> Partial R Foot	
<input type="checkbox"/> Partial Mandible	<input type="checkbox"/> R Hand	<input type="checkbox"/> Partial L Hand	<input type="checkbox"/> L Upper Leg	
<input type="checkbox"/> Torso	<input type="checkbox"/> Partial R Hand	<input type="checkbox"/> R Upper Leg	<input type="checkbox"/> Partial L Upper Leg	
<input type="checkbox"/> Partial Torso	<input type="checkbox"/> L Upper Arm	<input type="checkbox"/> Partial R Upper Leg	<input type="checkbox"/> L Lower Leg	
<input type="checkbox"/> R Upper Arm	<input type="checkbox"/> Partial L Upper Arm	<input type="checkbox"/> R Lower Leg	<input type="checkbox"/> Partial L Lower Leg	

### Unique Skeletal Features (Pathology, Healed Trauma, Non-metric Traits, Etc.)

<input type="checkbox"/> Cranium	<input type="checkbox"/> Partial R Upper Arm	<input type="checkbox"/> L Forearm	<input type="checkbox"/> Partial R Lower Leg	<input type="checkbox"/> L Foot
<input type="checkbox"/> Partial Cranium	<input type="checkbox"/> R Forearm	<input type="checkbox"/> Partial L Forearm	<input type="checkbox"/> R Foot	<input type="checkbox"/> Partial L Foot
<input type="checkbox"/> Mandible	<input type="checkbox"/> Partial R Forearm	<input type="checkbox"/> L Hand	<input type="checkbox"/> Partial R Foot	
<input type="checkbox"/> Partial Mandible	<input type="checkbox"/> R Hand	<input type="checkbox"/> Partial L Hand	<input type="checkbox"/> L Upper Leg	
<input type="checkbox"/> Torso	<input type="checkbox"/> Partial R Hand	<input type="checkbox"/> R Upper Leg	<input type="checkbox"/> Partial L Upper Leg	
<input type="checkbox"/> Partial Torso	<input type="checkbox"/> L Upper Arm	<input type="checkbox"/> Partial R Upper Leg	<input type="checkbox"/> L Lower Leg	
<input type="checkbox"/> R Upper Arm	<input type="checkbox"/> Partial L Upper Arm	<input type="checkbox"/> R Lower Leg	<input type="checkbox"/> Partial L Lower Leg	

Anthro sex based on	_____
Anthro age based on	_____
Anthro Ancestry based on	_____
Anthro Stature based on	_____
Anthro Unique Skeletal	_____
Anthro Cond of Remains	_____

Examining Anthropologist \_\_\_\_\_





# VIP/DMORT Program FINGERPRINT EXAM FORM

Incident Location \_\_\_\_\_

Incident Name \_\_\_\_\_

Body # \_\_\_\_\_

Date of Exam \_\_\_\_\_

Examiner 1

Examiner 2


Condition of Body  
Burned, mutilated,  
etc


Finger Printed

(LIST FINGERS  
PRINTED)

If not, why?


Footprint available

Yes  No




# AFIP/DNA SPECIMEN TAKEN

Incident Location \_\_\_\_\_

Incident Name \_\_\_\_\_

Body Bag # \_\_\_\_\_ DATE OF SPECIMEN PROCUREMENT \_\_\_\_\_

EXAMINER1 .....

.....

EXAMINER 2

.....

.....

NOT SUITABLE FOR TYPING - NO SPECIMEN TAKEN

If not, why?

.....
.....
.....
.....

ENTIRE SPECIMEN TAKEN

PORTION OF SPECIMEN TAKEN - DESCRIPTION OF SPECIMEN TAKEN (INCLUDE SIZE)

.....
.....
.....

HOLD (NOTES ON HOLD)

.....
.....
.....
.....

## ADDITIONAL INFORMATION

.....
.....
.....
.....
.....



# VIP/DMORT Program

To be attached to the front of each Disaster Victim Packet

## Tracking Form

Incident Location \_\_\_\_\_

Incident Name \_\_\_\_\_

Body Bag # \_\_\_\_\_

First/Middle/Last Name: \_\_\_\_\_

Coroner Case # \_\_\_\_\_

Person performing station function must check and sign below when completed. "No" represents that this station function could not be performed.

### Processing Station:

Section Rep. Signature: \_\_\_\_\_

Tracker's Name \_\_\_\_\_

Admitting  Yes  No

Personal Effects  Yes  No

Photography  Yes  No

Body Radiography  Yes  No

Fingerprint  Yes  No

Anthropology  Yes  No

Pathology  Yes  No

Embalming  Yes  No

DNA  Yes  No

Dental Examination  Yes  No

Dental Photography  Yes  No

Dental Radiology  Yes  No

After Processing Location \_\_\_\_\_

### Identification Method

- Anthropology
- Radiographic
- Dental Records
- Fingerprints
- Pathology
- Personal Effects
- Photography
- DNA

Comments

Large empty box for comments.

This bag produced bag #'s:

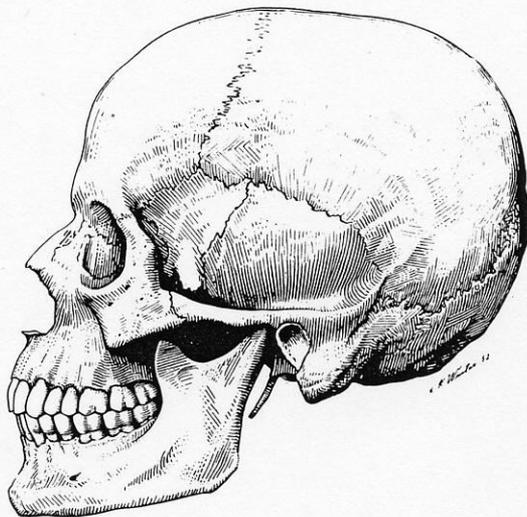
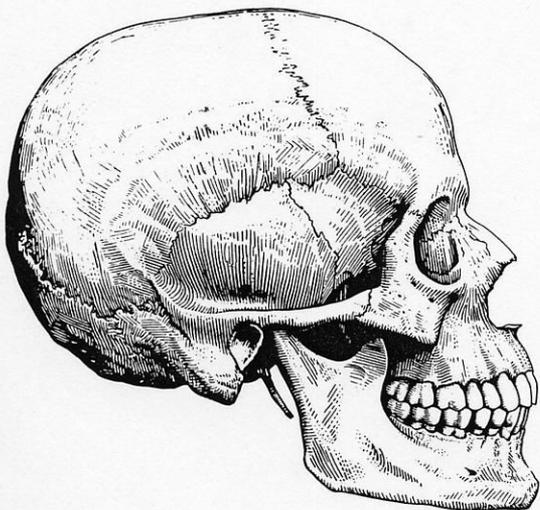
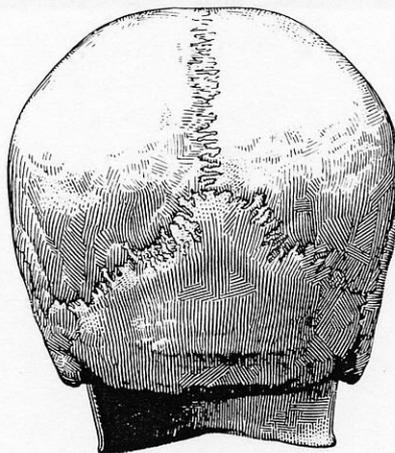

Photo's:

\_\_\_\_\_ NUMBER OF DENTAL PHOTOS \_\_\_\_\_ NUMBER OF SPECIMAN PHOTOS

\_\_\_\_\_ NUMBER OF PERSONAL EFFECTS PHOTOS

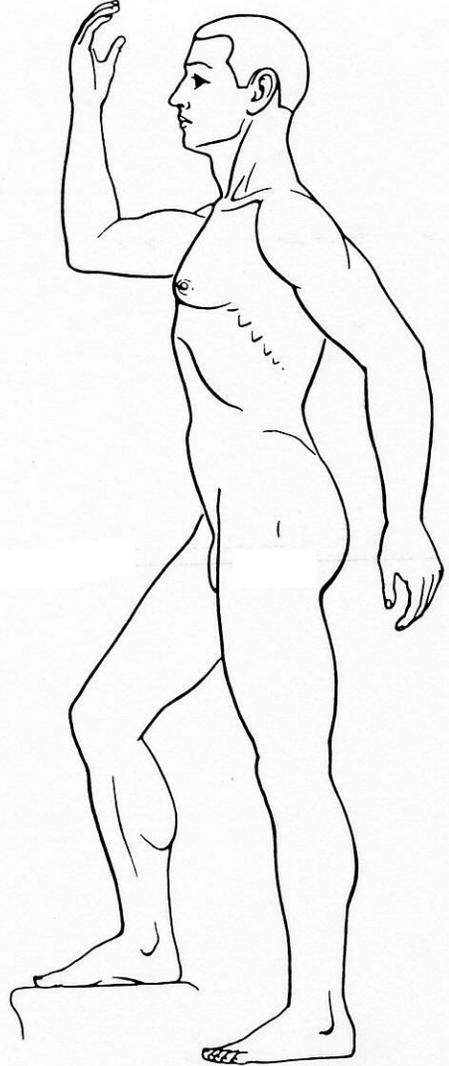
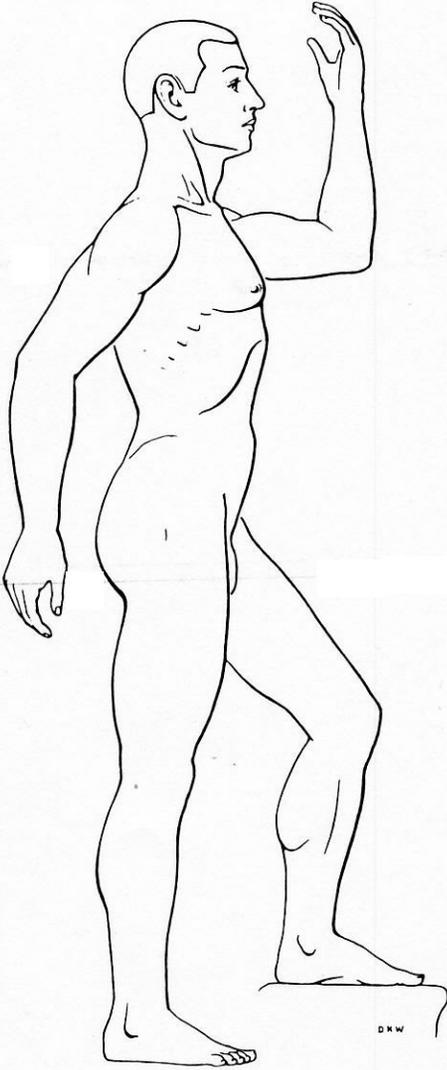
Also included in this file: \_\_\_\_\_

CASE NO. \_\_\_\_\_ NAME \_\_\_\_\_



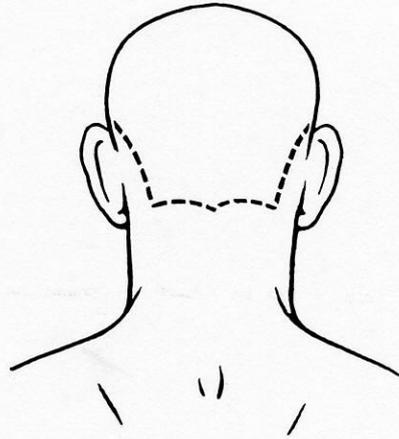
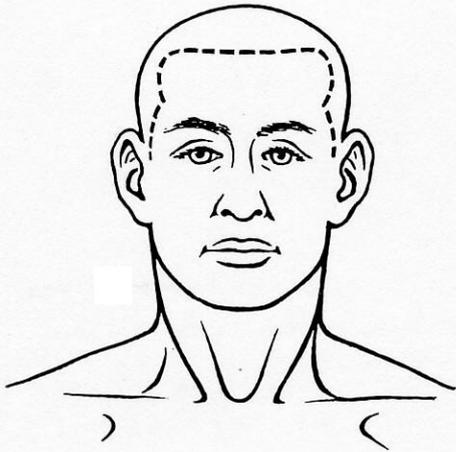
FORM G

CASE NO. \_\_\_\_\_ NAME \_\_\_\_\_



FORM B

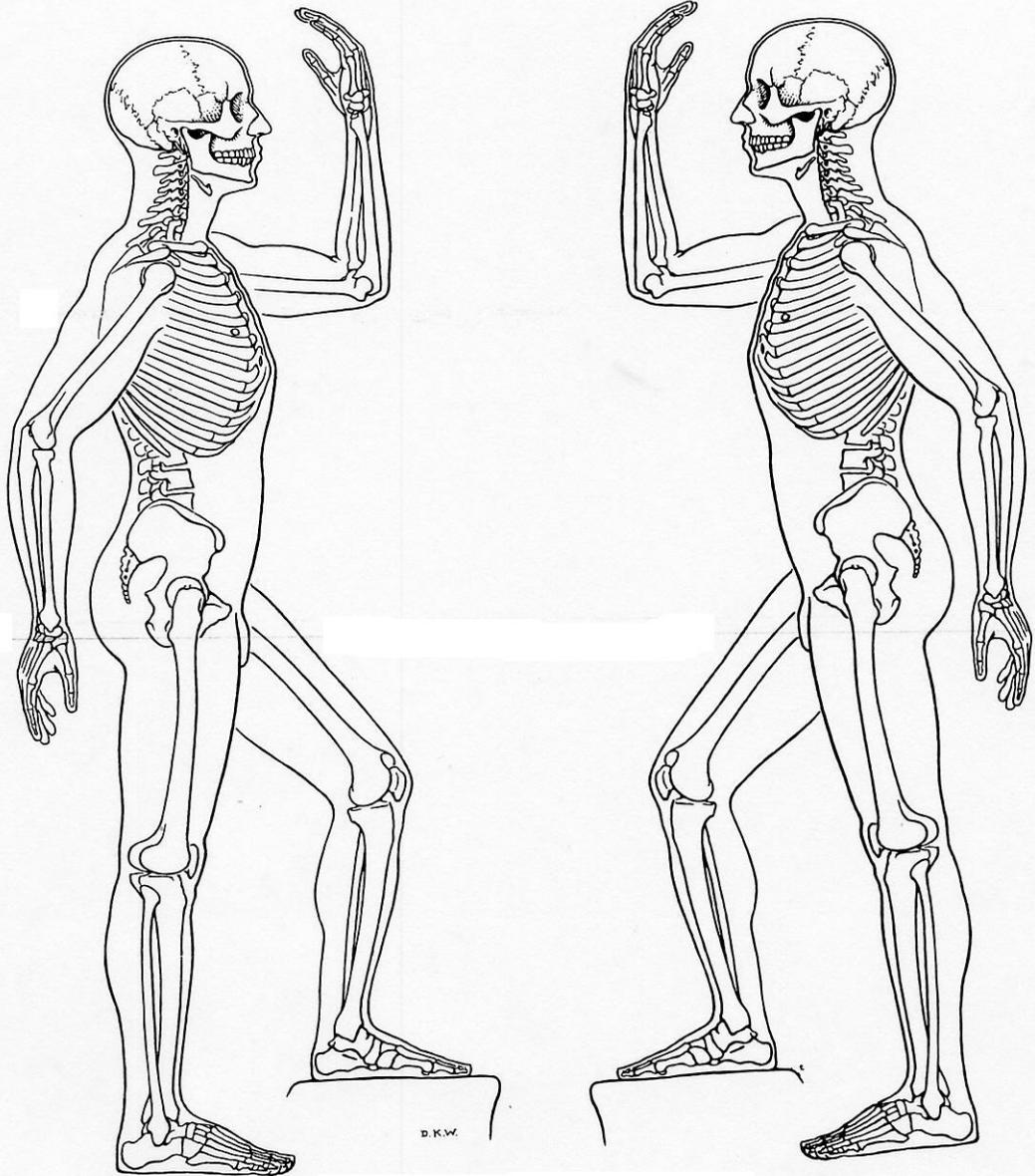
CASE NO. \_\_\_\_\_ NAME \_\_\_\_\_



D.K.W.

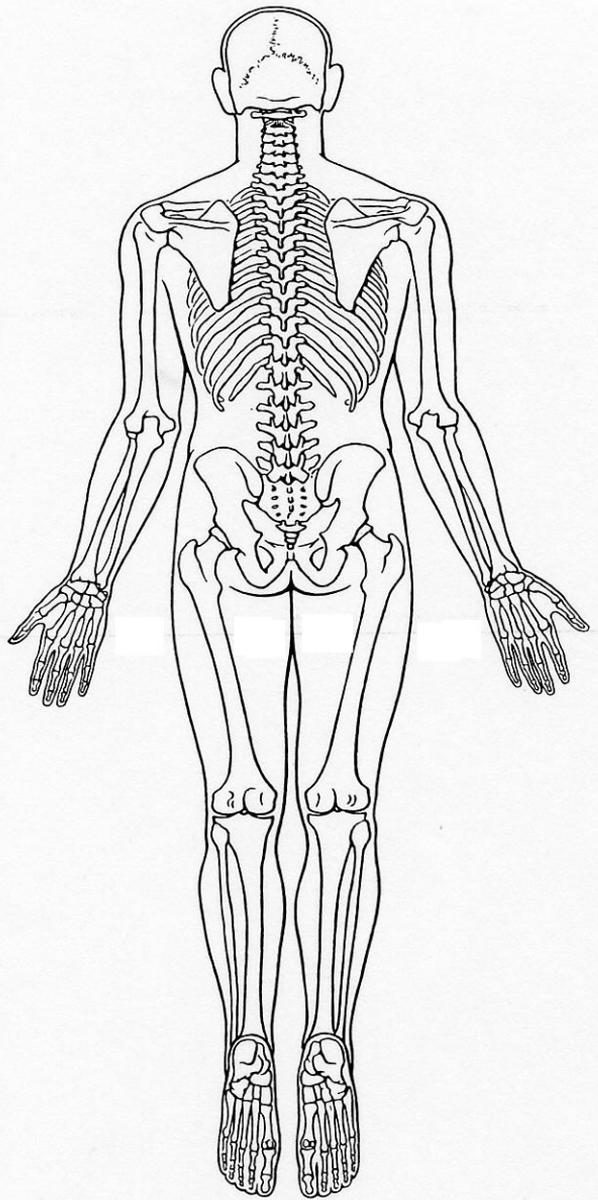
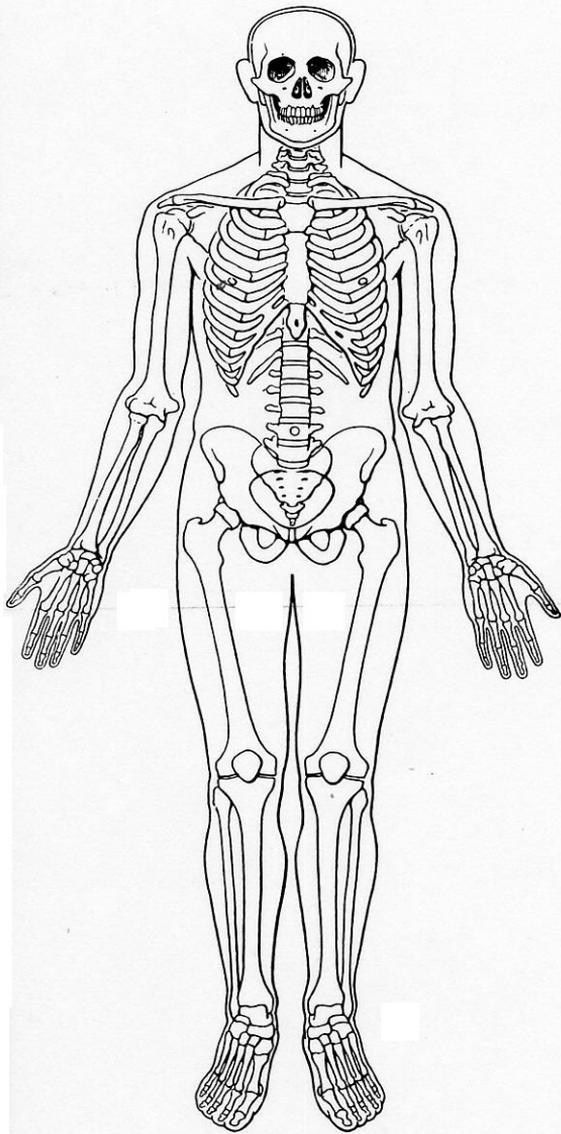
FORM E

CASE NO. \_\_\_\_\_ NAME \_\_\_\_\_



FORM D

CASE NO. \_\_\_\_\_ NAME \_\_\_\_\_



FORM C