INTERPOL DVI Form - Unidentified Human Remains

Administrative Data **100's**

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)

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)			

INTERPOL DVI Form - Unidentified Human Remains

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 *Type/style*	2 *Main colour*	3 *Brand/make*	4 *Material*	5 *Size*	a	b	c
300	**Clothing Items**									
	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".									

		No:	1 *Type/style*	2 *Main colour*	3 *Brand/make*	4 *Material*	5 *Size*	a	b	c
305	**Footwear**									
	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 :	

INTERPOL DVI Form - Unidentified Human Remains

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

INTERPOL DVI Form - Unidentified Human Remains

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

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 *Nationality*	2 *Number*	3 *Details*	4 *Biometrics*	5 *Chip*	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".

No:	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Serial No.*	6 *Markings*	a	b	c

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)

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	No: 4 *Skin marks* 5 *Malformations* 6 *Amputations*			
	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				
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

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)

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

Duty Title :

Name :

Address :

Phone / Email :

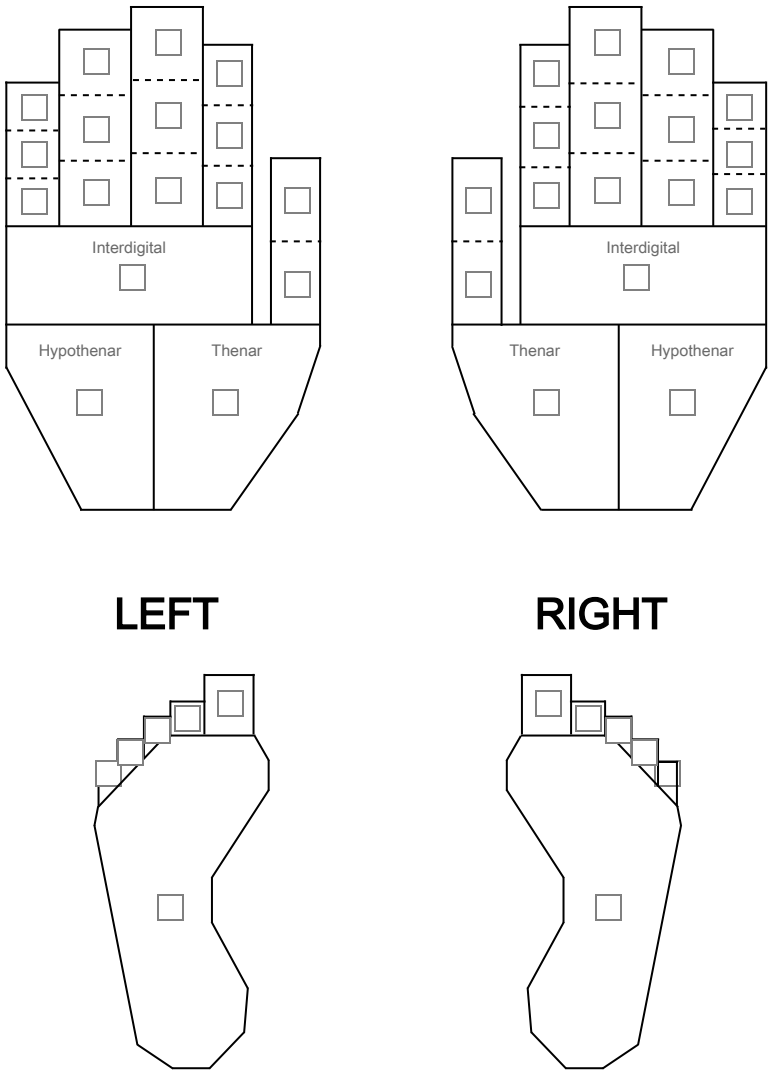
Signature / Date

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)

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

			a	b	c
510	**Internal examination**	No: 1 *Specify*			
	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				
515	**Implants**	No: 1 *Specify* 2 *Serial No.*			
	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

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Place of disaster: _____ **PM No:** _____

Nature of disaster: _____

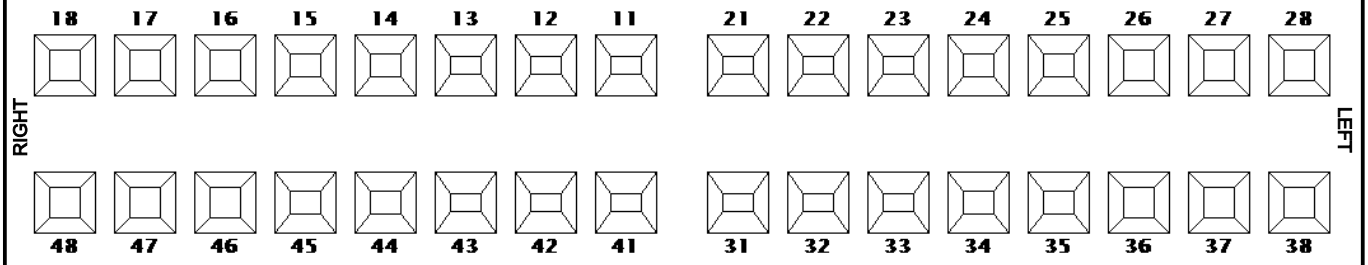
Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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

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

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

INTERPOL DVI Form - Unidentified Human Remains

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*

INTERPOL DVI Form - Unidentified Human Remains

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*

INTERPOL DVI Form - Unidentified Human Remains

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*

INTERPOL DVI Form - Unidentified Human Remains

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*

Post **M**ortem *(pink)* **INTERPOL DVI Form - Unidentified Human Remains** Appendix **800's**

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 :	

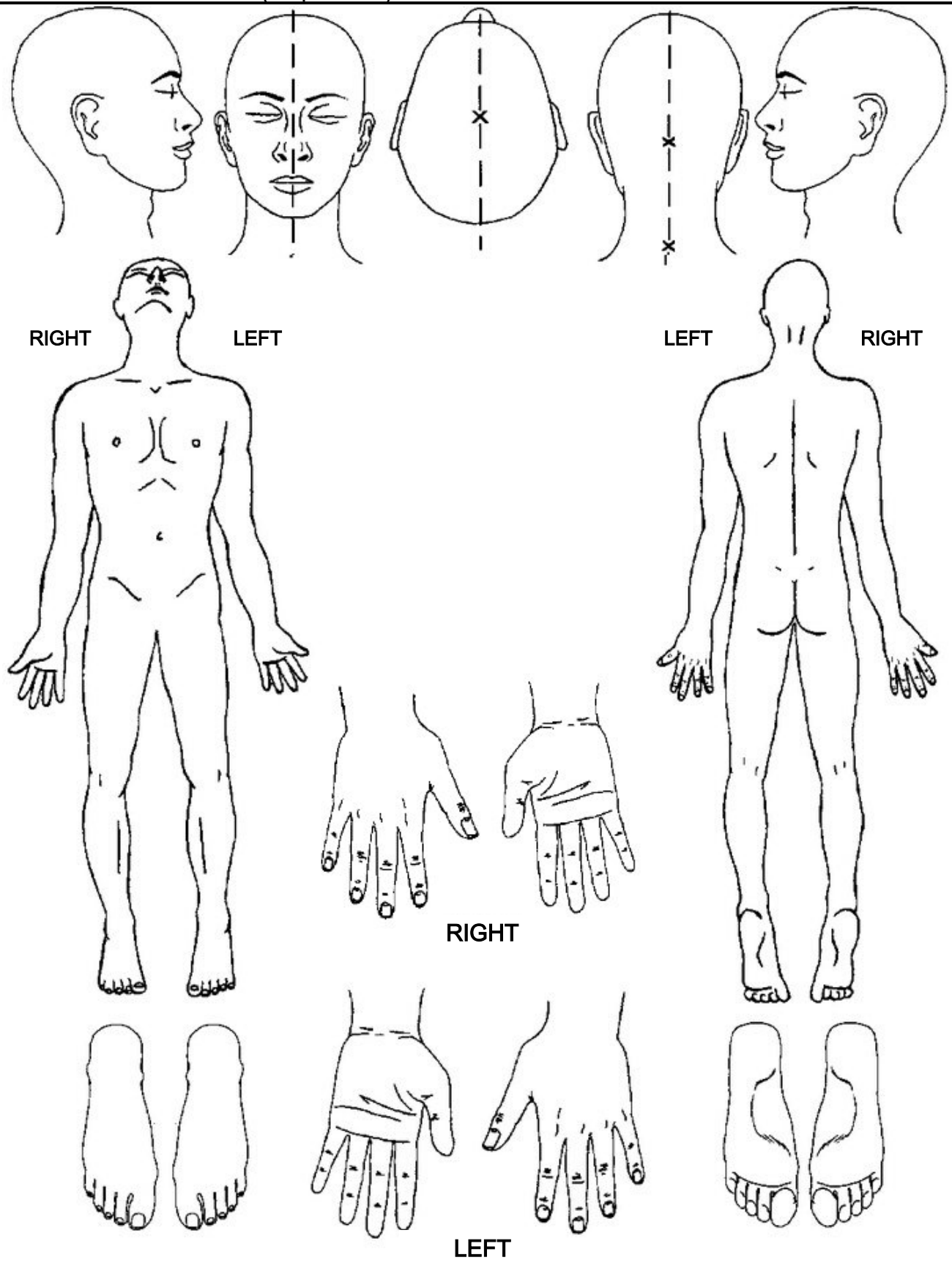
Place of disaster: _____ PM No: _____

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)



INTERPOL DVI Form - Unidentified Human Remains

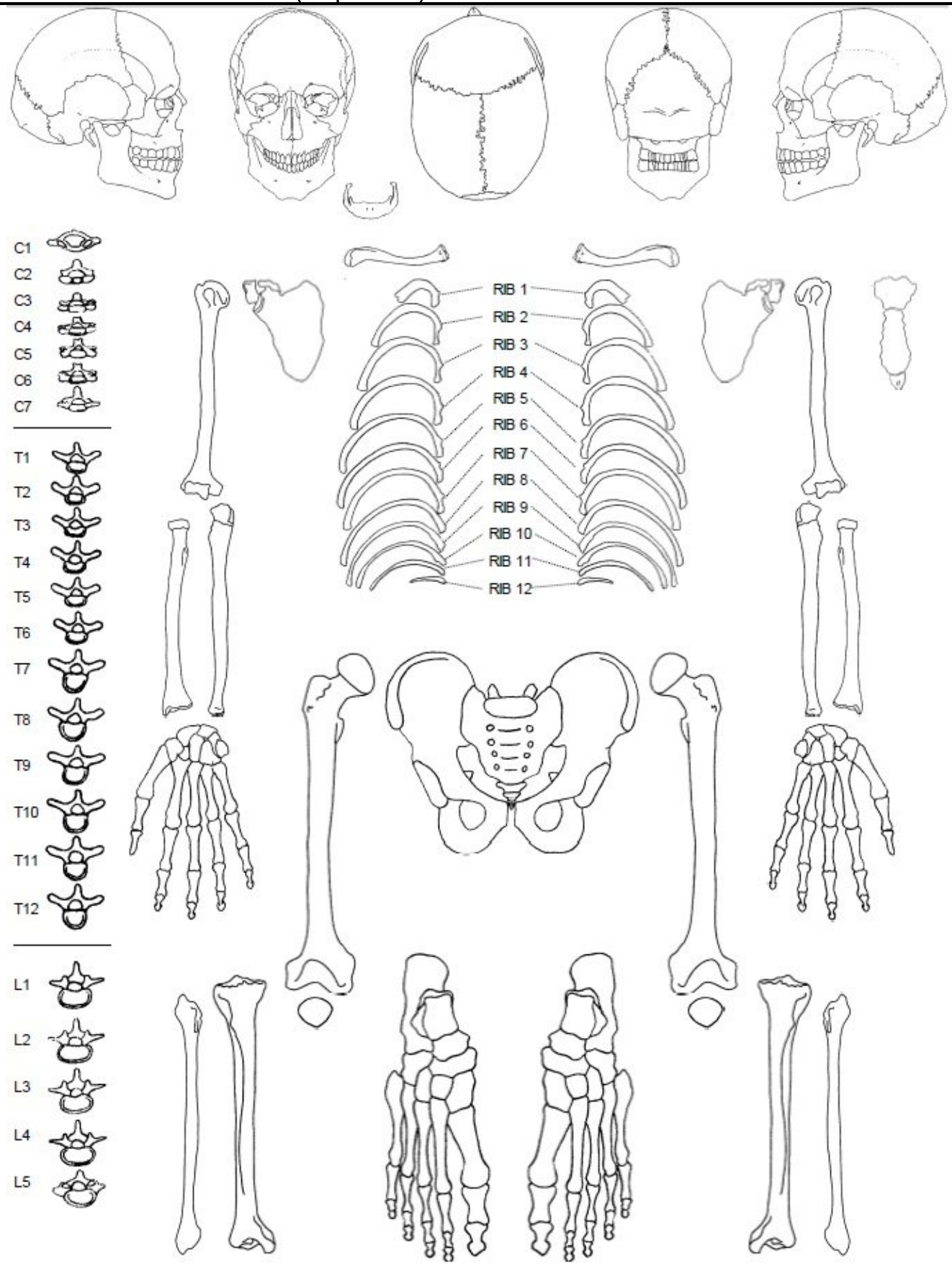
Place of disaster: _____ **PM No:** _____

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)

840 APPENDIX SKELETON SKETCH (for optional use)



Post **M**ortem *(pink)* **INTERPOL DVI Form - Unidentified Human Remains** Appendix **800's**

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 :	