

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

**Working Draft  
For Emergency Response  
09/12/2005**

Attention Law Enforcement:

This file is an INTERACTIVE Portable Document File (PDF). Personnel using Adobe Acrobat Reader who wish to preserve an electronic copy of each completed form must first close this document, save a COPY of it, and then rename the copy before continuing. Using a renamed copy (with a unique file name) for each case will maintain the blank master form.

*Table of Contents*

**PAGE**

<b>INTRODUCTION</b> .....	
Unidentified Person Categories.....	2
<b>INSTRUCTIONS</b> .....	3
<b>INITIAL ENTRY REPORT</b> .....	4
<b>MEDICAL INFORMATION</b> .....	6
<b>BODY PARTS STATUS</b> .....	7
<b>PERSONAL DESCRIPTORS</b> .....	8
Scars, Marks, Tattoos, and Other Characteristics.....	8
Jewelry Type (JWT).....	20
Male External Characteristics Body Diagram (Front/Left Side).....	21
Male External Characteristics Body Diagram (Back/Right Side).....	22
Female External Characteristics Body Diagram (Front/Left Side).....	23
Female External Characteristics Body Diagram (Back/Right Side).....	24
Internal Characteristics Coding Sheet.....	25
Images.....	26
<b>CODING DENTAL CHARACTERISTICS</b> .....	27
Letter to Dentist.....	27
Dental Data Checklist.....	27
Dental Radiograph Guidelines for Unidentified Remains.....	28
Guide to Full Mouth Radiographic Series.....	28
Recommended Dental Photographs.....	28
Dental Condition Worksheet.....	29
NCIC Unidentified Person Dental Report.....	30
General Procedures for Coding the Report.....	31
Dental Codes and Descriptions.....	32
NCIC Dental Characteristics Entry Rules.....	33

## INTRODUCTION

This guide was designed to assist law enforcement with the entry of unidentified person records into the National Crime Information Center (NCIC) Unidentified Person File. The instructions and reports provided in the guide are intended to assist law enforcement with the collection of information to create an accurate profile of the unidentified person or human remains.

The Coding Dental Characteristics section of this guide should be used when coding dental characteristics for unidentified person records.

If you have questions regarding any information contained in this guide, contact the **FBI CJIS Division at (304) 625-3000**.

## CATEGORIES FOR ENTRY INTO THE UNIDENTIFIED PERSON FILE

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

## INSTRUCTIONS

- NCIC Initial Entry Report:** The initial entry report contains all information required for the NCIC Unidentified Person File entry. This report is completed by the investigating officer, or medical examiner/coroner, and a record is entered into NCIC **immediately**.
- Medical Information:** The medical information should be completed by the medical examiner/coroner or the investigating officer. **This information should be promptly added to the NCIC record.**
- Personal Descriptors:** The personal descriptors may be completed by the medical examiner/coroner and returned to the agency that completed the initial report. **This information should be promptly added to the NCIC record.**
- Jewelry Description:** The jewelry description may be completed by the medical examiner/coroner or the investigating officer and returned to the agency that completed the initial report. **This information should be promptly added to the NCIC record.**
- External Characteristics Body Diagrams:** These sheets may be used to indicate the precise location of scars, marks, tattoos, and other characteristics. **This information should be promptly added to the NCIC record.**
- Internal Characteristics Coding Sheet:** This sheet may be used to describe additional physical characteristics that may not be readily visible, including surgeries and missing organs. **This information should be promptly added to the NCIC record.**
- Coding Dental Characteristics:** This section may be used to code dental characteristics for unidentified individuals. Coding worksheets, reports, and information are included in this section. **This information should be promptly added to the NCIC record.**

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

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

<b>NCIC Initial Entry Report</b>		
Message Key <b>(MKE)</b> (See definitions on page #2) <input type="checkbox"/> Unidentified Deceased (EUD) <input type="checkbox"/> Unidentified Living (EUL) <input type="checkbox"/> Unidentified Catastrophe Victim (EUV)	Date _____ Reporting Agency <b>(ORI)</b> _____	
<b>Body Parts Status (BPS)</b> <input type="checkbox"/> All 15 parts recovered - fresh <b>(ALF)</b> <input type="checkbox"/> All 15 parts recovered - decomposed <b>(ALD)</b> <input type="checkbox"/> All 15 parts recovered - skeletal <b>(SKL)</b>	<b>Body Parts Status (BPS)</b> if incomplete body or skeleton, see body diagram page 7 for coding corresponding parts <b>N</b> - Not Recovered <b>D</b> - Recovered Decomposed <b>F</b> - Recovered Fresh <b>S</b> - Skeletal <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6</span><span>7</span><span>8</span><span>9</span><span>10</span><span>11</span><span>12</span><span>13</span><span>14</span><span>15</span> </div>	
<b>Sex (SEX)</b> <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Unknown (U)	<b>Race (RAC)</b> <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 type="checkbox"/> White (W)	
<b>Estimated Year of Birth Range (EYB)</b> □□□□ - □□□□	<b>Estimated Date of Death (EDD)</b> □□ - □□ - □□□□	<b>Date Body Found (DBF)</b> □□ - □□ - □□□□
<b>Approximate Height Range (HGT)</b> □□□ - □□□		<b>Approximate Weight Range (WGT)</b> □□□ - □□□
<b>Eye Color (EYE)</b> <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Green (GRN) <input 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)	<b>Hair Color (HAIR)</b> <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Gray or Partially Gray (GRY) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> White (WHT) <input type="checkbox"/> Blond/Strawberry (BLN) <input type="checkbox"/> Purple (PLE) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> Unknown (XXX) <input type="checkbox"/> Orange (ONG)	
Scars, Marks, Tattoos, and other Characteristics <b>(SMT)</b> (See Checklist)		
<b>Fingerprint Classification (FPC)*</b> □□□□□□□□□□ □□□□□□□□□□	<b>Originating Agency Case Number (OCA)</b>	
Miscellaneous <b>(MIS)</b> Information such as build, clothing description, handedness, weather conditions at the time of death, place where the body was found, etc. should be included. If additional space is needed, attach additional sheet.**		

\* If fingerprints are available submit a copy to the FBI CJIS Division, 1000 Custer Hollow Road, Clarksburg, WV 26306.

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

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

**Agency Case #** \_\_\_\_\_

<b>Blood Type (BLT)</b> <input type="checkbox"/> A Positive (APOS) <input type="checkbox"/> B Positive (BPOS) <input type="checkbox"/> AB Positive (ABPOS) <input type="checkbox"/> O Positive (OPOS) <input type="checkbox"/> Unknown (UNKWN) <input type="checkbox"/> A Negative (ANEG) <input type="checkbox"/> B Negative (BNEG) <input type="checkbox"/> AB Negative (ABNEG) <input type="checkbox"/> O Negative (ONEG) <input type="checkbox"/> A Unknown (AUNK) <input type="checkbox"/> B Unknown (BUNK) <input type="checkbox"/> AB Unknown (ABUNK) <input type="checkbox"/> O Unknown (OUNK)			
<b>Circumcision? (CRC)</b> <input type="checkbox"/> Was <input type="checkbox"/> Was Not <input type="checkbox"/> Unknown	<b>Footprints available? (FPA)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Body X-Rays available? (BXR)</b> <input type="checkbox"/> Full (F) <input type="checkbox"/> Partial (P) <input type="checkbox"/> None (N)	<b>Corrective Vision Prescription (VRX)</b>
<b>Manner and cause of Death (CDA)</b> <input type="checkbox"/> Natural Causes (N) <input type="checkbox"/> Suicide (S) <input type="checkbox"/> Accidental (A) <input type="checkbox"/> Unknown (U) <input type="checkbox"/> Homicide (H)	<b>Describe</b>		
<b>Jewelry Type (JWT) SEE CHECKLIST</b>	<b>Jewelry Description (JWL) SEE CHECKLIST</b>		
<b>DNA Profile Indicator (DNA)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DNA Location (DLO)</b>		
<b>Medical Examiner/Coroner Agency Name and Case Number (MAN)</b>		<b>Medical Examiner/Coroner Locality (MAL)</b>	
<b>Medical Examiner/Coroner Telephone Number (MAT)</b>		<b>Investigating Officer and Telephone Number (MIS)</b>	
<b>NCIC Number (NIC)</b>			

\* If fingerprints are available submit a copy to the FBI CJIS Division, 1000 Custer Hollow Road, Clarksburg, WV 26306.

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

MEDICAL INFORMATION

\_\_\_\_\_  
Name of Investigating Agency                      Medical Examiner/Coroner's Name                      ME/C Case Number

\_\_\_\_\_  
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 the body to be exhumed.

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

---

*Optic*

Glasses or Contact Lenses?     **Yes**     **No**    If contact lenses, what kind: \_\_\_\_\_

Type of Frames: \_\_\_\_\_

Prescription: **Right Eye** \_\_\_\_\_

**Left Eye** \_\_\_\_\_

\_\_\_\_\_  
Name of Optician, Optometrist, or Ophthalmologist

\_\_\_\_\_  
Street Address

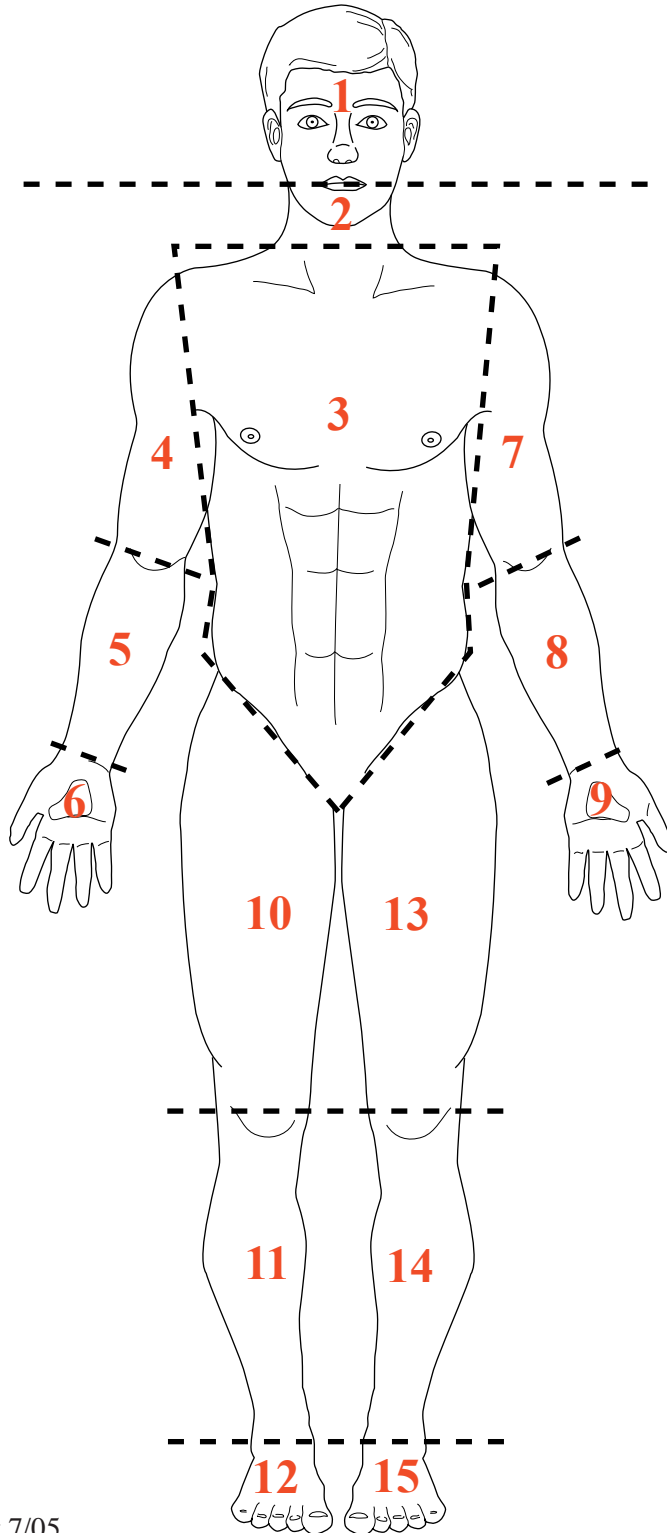
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

### Body Parts Status

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

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



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

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

## ANTEMORTEM PERSONAL DESCRIPTORS SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS

The following is a list of personal descriptors in order, from the head down to the foot area. Please read them carefully and place a check mark (✓) in the corresponding boxes for the descriptors that most closely describes the physical characteristics of the subject prior to death.

### *Artificial (ART) Body Parts and Aids*

#### EYES

- Artificial eye, nonspecific (ART EYE)
- Artificial left eye (ART L EYE)
- Artificial right eye (ART R EYE)
- Contact lenses (CON LENSES)
- Glasses (prescription) (GLASSES)

#### EARS

- Artificial ear, nonspecific (ART EAR)
- Artificial left ear (ART L EAR)
- Artificial right ear (ART R EAR)
- Hearing aid (HEAR AID)

#### TEETH

- Braces on teeth (BRAC TEETH)
- Gold tooth (GOLD TOOTH)
- Silver tooth (SLVR TOOTH)
- Upper denture only (DENT UP)
- Lower denture only (DENT LOW)
- Upper and lower denture (DENT UP LO)

#### LARYNX

- Artificial Larynx (ART LARYNX)

#### SHOULDER

- Artificial shoulder joint (ART SHLD)
- Artificial left shoulder (ART L SHLD)
- Artificial right shoulder (ART R SHLD)

#### BREAST

- Artificial breast, nonspecific (ART BRST)
- Breast implant, left and right (ART BRSTS)
- Breast implant, left (ART L BRST)
- Breast implant, right (ART R BRST)

#### ARMS

- Artificial arm, nonspecific (ART ARM)
- Artificial left arm (ART L ARM)
- Artificial right arm (ART R ARM)

#### ARMS CONTINUED

- Artificial elbow joint (ART ELBOW)
- Artificial left elbow (ART L ELB)
- Artificial right elbow (ART R ELB)
- Artificial hand, nonspecific (ART HAND)
- Artificial left hand (ART L HND)
- Artificial right hand (ART R HND)

#### LEGS

- Artificial leg, nonspecific (ART LEG)
- Artificial left leg (ART L LEG)
- Artificial right leg (ART R LEG)
- Artificial hip joint, nonspecific (ART HIP)
- Artificial hip joint, left (ART L HIP)
- Artificial hip joint, right (ART R HIP)
- Artificial knee joint, nonspecific (ART KNEE)
- Artificial knee joint, left (ART L KNE)
- Artificial knee joint, right (ART R KNE)
- Artificial foot, nonspecific (ART FOOT)
- Artificial left foot (ART L FT)
- Artificial right foot (ART R FT)

#### WALKING AIDS

- Cane (CANE)
- Crutches (CRUTCHES)
- Wheelchair (WHEELCHAIR)

#### BRACES

- Back brace (BRACE BACK)
- Neck brace (BRACE NECK)
- Brace, one arm, nonspecific (BRAC ARM)
- Brace, left arm (BRAC L ARM)
- Brace, right arm (BRAC R ARM)
- Brace, left and right arms (BRA LR ARM)
- Brace, one leg, nonspecific (BRAC LEG)
- Brace, left leg (BRAC L LEG)
- Brace, right leg (BRAC R LEG)
- Brace, left and right legs (BRA LR LEG)

### *Deafness*

- Deaf, one ear, nonspecific (DEAF EAR)
- Deaf, left ear (DEAF L EAR)
- Deaf, right ear (DEAF R EAR)
- Deaf, left and right ears (DEAF)
- Deaf-mute (DEAF MUTE)

### *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)

#### CHEST

- 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)

#### BACK

- 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)

### *Eye Disorders*

- Blind, one eye, nonspecific (BLND EYE)
- Blind, left eye (BLND L EYE)
- Blind, right eye (BLND R EYE)
- Blind, both eyes (BLIND)
- Cross-eyed (CROSSEYED)
- Cataract, nonspecific (CATARACT)
- Cataract, left eye (CATA L EYE)
- Cataract, right eye (CATA R EYE)
- Glaucoma (GLAUCOMA)

### *Fractured Bones - FRESH (FRC)*

#### **HEAD**

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

#### **NECK**

- Neck (FRC NECK)

#### **SHOULDER**

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

#### **TORSO**

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

#### **ARMS**

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

#### **ARMS CONTINUED**

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

#### **PELVIS**

- Pelvis, nonspecific (FRC PELVIS)
- Pelvis bone, left (FRC LPELVI)
- Pelvis bone, right (FRC RPELVI)

#### **HIPS**

- Hip, nonspecific fractured (FRC HIP)
- Hip, left fractured (FRC L HIP)
- Hip, right fractured (FRC R HIP)

#### **LEGS**

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

**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)

**SHOULDER**

- 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 ANKLE)
- 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)

### *Medical Devices Continued*

- |                                                               |                                                             |
|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Vascular prosthesis (VASC PROTH)     | <input type="checkbox"/> Colostomy appliances (COLOST APP)  |
| <input type="checkbox"/> Shunt, arterial vascular (SHUNT ART) | <input type="checkbox"/> Orthopedic nail or pin (ORTH NAIL) |
| <input type="checkbox"/> Cardiac pacemaker (CARD PACEM)       | <input type="checkbox"/> Orthopedic plate (ORTH PLATE)      |
| <input type="checkbox"/> Intrauterine device (IUD)            | <input type="checkbox"/> Orthopedic screw (ORTH SCREW)      |
| <input type="checkbox"/> Penile implant (IMPL PENIS)          | <input type="checkbox"/> Staples (STAPLES)                  |
|                                                               | <input type="checkbox"/> Wire sutures (WIRE SUTUR)          |

### *Missing Body Parts/Organs (MISS)*

#### **HEAD**

- Eye, nonspecific (MISS EYE)
- Left eye (MISS L EYE)
- Right eye (MISS R EYE)
- Ear, nonspecific (MISS EAR)
- Left ear (MISS L EAR)
- Right ear (MISS R EAR)
- Nose (MISS NOSE)
- Adenoids (MISS ADND)
- Tongue (MISS TONG)
- Tonsils (MISS TONSL)
- Larynx (MISS LRYNX)
- Thyroid (MISS THYRD)

#### **VERTEBRA(E)**

- Missing vertebra(e), nonspecific (MISS VRT)
- Missing cervical vertebra(e) (MISS C VRT)
- Missing lumbar vertebra(e) (MISS L VRT)

#### **ARMS**

- Arm, nonspecific (MISS ARM)
- Left arm (MISS L ARM)
- Lower left arm (MISS LLARM)
- Right arm (MISS R ARM)
- Lower right arm (MISS LRARM)
- Hand, nonspecific (MISS HAND)
- Left hand (MISS L HND)
- Right hand (MISS R HND)
- Finger(s), nonspecific (MISS FGR)
- Finger(s), left hand (MISS L FGR)
- Finger(s), right hand (MISS R FGR)
- Finger joint(s), nonspecific (MISS FJT)
- Finger joint(s), left hand (MISS L FJT)
- Finger joint(s), right hand (MISS R FJT)

#### **TORSO**

- Breast, nonspecific (MISS BRST)
- Breasts (MISS BRSTS)
- Left breast (MISS LBRST)

#### **TORSO CONTINUED**

- Right breast (MISS RBRST)
- Lung, nonspecific (MISS LUNG)
- Left lung (MISS LLUNG)
- Right lung (MISS RLUNG)
- Appendix (MISS APPNX)
- Gallbladder (MISS GALL)
- Intestines (MISS INTES)
- Kidney, nonspecific (MISS KID)
- Kidney, left (MISS L KID)
- Kidney, right (MISS R KID)
- Pancreas (MISS PANCR)
- Spleen (MISS SPLEN)
- Stomach (MISS STOMA)
- Ovaries (MISS OVARS)
- Ovary, nonspecific (MISS OVARY)
- Left ovary (MISS LOVAR)
- Right ovary (MISS ROVAR)
- Uterus (MISS UTRUS)
- Prostate (MISS PROST)
- Penis (MISS PENIS)
- Testicle, nonspecific (MISS TES)
- Left testis (MISS L TES)
- Right testis (MISS R TES)

#### **LEGS**

- Leg, nonspecific (MISS LEG)
- Left leg (MISS L LEG)
- Lower left leg (MISS LLLEG)
- Right leg (MISS R LEG)
- Lower right leg (MISS LRLEG)
- Foot, nonspecific (MISS FOOT)
- Left foot (MISS L FT)
- Right foot (MISS R FT)
- Toe(s), nonspecific (MISS TOE)
- Toe(s), left foot (MISS L TOE)
- Toe(s), right foot (MISS R TOE)

***Moles (MOLE)***

**HEAD**

- Head, nonspecific\* (MOLE HEAD)
- Forehead (MOLE FHD)
- Eye, nonspecific (MOLE EYE)
- Left eyebrow/left eye area (MOLE L EYE)
- Right eyebrow/right eye area (MOLE R EYE)
- Ear, nonspecific (MOLE EAR)
- Left ear (MOLE L EAR)
- Right ear (MOLE R EAR)
- Face, nonspecific (MOLE FACE)
- Cheek, face, nonspecific (MOLE CHK)
- Left cheek, face (MOLE L CHK)
- Right cheek, face (MOLE R CHK)
- Nose (MOLE NOSE)
- Lip, nonspecific (MOLE LIP)
- Upper lip (MOLE U LIP)
- Lower lip (MOLE L LIP)
- Chin (MOLE CHIN)
- Neck (MOLE NECK)

**SHOULDER**

- Shoulder, nonspecific (MOLE SHLD)
- Left shoulder (MOLE L SHD)
- Right shoulder (MOLE R SHD)

**ARMS**

- Arm, nonspecific (MOLE ARM)
- Forearm, nonspecific (MOLE F ARM)
- Left arm (MOLE L ARM)
- Left upper arm (MOLE UL ARM)
- Left forearm (MOLE LF ARM)
- Right arm (MOLE R ARM)
- Right upper arm (MOLE UR ARM)
- Right forearm (MOLE RF ARM)
- Elbow, nonspecific (MOLE ELBOW)
- Left elbow (MOLE L ELB)
- Right elbow (MOLE R ELB)
- Wrist, nonspecific (MOLE WRS)
- Left wrist (MOLE L WRS)
- Right wrist (MOLE R WRS)
- Hand, nonspecific (MOLE HAND)
- Left hand (MOLE L HND)
- Right hand (MOLE R HND)
- Finger, nonspecific (MOLE FGR)
- Finger(s), left hand (MOLE L FGR)
- Finger(s), right hand (MOLE R FGR)

**TORSO**

- Chest (MOLE CHEST)
- Breast, nonspecific (MOLE BRST)
- Left breast (MOLE LBRST)
- Right breast (MOLE RBRST)
- Abdomen (MOLE ABDOM)
- Back (MOLE BACK)

**HIPS**

- Buttocks, nonspecific (MOLE BUTTK)
- Left buttock (MOLE L BUT)
- Right buttock (MOLE R BUT)
- Hip, nonspecific (MOLE HIP)
- Left hip (MOLE L HIP)
- Right hip (MOLE R HIP)
- Penis (MOLE PENIS)
- Groin area (MOLE GROIN)

**LEGS**

- Thigh, nonspecific (MOLE THGH)
- Left thigh (MOLE L THG)
- Right thigh (MOLE R THG)
- Leg, nonspecific (MOLE LEG)
- Left leg (MOLE L LEG)
- Right leg (MOLE R LEG)
- Knee, nonspecific (MOLE KNEE)
- Left knee (MOLE L KNE)
- Right knee (MOLE R KNE)
- Calf, nonspecific (MOLE CALF)
- Left calf (MOLE L CALF)
- Right calf (MOLE R CALF)
- Foot, nonspecific (MOLE FOOT)
- Left foot (MOLE L FT)
- Right foot (MOLE R FT)
- Ankle, nonspecific (MOLE ANKL)
- Left ankle (MOLE L ANK)
- Right ankle (MOLE R ANK)
- Toe(s), nonspecific (MOLE TOE)
- Toe(s), left foot (MOLE L TOE)
- Toe(s), right foot (MOLE R TOE)

*Needle (“Track”) Marks (NM)*

**SHOULDER**

- Shoulder, nonspecific (NM SHLD)
- Left shoulder (NM L SHLD)
- Right shoulder (NM R SHLD)

**ARMS**

- Arm, nonspecific (NM ARM)
- Left arm (NM L ARM)
- Arm, upper left (NM UL ARM)
- Arm, lower left (NM LL ARM)
- Right arm (NM R ARM)
- Arm, upper right (NM UR ARM)
- Arm, lower right (NM LR ARM)
- Elbow, nonspecific (NM ELBOW)
- Left elbow (NM L ELB)
- Right elbow (NM R ELB)
- Wrist, nonspecific (NM WRIST)
- Left wrist (NM L WRIST)
- Right wrist (NM R WRIST)
- Hand, nonspecific (NM HAND)
- Left hand (NM L HND)
- Right hand (NM R HND)
- Finger(s), nonspecific (NM FGR)
- Finger(s), left hand (NM L FGR)
- Finger(s), right hand (NM R FGR)

**HIPS**

- Groin (NM GROIN)
- Penis (NM PENIS)
- Buttock, nonspecific (NM BUTTK)

**HIPS**

- Left buttock (NM L BUTTK)
- Right buttock (NM R BUTTK)
- Hip, nonspecific (NM HIP)
- Left hip (NM L HIP)
- Right hip (NM R HIP)

**LEGS**

- Thigh, nonspecific (NM THIGH)
- Left thigh (NM L THIGH)
- Right thigh (NM R THIGH)
- Leg, nonspecific (NM LEG)
- Left leg (NM L LEG)
- Right leg (NM R LEG)
- Knee, nonspecific (NM KNEE)
- Left knee (NM L KNE)
- Right knee (NM R KNE)
- Calf, nonspecific (NM CALF)
- Left calf (NM L CALF)
- Right calf (NM R CALF)
- Ankle, nonspecific (NM ANKL)
- Left ankle (NM L ANKL)
- Right ankle (NM R ANKL)
- Foot, nonspecific (NM FOOT)
- Left foot (NM L FOOT)
- Right foot (NM R FOOT)
- Toe(s), nonspecific (NM TOE)
- Toe(s), left foot (NM L TOE)
- Toe(s), right foot (NM R TOE)

*Other Physical Characteristics*

- Bald/balding (BALD)
- Hair implants (HAIR IMPL)
- Pierced eyebrow, nonspecific (PRCD EYE)
- Pierced left eyebrow (PRCD L EYE)
- Pierced right eyebrow (PRCD R EYE)
- Pierced ears (PRCD EARS)
- Pierced left ear (PRCD L EAR)
- Pierced right ear (PRCD R EAR)
- Pierced ear, one, nonspecific (PRCD EAR)
- Pierced nose (PRCD NOSE)
- Freckles (FRECKLES)
- Dimples, face (DIMP FACE)
- Dimples, cheek, face (DIMP CHEEK)
- Dimples, left cheek, face (DIMP L CHK)
- Dimples, right cheek, face (DIMP R CHK)
- Dimples, chin (DIMP CHIN)
- Cleft chin (CLEFT CHIN)
- Pierced lip, nonspecific (PRCD LIP)
- Pierced upper lip (PRCD ULIP)
- Pierced lower lip (PRCD LLIP)
- Pierced tongue (PRCD TONGU)
- Stutters (STUTTERS)
- Pierced nipple, nonspecific (PRCD NIPPL)
- Pierced left nipple (PRCD L NIP)
- Pierced right nipple (PRCD R NIP)
- Pierced abdomen (PRCD ABDMN)
- Pierced back (PRCD BACK)
- Pierced genitalia (PRCD GNTLS)
- Transsexual\* (TRANSSXL)
- Transvestite (TRANSVST)

For entering agency information:

\* Miscellaneous Field should indicate sex at birth and the NCIC record should indicate sex at the time report is filed.

For example, born male, now female.

***Scars (SC)***

**HEAD**

- Head, nonspecific (SC HEAD)
- Forehead (SC FHD)
- Face, nonspecific (SC FACE)
- Cheek, nonspecific (SC CHK)
- Left cheek (SC L CHK)
- Right cheek (SC R CHK)
- Pockmarks (POCKMARKS)
- Eyebrow, nonspecific (SC EYE)
- Left eyebrow/left eye area (SC L EYE)
- Right eyebrow/right eye area (SC R EYE)
- Ear, nonspecific (SC EAR)
- Left ear (SC L EAR)
- Right ear (SC R EAR)
- Nose (SC NOSE)
- Lip, nonspecific (SC LIP)
- Upper lip (SC UP LIP)
- Lower lip (SC LOW LIP)
- Chin (SC CHIN)
- Neck (SC NECK)

**SHOULDER**

- Shoulder, nonspecific (SC SHLD)
- Left shoulder (SC L SHLD)
- Right shoulder (SC R SHLD)

**ARMS**

- Arm, nonspecific (SC ARM)
- Forearm, nonspecific (SC F ARM)
- Left arm, nonspecific (SC L ARM)
- Left upper arm (SC UL ARM)
- Left forearm (SC LF ARM)
- Right arm, nonspecific (SC R ARM)
- Right upper arm (SC UR ARM)
- Right forearm (SC RF ARM)
- Elbow, nonspecific (SC ELBOW)
- Left elbow (SC L ELB)
- Right elbow (SC R ELB)
- Wrist, nonspecific (SC WRIST)
- Left wrist (SC L WRIST)
- Right wrist (SC R WRIST)
- Hand, nonspecific (SC HAND)
- Left hand (SC L HND)
- Right hand (SC R HND)
- Finger, nonspecific (SC FGR)
- Finger(s), left hand (SC L FGR)
- Finger(s), right hand (SC R FGR)

**TORSO**

- Chest (SC CHEST)
- Breast, nonspecific (SC BREAST)
- Left breast (SC L BRST)
- Right breast (SC R BRST)
- Abdomen (SC ABDOM)
- Back (SC BACK)

**HIPS**

- Buttocks, nonspecific (SC BUTTK)
- Left buttock (SC L BUTTK)
- Right buttock (SC R BUTTK)
- Hip, nonspecific (SC HIP)
- Left hip (SC L HIP)
- Right hip (SC R HIP)
- Penis (SC PENIS)
- Groin (SC GROIN)

**LEGS**

- Leg, nonspecific (SC LEG)
- Left leg (SC L LEG)
- Right leg (SC R LEG)
- Thigh, nonspecific (SC THGH)
- Left thigh (SC L THGH)
- Right thigh (SC R THGH)
- Knee, nonspecific (SC KNEE)
- Left knee (SC L KNE)
- Right knee (SC R KNE)
- Calf, nonspecific (SC CALF)
- Left calf (SC L CALF)
- Right calf (SC R CALF)
- Ankle, nonspecific (SC ANKL)
- Left ankle (SC L ANKL)
- Right ankle (SC R ANKL)
- Foot, nonspecific (SC FOOT)
- Left foot (SC L FT)
- Right foot (SC R FT)
- Toe(s), nonspecific (SC TOE)
- Toe, left foot (SC L TOE)
- Toe, right foot (SC R TOE)

***Skin Discoloration (including birthmarks) (DISC)***

**HEAD**

- Head, nonspecific (DISC HEAD)
- Forehead (DISC FHD)
- Face, nonspecific (DISC FACE)
- Cheek, face, nonspecific (DISC CHEEK)
- Left cheek, face (DISC L CHK)
- Right cheek, face (DISC R CHK)
- Eyebrow, nonspecific (DISC EYE)
- Left eyebrow/left eye area (DISC L EYE)
- Right eyebrow/right eye area (DISC R EYE)
- Ear, nonspecific (DISC EAR)
- Left ear (DISC L EAR)
- Right ear (DISC R EAR)
- Nose (DISC NOSE)
- Lip, nonspecific (DISC LIP)
- Upper lip (DISC U LIP)
- Lower lip (DISC L LIP)
- Chin (DISC CHIN)
- Neck (DISC NECK)

**SHOULDER**

- Shoulder, nonspecific (DISC SHLD)
- Left shoulder (DISC LSHLD)
- Right shoulder (DISC RSHLD)

**ARMS**

- Arm, nonspecific (DISC ARM)
- Left Arm (DISC L ARM)
- Arm, upper left (DISC UL ARM)
- Arm, left forearm (DISC LF ARM)
- Right arm (DISC R ARM)
- Arm, upper right (DISC UR ARM)
- Arm, right forearm (DISC RF ARM)
- Forearm, nonspecific (DISC F ARM)
- Elbow, nonspecific (DISC ELBOW)
- Left elbow (DISC L ELB)
- Right elbow (DISC R ELB)
- Wrist, nonspecific (DISC WRIST)
- Left wrist (DISC L WRS)
- Right wrist (DISC R WRS)
- Hand, nonspecific (DISC HAND)
- Left hand (DISC L HND)
- Right hand (DISC R HND)
- Finger, nonspecific (DISC FGR)
- Finger(s), left hand (DISC L FGR)
- Finger(s), right hand (DISC R FGR)

**TORSO**

- Chest (DISC CHEST)
- Breast, nonspecific (DISC BRST)
- Left breast (DISC L BRS)
- Right breast (DISC R BRS)
- Abdomen (DISC ABDOM)
- Back (DISC BACK)

**HIPS**

- Buttocks, nonspecific (DISC BUTTK)
- Left buttock (DISC L BUT)
- Right buttock (DISC R BUT)
- Hip, nonspecific (DISC HIP)
- Left hip (DISC L HIP)
- Right hip (DISC R HIP)
- Penis (DISC PENIS)
- Groin (DISC GROIN)

**LEGS**

- Leg, nonspecific (DISC LEG)
- Left leg (DISC L LEG)
- Right leg (DISC R LEG)
- Thigh, nonspecific (DISC THGH)
- Left thigh (DISC LTHGH)
- Right thigh (DISC RTHGH)
- Knee, nonspecific (DISC KNEE)
- Left knee (DISC LKNE)
- Right knee (DISC RKNE)
- Calf, nonspecific (DISC CALF)
- Left calf (DISC L CALF)
- Right calf (DISC R CALF)
- Ankle, nonspecific (DISC ANKL)
- Left ankle (DISC L ANK)
- Right ankle (DISC R ANK)
- Foot, nonspecific (DISC FOOT)
- Left foot (DISC L FT)
- Right foot (DISC R FT)
- Toe(s), nonspecific (DISC TOE)
- Toe(s), left foot (DISC L TOE)
- Toe(s), right foot (DISC R TOE)

***Tattoos (TAT)***

**HEAD**

- Head, nonspecific\* (TAT HEAD)
- Forehead (TAT FHD)
- Face, nonspecific\* (TAT FACE)
- Eye, nonspecific (TAT EYE)
- Left eye (TAT L EYE)
- Right eye (TAT R EYE)
- Cheek, face, nonspecific (TAT CHEEK)
- Left cheek, face (TAT L CHK)
- Right cheek, face (TAT R CHK)
- Ear, nonspecific (TAT EAR)
- Left ear (TAT L EAR)
- Right ear (TAT R EAR)
- Nose (TAT NOSE)
- Lip, nonspecific (TAT LIP)
- Upper lip (TAT UP LIP)
- Lower lip (TAT LW LIP)
- Chin (TAT CHIN)
- Neck (TAT NECK)

**SHOULDER**

- Shoulder, nonspecific (TAT SHLD)
- Left shoulder (TAT L SHLD)
- Right shoulder (TAT R SHLD)

**ARMS**

- Arm, nonspecific\* (TAT ARM)
- Left arm\* (TAT L ARM)
- Right arm\* (TAT R ARM)
- Upper left arm (TAT UL ARM)
- Upper right arm (TAT UR ARM)
- Forearm, nonspecific (TAT FARM)
- Left forearm (TAT LF ARM)
- Right forearm (TAT RF ARM)
- Elbow, nonspecific (TAT ELBOW)
- Left elbow (TAT LELBOW)
- Right elbow (TAT RELBOW)
- Wrist, nonspecific (TAT WRS)
- Left wrist (TAT L WRS)
- Right wrist (TAT R WRS)
- Hand, nonspecific (TAT HAND)
- Left hand (TAT L HND)
- Right hand (TAT R HND)
- Finger, nonspecific (TAT FNGR)
- Finger(s), left hand (TAT L FGR)
- Finger(s), right hand (TAT R FGR)

**CHEST**

- Chest (TAT CHEST)
- Breast (TAT BREAST)
- Left breast (TAT L BRST)
- Right breast (TAT R BRST)

**ABDOMEN**

- Abdomen (TAT ABDOM)

**BACK**

- Back (TAT BACK)

**HIPS**

- Buttocks (TAT BUTTK)
- Left buttock (TAT L BUTK)
- Right buttock (TAT R BUTK)
- Hip, nonspecific (TAT HIP)
- Left hip (TAT L HIP)
- Right hip (TAT R HIP)
- Penis (TAT PENIS)
- Groin area (TAT GROIN)

**LEGS**

- Leg, nonspecific\* (TAT LEG)
- Left leg, nonspecific\* (TAT L LEG)
- Right leg, nonspecific\* (TAT R LEG)
- Thigh, nonspecific (TAT THGH)
- Left thigh (TAT L THGH)
- Right thigh (TAT R THGH)
- Knee, nonspecific (TAT KNEE)
- Left knee (TAT L KNE)
- Right knee (TAT R KNE)
- Calf, nonspecific (TAT CALF)
- Left calf (TAT L CALF)
- Right calf (TAT R CALF)
- Ankle, nonspecific (TAT ANKL)
- Left ankle (TAT L ANKL)
- Right ankle (TAT R ANKL)
- Foot, nonspecific (TAT FOOT)
- Left foot (TAT L FOOT)
- Right foot (TAT R FOOT)
- Toe(s), nonspecific (TAT TOE)
- Toe(s), left foot (TAT L TOE)
- Toe(s), right foot (TAT R TOE)

**FULL BODY**

- Full body\*\* (TAT FLBODY)

For entering agency information:

\* Use the Miscellaneous Field to further describe the location of the tattoo.

\*\* Use only when the entire body - arms, legs, chest, and back are covered with tattoos.

***Removed Tattoos (RTAT)***

**HEAD**

- Head, nonspecific\* (RTAT HEAD)
- Forehead (RTAT FHD)
- Face, nonspecific\* (RTAT FACE)
- Eye, nonspecific (RTAT EYE)
- Left eye (RTAT L EYE)
- Right eye (RTAT R EYE)
- Cheek, face, nonspecific (RTAT CHEEK)
- Left cheek (RTAT L CHK)
- Right cheek (RTAT R CHK)
- Ear, nonspecific (RTAT EAR)
- Left ear (RTAT L EAR)
- Right ear (RTAT R EAR)
- Nose (RTAT NOSE)
- Lip, nonspecific (RTAT LIP)
- Upper lip (RTAT UPLIP)
- Lower lip (RTAT LWLIP)
- Chin (RTAT CHIN)
- Neck (RTAT NECK)

**SHOULDER**

- Shoulder, nonspecific (RTAT SHLD)
- Left shoulder (RTAT LSHLD)
- Right shoulder (RTAT RSHLD)

**ARMS**

- Arm, nonspecific (RTAT ARM)
- Left arm\* (RTAT L ARM)
- Right arm\* (RTAT R ARM)
- Upper left arm (RTAT ULARM)
- Upper right arm (RTAT URARM)
- Forearm, nonspecific (RTAT FARM)
- Left forearm (RTAT LFARM)
- Right forearm (RTAT RFARM)
- Elbow, nonspecific (RTAT ELBOW)
- Left elbow (RTAT L ELB)
- Right elbow (RTAT R ELB)
- Wrist, nonspecific (RTAT WRS)
- Left wrist (RTAT LWRS)
- Right wrist (RTAT RWRS)
- Hand, nonspecific (RTAT HAND)
- Left hand (RTAT L HND)
- Right hand (RTAT R HND)
- Finger, nonspecific (RTAT FNGR)
- Left finger(s) (RTAT L FGR)
- Right finger(s) (RTAT R FGR)

**CHEST**

- Chest (RTAT CHEST)
- Breast (RTAT BRST)
- Left breast (RTAT LBRST)
- Right breast (RTAT RBRST)

**ABDOMEN**

- Abdomen (RTAT ABDM)

**BACK**

- Back (RTAT BACK)

**HIPS**

- Buttocks (RTAT BUTTK)
- Left buttock (RTAT LBUTK)
- Right buttock (RTAT RBUTK)
- Hip, nonspecific (RTAT HIP)
- Left hip (RTAT L HIP)
- Right hip (RTAT R HIP)
- Penis (RTAT PENIS)
- Groin area (RTAT GROIN)

**LEGS**

- Leg, nonspecific\* (RTAT LEG)
- Left leg\* (RTAT L LEG)
- Right leg\* (RTAT R LEG)
- Thigh, nonspecific (RTAT THGH)
- Left thigh (RTAT LTHGH)
- Right thigh (RTAT RTHGH)
- Knee, nonspecific (RTAT KNEE)
- Left knee (RTAT LKNE)
- Right knee (RTAT RKNE)
- Calf, nonspecific (RTAT CALF)
- Left calf (RTAT LCALF)
- Right calf (RTAT RCALF)
- Ankle, nonspecific (RTAT ANKL)
- Left ankle (RTAT LANKL)
- Right ankle (RTAT RANKL)
- Foot, nonspecific (RTAT FOOT)
- Left foot (RTAT LFOOT)
- Right foot (RTAT RFOOT)
- Toe(s), nonspecific (RTAT TOE)
- Toe(s), left foot (RTAT L TOE)
- Toe(s), right foot (RTAT R TOE)

**FULL BODY**

- Full body (RTAT FLBOD)

For entering agency information:

\* Use the Miscellaneous Field to further describe the location of the removed tattoos.

### *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 type="checkbox"/> Arthritis (MC ARTHRITS)                                                                                                                                | <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)                                                                |

For entering agency information:

\* 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 ANTBTCS)                                                                                             | <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)                                                         |

For entering agency information:

\* 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 NARCOTI)                                                |
| <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)                          |                                                                                                                                                 |

For entering agency information:

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

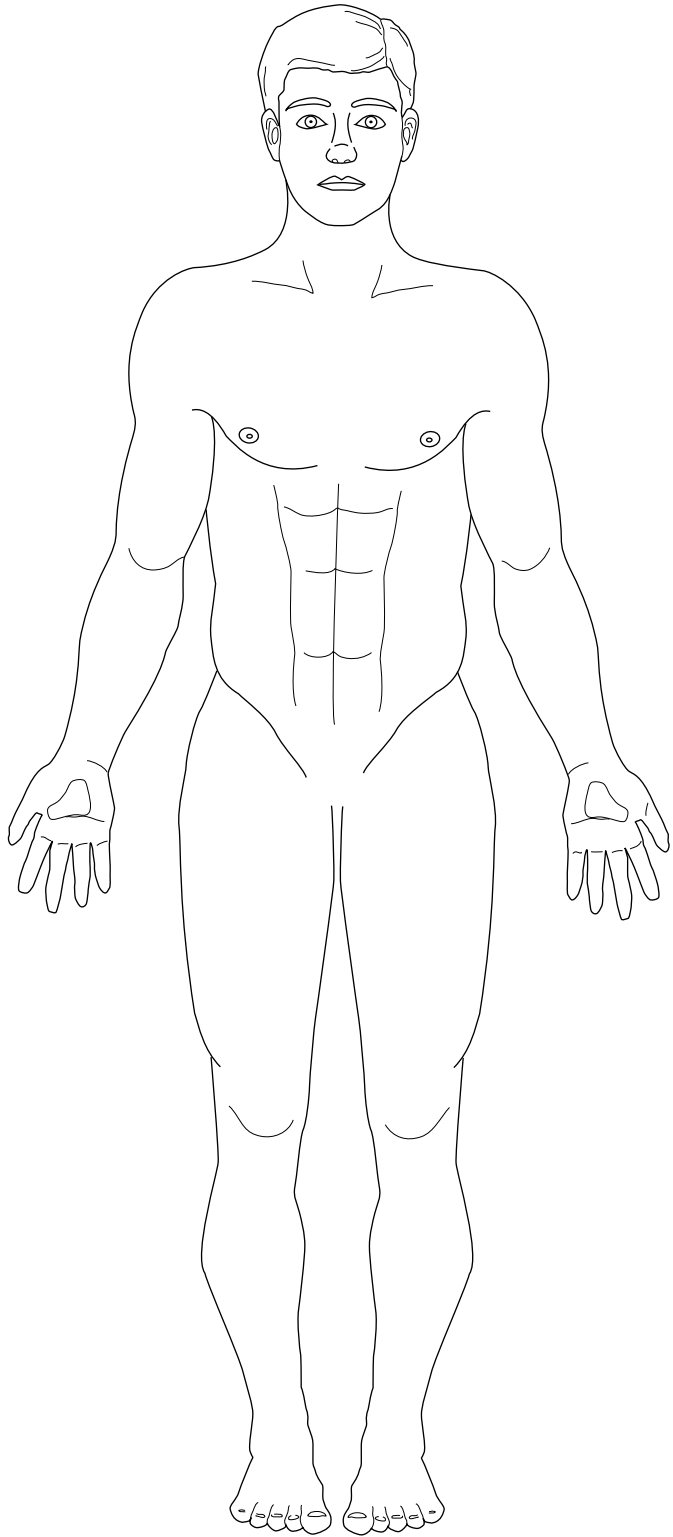
***JEWELRY TYPE (JWT)***

The following is a list of personal accessories. Please review the list carefully and place a check mark (√) beside any item which the missing person had in his/her possession. Describe each item in detail in the space provided.

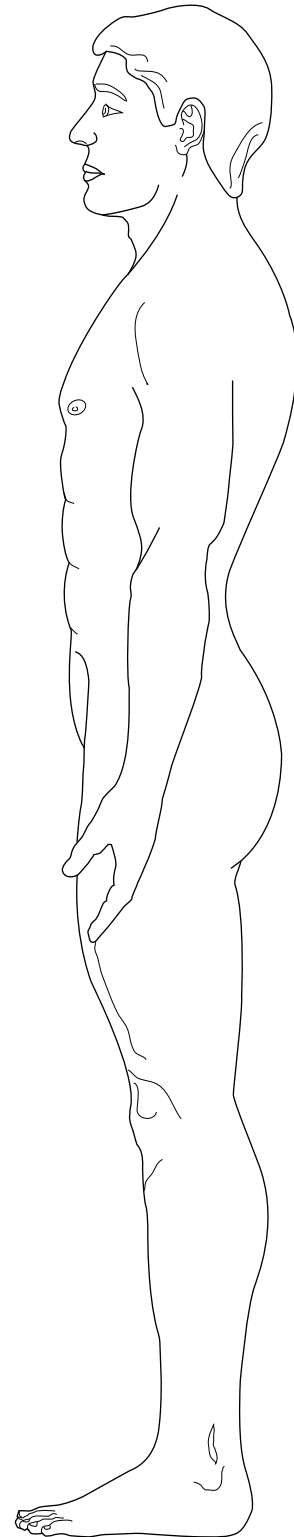
<b>Jewelry Type</b>	<b>Description of item</b>
<input type="checkbox"/> Ankle bracelet (AB) (includes ankle bracelet with pendant)	
<input type="checkbox"/> Backpack (BK)	
<input type="checkbox"/> Belt buckle (BB)	
<input type="checkbox"/> Broach or pin (BP)	
<input type="checkbox"/> Cigarette lighter, holder, or case (CL)	
<input type="checkbox"/> Comb (includes hair combs and picks) (CO)	
<input type="checkbox"/> Cuff links (CU)	
<input type="checkbox"/> Earrings (ER) (includes clasp, pierced, and pendant earrings)	
<input type="checkbox"/> Key chain (KC)	
<input type="checkbox"/> Money clip (MC)	
<input type="checkbox"/> Necklace (NE) (includes necklaces with pendant or watch)	
<input type="checkbox"/> Pocket knife (PK)	
<input type="checkbox"/> Pocket watch chain (fob) or vest chain (PC)	
<input type="checkbox"/> Ring (RI)	
<input type="checkbox"/> Tie chain, clasp, or tack (TC)	
<input type="checkbox"/> Wallet or purse (WP)	
<input type="checkbox"/> Watch (WA) (includes wrist, pocket or stopwatches)	
<input type="checkbox"/> Wrist bracelets having pendants (WB) (includes ID and medical alert bracelets)	

### External Characteristics Body Diagram

Indicate scars, marks, tattoos, etc. directly on the images below.



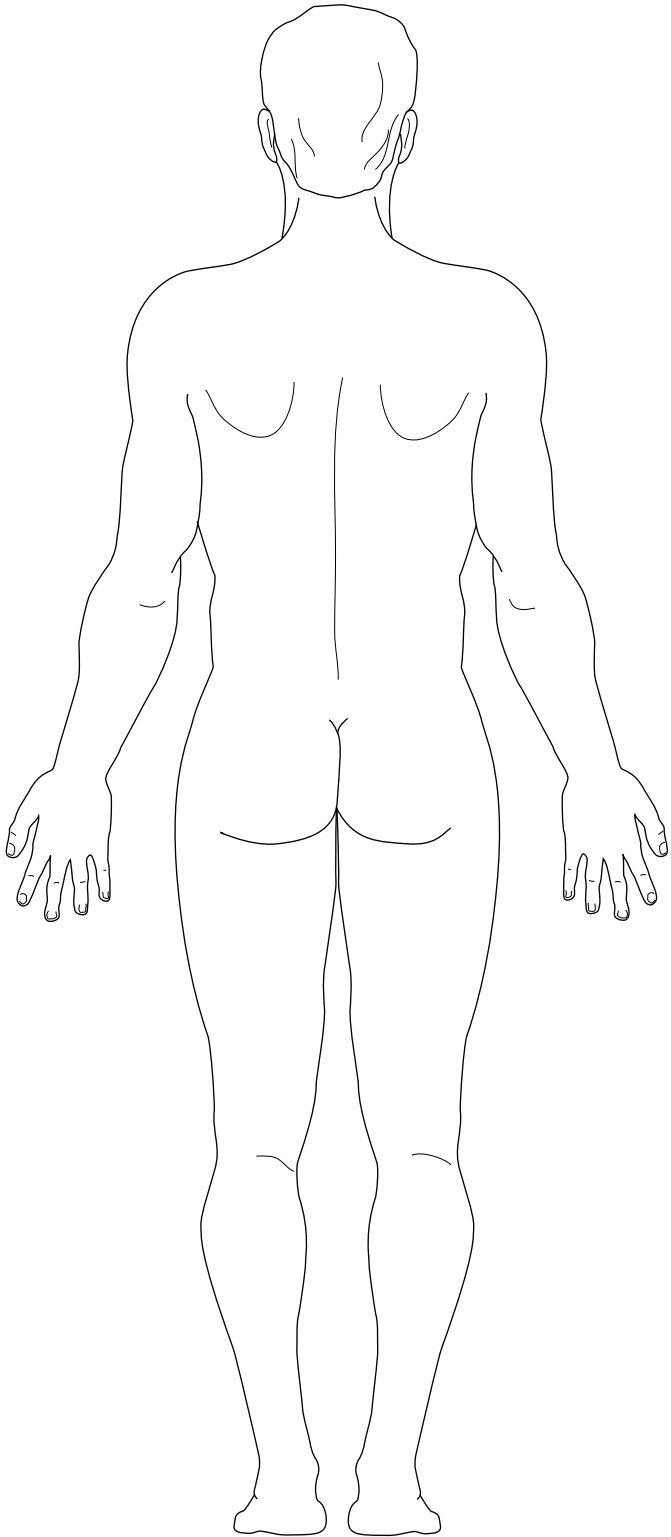
**Front**



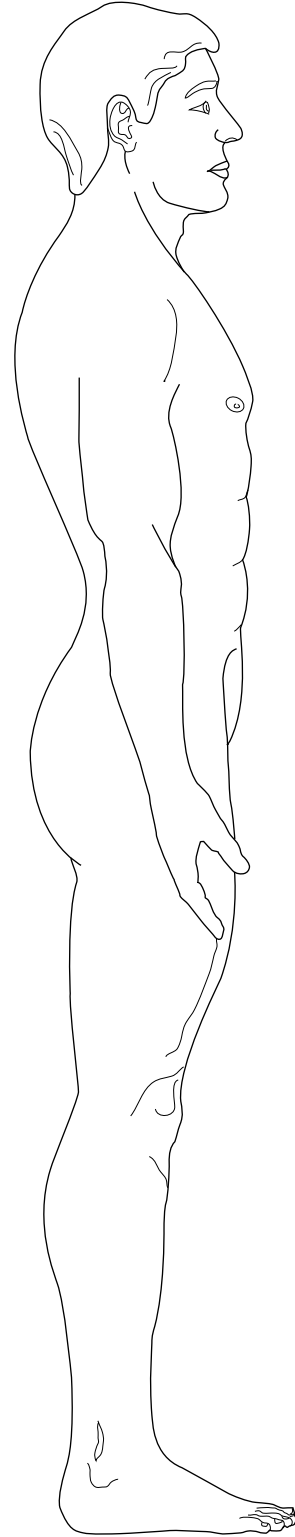
**Left Side**

### External Characteristics Body Diagram

Indicate scars, marks, tattoos, etc. directly on the images below.

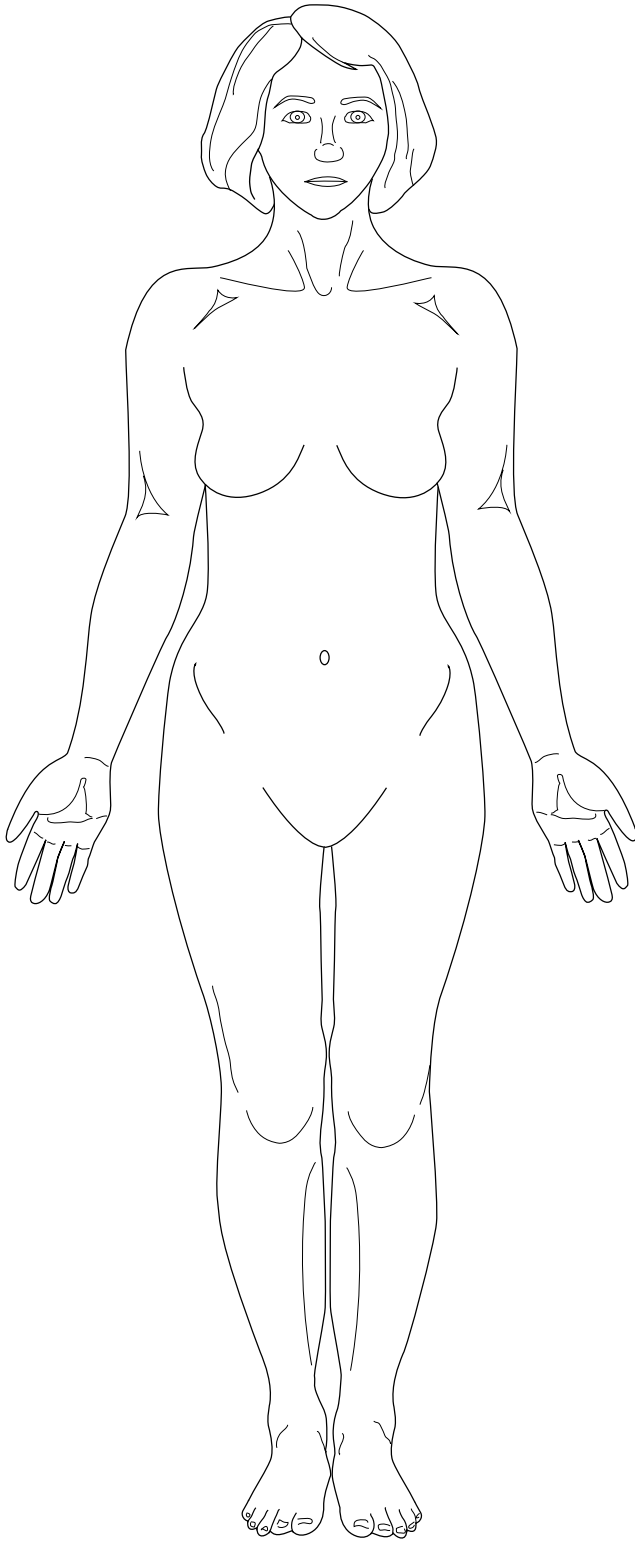


**Back**

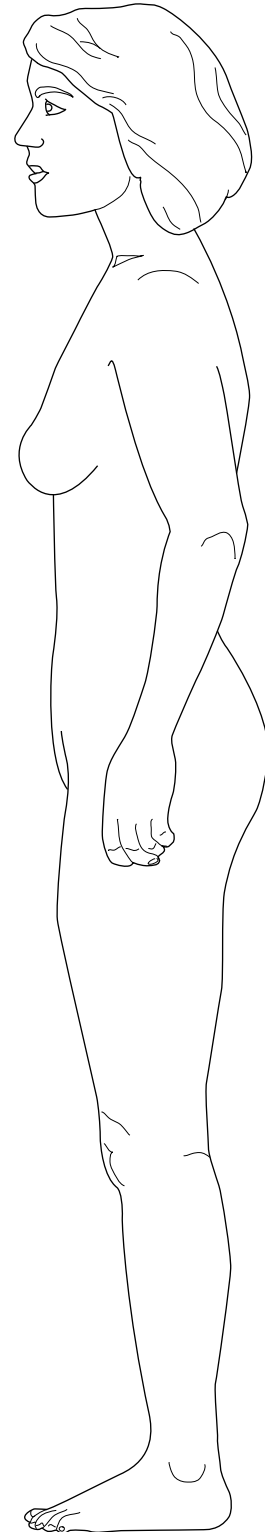


**Right Side**

**External Characteristics Body Diagram**  
Indicate scars, marks, tattoos, etc. directly on the images below.



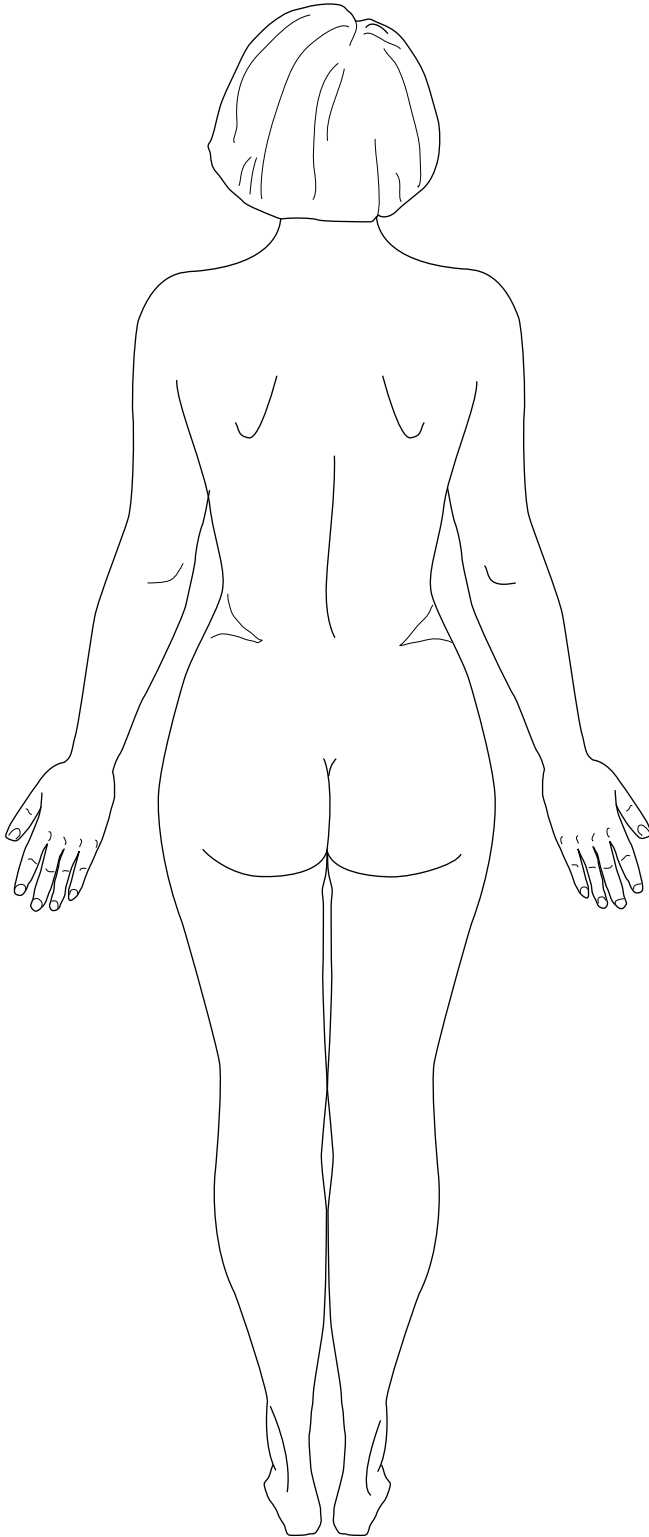
**Front**



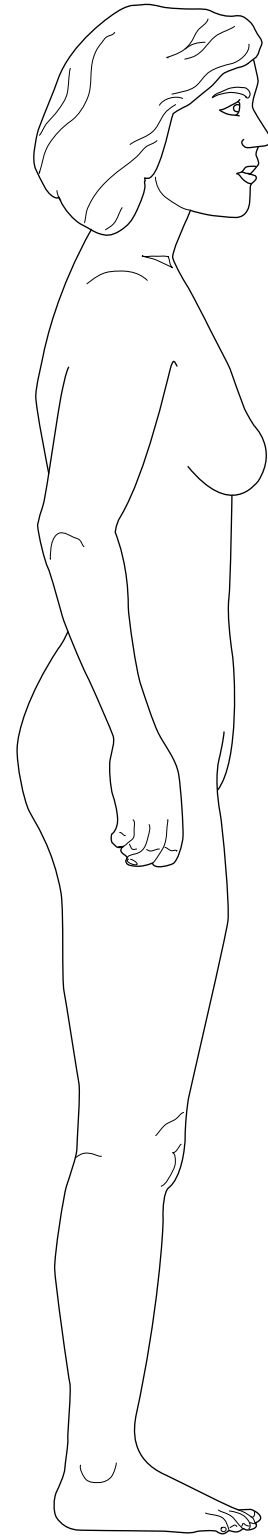
**Left Side**

**External Characteristics Body Diagram**

Indicate scars, marks, tattoos, etc. directly on the images below.



**Back**



**Right Side**



## **Images**

Images that may assist in identifying a unidentified person should be entered into NCIC and associated with the unidentified person record.

The types of images that can be stored for a unidentified person are mugshot, signature, and identifying images.

**MugShot:** Only one mugshot may be entered per record.

**Signature:** Only one signature may be entered per record.

**Identifying Images:** Not more than ten identifying images (other than mugshot, and signature) may be associated with one record.

## *CODING DENTAL CHARACTERISTICS*

Dear Doctor:

This section was designed to facilitate the collection of dental data to be entered into the National Crime Information Center (NCIC). This dental data will be compared to dental characteristics stored in the NCIC Wanted Person and Missing Person Files to generate a list of possible candidates. Completion of the NCIC Dental Coding Form may take only a few minutes if the appropriate information has already been gathered concerning the unidentified individual or remains.

Since radiographs are the most widely used comparison medium for the dental identification of unidentified human remains, your experience and expertise in taking and reviewing radiographs plays an important role in the gathering of identification evidence. Guidelines for the specific radiographs that need to be taken are found on page 28 of this packet. Photographs, either conventional or digital, can also be helpful in the identification process as explained on page 28 of this packet.

Because radiographs are two dimensional, it is also important that a thorough visual examination be accomplished to record the specific condition of the dentition. A worksheet for your notes in regard to each tooth is also contained in this packet on page 29. Using this worksheet can enable you to combine the information obtained from the visual examination with the information observed in the radiographs to provide an accurate dental profile of those teeth that have been recovered. Once the worksheet is completed, these notes can be easily converted to the NCIC Unidentified Person Dental Coding Report found on page 30.

Thank you for your careful completion of this report. Please be sure to retain all dental records for future comparison purposes. The original (or diagnostic copies) of radiographs, photographs, and documentation should be distributed to the investigating agency and the Medical Examiner/Coroner of jurisdiction.

If you have any questions regarding the reporting of a condition, contact the **FBI CJIS Division at (304)625-3000**.

---

### *Dental Data Checklist*

- Full Mouth Series of Radiographs Taken (See Page 28)
- Panoramic Radiograph Taken if Possible (See Page 28)
- Photographs of Oral Structures Taken (See Page 28)
- Charting of Existing Dental Conditions (See Page 29)
- NCIC Dental Coding Sheet Completed (See Page 30)

***Dental Radiograph Guidelines for Unidentified Remains***

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

***Guide to Full Mouth Radiographic Series***

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

***Recommended Dental Photographs***

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

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

### DENTAL CONDITION WORKSHEET

This chart should be filled out by a dentist following the complete visual examination of the dentition and review of the dental radiographs taken of the unidentified individual or remains. The numbering of the teeth follows 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. The description of the restorations present should include the surfaces involved (M, O, D, F, L), the restorative material used (amalgam, gold, porcelain, composite, temporary cement, etc.) and any other conditions that may be observed (endodontic treatment, pin retention, orthodontic brackets or bands, etc.). Do not leave any tooth numbers blank. If the tooth has no restorations note it as "virgin" or "present, no restoration". Other significant dental information can be noted at the bottom of this chart or on an attached sheet of paper.

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

Additional Dental Information:

---

---

---

---

---

---

---

**NCIC Unidentified Person Dental Report**

**SECTION 1**

ME/Coroner Case#: \_\_\_\_\_ NCIC #: \_\_\_\_\_

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**

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

(Numbers in parenthesis  
represent FDI System.)

(Letters in parenthesis  
represent deciduous  
dentition.)

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

**SECTION 3**

**DENTAL CODES**

- |                                                      |                                                               |
|------------------------------------------------------|---------------------------------------------------------------|
| <b>X</b> = Tooth has been removed or did not develop | <b>F</b> = Facial or Buccal Surface Restored                  |
| <b>V</b> = Tooth is present and unrestored           | <b>L</b> = Lingual Surface Restored                           |
| <b>M</b> = Mesial Surface Restored                   | <b>C</b> = Lab Processed or Prefabricated Restoration         |
| <b>O</b> = Occlusal/Incisal Surface Restored         | <b>R</b> = Endodontic Treatment                               |
| <b>D</b> = Distal Surface Restored                   | <b>/</b> = Postmortem Missing or Not Recovered (Default Code) |

(\*The codes "V" and "/" is used differently for the Missing Person Dental Report)

**SECTION 4**

**DENTAL REMARKS**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## *General Procedures for Coding the Report*

### **Section 1:**

- The NCIC # field should be completed by the investigating agency.
- The Medical Examiner/Coroner Case #, Completed by, Date Completed, Address, Telephone #, Email Address, X-Rays Available, Dental Models Available, and Dental Photographs Available fields should be completed by the individual filling out the report.

### **Section 2:**

- **IF NO DENTAL INFORMATION IS AVAILABLE, GO DIRECTLY TO SECTION 4 AND CHECK THE UNK BOX. DO NOT ENTER ANY CODES IN THE TOOTH FIELDS.**
- **IF ALL 32 TEETH ARE PRESENT WITH NO RESTORATIONS, GO DIRECTLY TO SECTION 4 AND CHECK THE ALL BOX.**
- Review pages 32 - 33 prior to completing the Dental Characteristics Section of the dental report.
- Tooth numbers are based on the Universal System. The corresponding Federation Dentaire Internationale (FDI) System numbering is depicted in parenthesis.
- Use all available dental evidence to capture the most accurate dental profile.
- Enter the appropriate code(s) next to the corresponding tooth number, 01 thru 32, on the dental report.
- Each tooth must have one or more codes entered except when ALL or UNK is used in Section 4.

### **Section 3:**

- Dental Codes. A more detailed explanation of these codes and their use is described on page 31.

### **Section 4:**

- To be used for coding ALL or UNK.
  - If ALL is marked, NCIC will automatically code all teeth as “V”.
  - If UNK is marked, NCIC will automatically code all teeth as “/”. A dental comparison will not be performed by NCIC when this box is marked.
- To be used for additional dental characteristics not captured in the dental codes listed in Section 3. For example: dental implants, removable dentures, orthodontic appliances, etc. Specific tooth numbers are not always necessary and key descriptive words are preferred.

### *Dental Codes and Descriptions*

**Primary Dental Codes** - *One or more codes must be entered for each tooth.*

<b>Code</b>	<b>Description</b>
/	Default code for Unidentified Persons. Typically used when the tooth is not recovered. Also used when a portion of the tooth is remaining and it is impossible to determine if the clinical crown has been restored. <b>*** Note this code is used differently when coding dental characteristics for Missing Persons.***</b>
V	Virgin. Tooth is present and unrestored. This includes unerupted teeth such as wisdom or deciduous teeth. <b>*** Note this code is used differently when coding dental characteristics for Missing Persons.***</b>
X	Missing. Tooth has been extracted or is congenitally missing.
M	Mesial surface of the tooth has been restored.
O	Occlusal or Incisal surface of the tooth has been restored.
D	Distal surface of the tooth has been restored.
F	Facial or Buccal surface of the tooth has been restored.
L	Lingual surface of the tooth has been restored.

**Secondary Dental Codes** - *May not be used independently. Must be used in conjunction with Primary codes.*

<b>Code</b>	<b>Description</b>
C	Any laboratory processed restoration including crowns, inlays, onlays, and veneers. Also includes prefabricated restorations such as stainless steel crowns, metal and acrylic temporary crowns, and porcelain processed veneers.
R	Root canal. Evidence is available to establish that an endodontic procedure has been started or completed.

## *NCIC Dental Characteristics Entry Rules*

The following rules apply to **each tooth** for the successful entry of dental characteristics into NCIC:

1. the DCH Field requires that a code or series of codes be entered for each tooth. the tooth number (01 - 32) must be followed by option A,B, or C;
  - A. One special character / , or one special character / followed by R.
  - B. One alphabetic character M,O,D,F,L,X,V.
  - C. Two to seven alphabetic characters M,O,D,F,L,C, and R.
2. Any combination of M,O,D,F,L should be entered in the dequence of M,O,D,F,L;
3. The R character should follow any combination of M,O,D,F,L,C or the / character;
4. The C character should follow any combination fo M,O,D,F,L;
5. The only characer that should be used with / is the R character.
6. The characters V and X should not be used with any combination of characters.
7. The characters M,O,D,F,L,C,R, / , V, and X may be used only once per numeric.

If you have any questions regarding the reporting of a condition, contact the **FBI CJIS Division at (304) 625-3000.**