

MISSING PERSON DATA COLLECTION GUIDE



Printed By:

New York State Division of Criminal Justice Services
Office of Forensic and Victim Services
Missing and Exploited Children Clearinghouse
4 Tower Place
Albany, New York 12203

(518) 457-6326
1-800-FIND-KID
www.criminaljustice.state.ny.us



The NYS Missing and Exploited Children Clearinghouse (MECC) was established within the Division of Criminal Justice Services in 1987 and operates pursuant to §§837 and 838 of the Executive Law. MECC is a strong partner with parents and law enforcement in preventing and investigating child abduction and exploitation.

P *The 1-800-FIND-KID hotline* is maintained 365 days a year, 24 hours a day. Missing child leads and sightings received on the hotline are immediately disseminated to investigating law enforcement agencies.

P *The statewide missing and unidentified person repository* is continually updated by MECC with information submitted by law enforcement agencies.

P *Investigative assistance* is provided to law enforcement agencies and parents. MECC staff members:

- ✓ Offer advice on case management practices.
- ✓ Flag birth and educational records of missing children (mandated by law).
- ✓ Develop missing child flyers and distribute them to law enforcement agencies and other entities statewide. Additionally, the *TRAK (Technology to Recover Abducted Kids)* and *LOCATER (Law Enforcement Alert Technology Resource)* programs allow for rapid dissemination of high-quality photographic images and biographical information. When a child is deemed to be "endangered", information can be sent via broadcast fax to virtually every law enforcement agency and Thruway service area in the State in a matter of minutes.
- ✓ Place missing child photographs and biographical information on the DCJS and National Center for Missing and Exploited Children web sites.
- ✓ Search informational data bases for leads. Data bases include the Federal Parent Locator Service (FPLS), telephone listings, credit organizations (TransUnion, ChoicePoint), motor vehicle records, and NCIC (off-line searches).
- ✓ Analyze, transcribe and enter missing person dental and other anatomical information into DCJS and NCIC files.

P *Educational literature* is developed and distributed statewide. *Training programs*, such as the nationally recognized "Responding to Missing and Abducted Children Investigative Course", are offered at various locations across the State.

P *MECC collaboration* with the National Center for Missing and Exploited Children (NCMEC), other state clearinghouses, other State agencies, non-profit organizations, law enforcement agencies, prosecutors and courts can provide nationwide assistance to law enforcement agencies and family members. This includes referrals to organizations such as the Team H.O.P.E. (Help Offering Parents Empowerment), which are dedicated to providing emotional support and guidance to parents of missing children.



The NYS Office of Forensic Services (OFS) was established within the Division of Criminal Justice Services in 1996 in accordance with Article 49-B §995 of the Executive Law. This law also established a DNA Databank in New York State.

P *The NYS DNA Databank* is administered by the DCJS/OFS. The analysis of DNA samples is performed by the New York State Police at the Forensic Investigation Center (NYSP/FIC). OFS staff:

- ✓ Coordinate the collection of DNA samples from qualified convicted offenders either incarcerated in state, local, or juvenile facilities, or under supervision of probation or parole.
- ✓ Coordinate and disseminate information regarding the matching of DNA profiles from crime scene evidence, against convicted offender profiles in the State DNA Databank.
- ✓ Coordinate the efforts of the NYS Commission on Forensic Science and its DNA Sub-Committee.
- ✓ Examine criminal history records and verify that Convicted Offender DNA samples have been collected pursuant to §995-C of the Executive Law.

P *Investigative Assistance* is provided to criminal justice agencies. OFS staff:

- ✓ In collaboration with the NYSP/FIC, provide technical assistance to criminal justice agencies in accessing the NYS DNA Databank and upon request, assist in expediting the collection and/or analysis of DNA samples from qualifying convicted offenders.
- ✓ Notify criminal justice agencies of candidate matches (investigative leads).

P *Training and Awareness* is also provided to law enforcement, prosecutors, parole and probation. OFS staff:

- ✓ Develop standardized crime scene management protocols for law enforcement agencies and facilitate Crime Scene Evidence Specialist training.
- ✓ Provide DNA Databank training to criminal justice agencies statewide.
- ✓ Provide technical assistance and funding to crime laboratories statewide in achieving and maintaining accreditation and DNA expansion services.

**NYS Division of Criminal Justice Services
Office of Forensic and Victim Services
4 Tower Place
Albany, NY 12203
<http://criminaljustice.state.ny.us>**

**Missing & Exploited Children Clearinghouse
1-800-FIND-KID or (518) 457-6326**

**Forensic Services
(518) 457-1901**

Information about the New York State Violent Crime Analysis Program (NYS VICAP) is located on the inside of the back cover.

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APPENDIX

“Missing Child Report” Form

“Authorization To Publicize - Missing Child/College Student” Form

INSTRUCTIONS

ALL CORRESPONDENCE AND MATERIALS SENT TO NYS DCJS MUST INCLUDE:

- ✓ NCIC Record Number
- ✓ Agency Case Number

- ✓ Agency Name
- ✓ ORI Number

- ✓ Name of the Missing Person
- ✓ Category

GENERAL GUIDELINES FOR HANDLING MISSING PERSON CASES

Children: When investigating a report of a missing child (under the age of 18), a report *must* be taken and biographical information *must* be entered into DCJS/NCIC files *immediately*.

✓ NYS Executive Law § 838 states: "Notwithstanding any other provision of law, no criminal justice agency shall establish or maintain any policy which requires the observance of a waiting period before accepting and investigating a missing child report. Upon receipt of a missing child report, criminal justice agencies shall make entries of such reports to the register in the manner provided by Section 837-e of this Article." This applies to all types of missing child cases, including stranger abductions, acquaintance abductions, familial abductions, runaways and lost/unknown circumstances.

College Students: When investigating a report of a missing college student (any age) and there is any suspicion that his or her well being may be in jeopardy, a report *must* be taken and biographical information *must* be entered into DCJS/NCIC files *immediately*.

✓ The NYS Campus Safety Act of 1999 requires all public and private colleges and universities to: a) have formal procedures for the investigation of missing students and violent felony offenses, and b) enter into written agreements with local police agencies to ensure that investigations are thorough and well coordinated. The Act also expanded the responsibilities of the NYS DCJS Missing and Exploited Children Clearinghouse (NYS DCJS/MECC) to assist with searches for missing college students.

Adults - Generally: When investigating a report of a missing adult and there is any suspicion that his or her well being may be in jeopardy, a report *should* be taken and biographical information *should* be entered into DCJS/NCIC files *immediately*.

(1) **Missing Person Report** - A copy of this report is located on pages 1 and 2. The investigating officer should complete the report, immediately enter information into DCJS/NCIC files via NYSPIN and file the report in accordance with agency procedures. To expedite entry of information into DCJS/NCIC files, the format of the Missing Person Report (including codes) follows the NYSPIN File 6 (MENT) screen format. NYSPIN operating and NCIC coding manuals should be used as references.

If the missing person is a child or college student:

✓ The "Authorization To Publicize - Missing Child/College Student" and "Missing Child/College Student Report" forms (located in the "Appendix") should be completed and signed by a parent, legal guardian or next of kin. Upon receipt, they should be reviewed to ensure that information is complete and accurate.

✓ The original "Authorization To Publicize - Missing Child/College Student", missing person report and/or "Missing Child/College Student Report" forms should be retained by the investigating law enforcement agency. Copies should be forwarded to NYS DCJS/MECC at the address listed on the cover page.

(2) **Personal Descriptors/Jewelry Type** - Information about personal descriptors and jewelry type should be obtained from the person making the missing person report. This should be done as soon as possible and information should be recorded on the *Personal Descriptors Form (pages 3-14)* and *Jewelry Type Form (page 15)*.

✓ If the case involves a child, parents or legal guardians should be asked to complete these forms and return them to either the investigating law enforcement agency or directly to NYS DCJS/MECC. If they are returned to the investigating law enforcement agency, the agency is responsible for updating DCJS/NCIC entries and forwarding copies of the forms to NYS DCJS/MECC.

- (3) **Medical and Optical Information** - Ensure that *Medical Records Authorization Form* (pages 16 - 17) and *Optical Records Authorization Form* (pages 18) are properly completed and signed by a parent, guardian or next of kin. A police officer or a parent/guardian must then take the forms to the missing person's physician and/or eye care specialist and request that all available information, including x-rays, be provided.
- ✓ Completed forms and related records can be returned to the investigating law enforcement agency or directly to NYS DCJS/MECC. If they are returned to the investigating law enforcement agency, the agency is responsible for updating information in DCJS/NCIC files (via NYSPIN). If they are returned directly to DCJS, MECC staff will update DCJS/NCIC files.
- (4) **Dental History Information** - Ensure that the *Dental Records Authorization Form* (page 20) is properly completed and signed by a parent, guardian or next of kin.
- ✓ Retain the authorization in agency files for 30 days. If the person is still missing after 30 days, take the authorization form and the remainder of the *Dental History Section* (pages 19 - 27) to the missing person's dentist. The dentist should be directed to return the completed form and related records for entry into DCJS/NCIC files via NYSPIN. NYS Executive Law § 838 requires that a dentist provide requested information within 10 days.
 - ✓ When dental history information is received from a dentist, it can be entered into DCJS/NCIC files by the investigating law enforcement agency or it can be forwarded to NYS DCJS/MECC for entry. However, when information is entered by an investigating law enforcement agency, all dental charts, records, x-rays, photographs and models must be forwarded to NYS DCJS/MECC for evaluation and storage.
 - ✓ If no parent, guardian or next of kin is available to complete the authorization, a police or peace officer may submit the authorization; provided he or she executes a written declaration stating that an investigation is being conducted to locate the missing person and the dental records are necessary for the exclusive purpose of furthering the investigation.
- (5) Photographs of the missing person (and if available, his or her fingerprints) should be obtained from the parent, guardian or next of kin. The investigating officer should ensure that fingerprints and photographs have been marked with the person's name and agency case/NCIC numbers. The approximate date taken should also be noted on the back of photographs. These should be forwarded to NYS DCJS/MECC as soon as possible for evaluation and storage.
- (6) If copies of fingerprints, photographs or dental x-rays are needed for investigative purposes (e.g., identification of unidentified remains), upon receiving a formal request, NYS DCJS/MECC will immediately forward copies.
- (7) When the missing person is located:
- ✓ Send a File 6 Cancel (MCAN) message via NYSPIN.
 - ✓ DCJS will purge files and return original medical records, dental charts, x-rays, photographs and models to respective medical and/or dental offices. Fingerprints and other records will be returned to the investigating law enforcement agency or family members, if appropriate.
- (8) If you believe that the missing person may be in Canada, the Royal Canadian Mounted Police will conduct a search of the unidentified entries contained in Canadian Police Information Centre (CPIC) records. Inquiries should be addressed to:

Royal Canadian Mounted Police
1200 Vanier Parkway
PO Box 8885
Ottawa, Ontario
Canada, K1G 3M8

(613) 993-1525

(613) 993-5430 (Fax)

ADDITIONAL NOTES

- ✓ Records of missing children/juveniles will remain in NYS DCJS and NCIC missing person files until the originating agency cancels the record, or another agency places a locate against the record.
- ✓ NYS Executive Law § 837 requires NYS DCJS/MECC to flag the school and birth records of all missing children who were born or attended school in New York State. In order to comply with flagging requirements, NYS DCJS/MECC must include the name and address of the child's school or school district, place of birth (city/state/country), mother's maiden name, and father's name, if available. It is extremely important that this information be provided when entering the child into DCJS/NCIC files via NYSPIN, since flagging letters are generated from entries made by investigating law enforcement agencies.
- ✓ NYS DCJS/MECC cannot publicize a case unless the investigating law enforcement agency obtains and forwards an "Authorization To Publicize" form signed by a parent or legal guardian. In the case of a familial abduction, a copy of the most current custody order must accompany the "Authorization To Publicize" form.

FORENSIC EVIDENCE - DNA

A primary element of any investigation is to identify and collect pertinent evidence. In missing person cases, the proper identification, collection and preservation of such evidence can prove to be very beneficial, particularly when no other means of positive identification exist (e.g., lengthy time span between disappearance of a very young child and recovery, identification of human remains.)

Though it would be impractical to collect forensic (DNA) evidence during every missing person probe, investigating officers must recognize that: 1) articles belonging to a missing person may contain potential evidence and, 2) opportunities to preserve this evidence may be very limited. They must also be able to recognize circumstances which warrant collection of forensic evidence during the report-taking stage of an investigation.

Listed below are: 1) examples of types of evidence belonging to a missing person that should be collected by the person making the report and/or investigating officers, and 2) methods for proper preservation.

- | | | | |
|---------------|------------------|--------------------------------|---------------------------------|
| ✓ Toothbrush | ✓ Hats/Hat-bands | ✓ Razor/Electric Shaver | ✓ Underwear (not yet laundered) |
| ✓ Pillow Case | ✓ Comb/Hairbrush | ✓ Earrings (from pierced ears) | |

Collection and Packaging. (Note: ALL items MUST be packaged in CLEAN, SEPARATE containers)

- ✓ If you believe potential evidence exists, collect it.
- ✓ Any item that contains moisture (e.g., toothbrush) must be air-dried. No artificial heat should be applied to the article.
- ✓ All evidence must remain intact (e.g., do not cut pieces from clothing, empty electric shavers, remove razor blades).
- ✓ Package and seal all potential evidence in clean paper (preferably brown paper) containers. Small items like a toothbrush can be packaged in a general envelope. Each evidence container should be clearly marked with an indelible marking pen prior to placing the evidence within.
- ✓ When using an envelope, do not lick the adhesive backing; use a sturdy style of tape.
- ✓ All packaged evidence should be stored in a cool, dry, location away from direct sunlight and other heat sources.
- ✓ Advice can be obtained from NYS DCJS Forensic Services staff at (518) 457-1901.

STATE OF NEW YORK MISSING PERSON REPORT

Investigating Police Agency _____ Case# _____ NCIC# M _____
 Station/Precinct _____ Telephone (_____) _____ Date _____

C O M P L A I N A N T

Name: Last _____ First _____ MI _____ DOB ____/____/____
 Address _____ State _____ County _____
 Relationship _____ Telephone #: Home (_____) _____ Work (_____) _____
 Place Missing From/Location Last Seen _____
 _____ C/T/V _____ County _____
 Date Reported Missing ____/____/____ Time Reported Missing ____:____ [] AM [] PM Date of last contact (DLC) ____/____/____

M I S S I N G P E R S O N I N F O R M A T I O N

CHARACTER OF CASE (MKE): See Reverse Side of Form.

Name (NAM): Last _____ First _____ Middle _____
 Sex (SEX) [] M [] F Date of Birth (DOB) ____/____/____ Height (HGT) _____ Weight (WGT) _____
 Race (RAC) [] (W) White [] (B) Black [] (I) American Indian/Alaskan Native [] (A) Asian/Pacific Islander [] (U) Unknown
 State Identification # (SID) _____ Social Security # (SOC) _____
 Place of Birth (POB) State _____ POB C/T/V _____ POB Country _____
 Mother's Maiden Name (MNM): _____ Father's Name (FNM): _____

Eye Color (EYE)	Hair Color (HAI)	Skin Complexion (SKN)	Blood Type (BLT)	Body X-Rays Available (BXR)
[] (BLK) Black	[] (BLK) Black	[] (DRK) Dark	[] (APOS) A Positive	[] (F) Full Body X-Rays
[] (BLU) Blue	[] (BLN) Blond/Strawberry	[] (MED) Medium	[] (ANEG) A Negative	[] (P) Partial Body X-Rays
[] (BRO) Brown	[] (BRO) Brown	[] (LGT) Light	[] (AUNK) A RH Unknown	[] (N) No Body X-Rays
[] (GRY) Gray	[] (GRY) Gray/Partial Gray	[] (YEL) Yellow	[] (BPOS) B Positive	
[] (GRN) Green	[] (RED) Red/Auburn	[] (RUD) Ruddy	[] (BNEG) B Negative	
[] (HAZ) Hazel	[] (SDY) Sandy		[] (BUNK) B RH Unknown	Circumcision (CRC)
[] (MAR) Maroon	[] (WHI) White		[] (ABPOS) AB Positive	[] (C) Circumcised
[] (MUL) Multicolor	[] (GRN) Green		[] (ABNEG) AB Negative	[] (N) Not Circumcised
[] (PNK) Pink	[] (ONG) Orange		[] (ABUNK) AB RH Unknown	[] (U) Unknown
[] (XXX) Unknown	[] (PLE) Purple		[] (OPOS) O Positive	
	[] (PNK) Pink		[] (ONEG) O Negative	Footprints Available (FPA)
	[] (BLU) Blue		[] (OUNK) O RH Unknown	[] (Y) Yes [] (N) No
	[] (XXX) Unknown			
	[] (XXX) Bald (See SMT)			

	Clothing/Item	Style/Type	Size	Color	Markings	Clothing/Item	Style/Type	Size	Color	Markings
M I S S I N G P E R S O N I N F O R M A T I O N	HEAD GEAR					UNDERWEAR				
	SCARF/TIE/GLOVES					BRA/GIRDLE/SLIP				
	COAT/JACKET/VEST					SOCKS/STOCKINGS				
	SWEATER					BACKPACK				
	SHIRT/BLOUSE					WALLET/PURSE				
	BELT/SUSPENDERS					CASH/CHECKS				
	PANTS/SKIRT/SHORTS					CREDIT CARDS				
	SHOES/SNEAKERS					GLASSES/CONTACTS				

L A I N F O R M A T I O N

Originating Agency Case # (OCA) _____ FBI # (FBI) _____ Miscellaneous # (MNU) _____
 Scars/Marks/Tattoos (SMT) - Describe and Include Location _____

 If Under Age 18, Does Missing Person Attend School (NYS): [] Yes [] No Last School Attended - Name/Address (SNM): _____

 Previously Fingerprinted [] Yes [] No NCIC Fingerprint Classification Code (FPC): _____
 Fingerprints Taken By (Name of Agency) _____ Miscellaneous Information (MIS) _____

V E H I C L E

Operator's License Number (OLN) _____ License State (OLS) _____ License Year (OLY) _____

Vehicle License Plate (LIC) _____ License Plate State (LIS) _____ License Year (LIY) _____

License Type (LIT) _____ Vehicle Make (VMA) _____ Vehicle Year (VYR) _____

Vehicle Color (VCO) _____ Vehicle Model (VMO) _____ Vehicle Style (VST) _____

Vehicle Identification # (VIN) _____ Vehicle Damage/Unique Markings _____

J E W E L R Y

Jewelry Type (JWT)

<input type="checkbox"/> (AB) Ankle Bracelet	<input type="checkbox"/> (CO) Comb	<input type="checkbox"/> (NE) Necklace	<input type="checkbox"/> (WP) Wallet/Purse
<input type="checkbox"/> (BB) Belt Buckle	<input type="checkbox"/> (CU) Cuff Links	<input type="checkbox"/> (PC) Pocket Watch Chain	<input type="checkbox"/> (WA) Watch
<input type="checkbox"/> (BK) Backpack	<input type="checkbox"/> (ER) Earring(s)	<input type="checkbox"/> (PK) Pocket Knife	<input type="checkbox"/> (WB) Wrist Bracelet
<input type="checkbox"/> (BP) Broach/Pin	<input type="checkbox"/> (KC) Key Chain	<input type="checkbox"/> (RI) Ring	
<input type="checkbox"/> (CL) Cigarette Lighter	<input type="checkbox"/> (MC) Money Clip	<input type="checkbox"/> (TC) Tie Clasp	

Location of Jewelry (JWL) - Describe Jewelry and Where Worn

N A R R A T I V E

C E R T I F I C A T I O N

(MKE): SELECT AND CIRCLE THE CODE OR CODES THAT BEST DESCRIBE THE CIRCUMSTANCES SURROUNDING THE DISAPPEARANCE OF THIS INDIVIDUAL:

<u>CODE</u>	<u>MEANING</u>	<u>CODE</u>	<u>MEANING</u>
D	Adult - Disabled	RE	Juvenile - Runaway and Endangered
E	Adult - Endangered	RJ	Juvenile - Runaway (age 5 through 17)
I	Adult - Involuntary	SC	Juvenile - Stranger Abduction - FOUL PLAY/LIFE THREATENING
V	Adult or Juvenile - Disaster Victim	SI	Juvenile - Stranger Abduction
AC	Juvenile - Acquaintance Abduction - FOUL PLAY/LIFE THREATENING	UC	Juvenile - Unknown Circumstances and Abducted or Believed Abducted - FOUL PLAY/LIFE THREATENING
AI	Juvenile - Acquaintance Abduction	UI	Juvenile - Unknown Circumstances and Abducted or Believed Abducted
FC	Juvenile - Familial Abduction - FOUL PLAY/LIFE THREATENING	UD	Juvenile - Circumstance Unknown and Disabled
FI	Juvenile - Familial Abduction	UC	Juvenile - Circumstance Unknown and Endangered - FOUL PLAY/LIFE THREATENING
LD	Juvenile - Lost or Wandered Away and Disabled	UE	Juvenile - Circumstance Unknown and Endangered
LE	Juvenile - Lost or Wandered Away and Endangered	UJ	Juvenile - Circumstance Unknown
LJ	Juvenile - Lost or Wandered Away	UV	Juvenile - Disaster Victim
LE	Juvenile - Lost or Wandered Away and Endangered - LIFE THREATENING		
RD	Juvenile - Runaway and Disabled		
RC	Juvenile - Runaway & Endangered - FOUL PLAY/LIFE THREATENING		

BEFORE A MISSING PERSON ENTRY CAN BE MADE VIA NYSPIN, CERTIFICATION VERIFYING THE MISSING PERSON'S NAME, DATE OF BIRTH AND CONDITION UNDER WHICH THE PERSON IS REPORTED MISSING AS DESCRIBED ABOVE MUST BE OBTAINED FROM A PARENT, GUARDIAN OR OTHER AUTHORITATIVE SOURCE. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED TO THE INVESTIGATING POLICE AGENCY AND TO BE INCLUDED IN THIS REPORT, IS CORRECT AND THE PERSON I HAVE REPORTED AS MISSING IS MISSING UNDER CIRCUMSTANCES DESCRIBED BY THE CODE(S) CIRCLED ABOVE.

SIGNATURE _____ DATE _____ RELATIONSHIP TO MISSING PERSON _____

Investigating Officer: Name (Printed)	Rank	Station/Precinct
Investigating Officer: Signature	Shield Number	Date

PERSONAL DESCRIPTORS

Name of Missing Person

Date of Birth

Investigating Police Agency

NCIC (NIC) Number

Name of Investigating Officer

Case Number

SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS

A comprehensive list of personal descriptors follows. After carefully reviewing the list, place an **X** or **✓** in the corresponding brackets **[]** for descriptors that most closely describe the physical characteristics of the missing person. Corresponding NCIC/DCJS codes appear in parentheses immediately following the physical descriptors. These codes are used to enter personal descriptor information into the "Scars/Marks/Tattoos" (SMT) field of New York Statewide Police Information Network (NYSPIN) missing person (File 6/MENT) entries.

ARTIFICIAL BODY PARTS/APPLIANCES

- Arm, Non-Specific (ART ARM)
- Arm, Left, Artificial (ART L ARM)
- Arm, Right, Artificial (ART R ARM)

- Brace, Non-Specific (BRAC ARM)
- Brace, Left Arm (BRAC L ARM)
- Brace, Right Arm (BRAC R ARM)
- Brace, Back (BRACE BACK)
- Brace, One Leg, Non-Specific (BRAC LEG)
- Brace, Left and Right Legs (BRAC Lr LEG)
- Brace, Left Leg (BRAC L LEG)
- Brace, Right Leg (BRAC R LEG)
- Brace, Neck (BRACE NECK)

Braces, Teeth (BRAC TEETH)

Cane (CANE)

Contact Lens (CON LENSES)

Crutches (CRUTCHES)

Denture, Lower Only (DENT LOW)

Denture, Upper Only (DENT UP)

Denture, Upper & Lower (DENT UP LO)

- Ear, Left, Artificial (ART L EAR)
- Ear, Right, Artificial (ART R EAR)

- Eye, Left, Artificial (ART L EYE)
- Eye, Right, Artificial (ART R EYE)

- Foot, Left, Artificial (ART L FT)
- Foot, Right, Artificial (ART R FT)

Glasses, Prescription (GLASSES)

Gold Tooth (GOLD TOOTH)*

- Hand, Left, Artificial (ART L HND)
- Hand, Right, Artificial (ART R HND)

- Leg, Left, Artificial (ART L LEG)
- Leg, Right, Artificial (ART R LEG)

Silver Tooth (SLVR TOOTH)*

Wheel Chair (WHEEL CHAIR)

* Gold/Silver Dental Characteristics should be shown in
Miscellaneous (MIS Field)

DEAFNESS

- Deaf, Ear, Nonspecific (DEAF EAR)
- Deaf, Left Ear (DEAF L EAR)
- Deaf, Right Ear (DEAF R EAR)

- Deaf, Left & Right Ears (DEAF)
- Deaf-Mute (DEAF MUTE)

DEFORMITIES

- | | |
|---|--|
| <input type="checkbox"/> Cauliflower Ear, Left (CAUL L EAR) | <input type="checkbox"/> Extra Breast, Nonspecific (EXTR BRST) |
| <input type="checkbox"/> Cauliflower Ear, Right (CAUL R EAR) | <input type="checkbox"/> Extra Breast, Center (EXTR CBRST) |
| <input type="checkbox"/> Cleft Lip (CLEFT LIP) | <input type="checkbox"/> Extra Breast, Left (EXTR LBRST) |
| <input type="checkbox"/> Cleft Palate (CLEFT PAL) | <input type="checkbox"/> Extra Breast, Right (EXTR RBRST) |
|
 | |
| <input type="checkbox"/> Crippled Arm, Left (CRIP L ARM) | <input type="checkbox"/> Extra Finger(s), Left (EXTR L FGR) |
| <input type="checkbox"/> Crippled Arm, Right (CRIP R ARM) | <input type="checkbox"/> Extra Finger(s), Right (EXTR R FGR) |
|
 | |
| <input type="checkbox"/> Crippled Fingers, Left Hand (CRIP L FGR)* | <input type="checkbox"/> Extra Nipple, Nonspecific (EXTR NIP) |
| <input type="checkbox"/> Crippled Fingers, Right Hand (CRIP R FGR)* | <input type="checkbox"/> Extra Nipple, Center (EXTR C NIP) |
| | <input type="checkbox"/> Extra Nipple, Left (EXTR L NIP) |
| | <input type="checkbox"/> Extra Nipple, Right (EXTR R NIP) |
|
 | |
| <input type="checkbox"/> Crippled Foot, Right (CRIP R FT)** | <input type="checkbox"/> Extra Toe(s), Left Foot (EXTR L TOE) |
| <input type="checkbox"/> Crippled Foot, Left (CRIP L FT)** | <input type="checkbox"/> Extra Toe(s), Right Foot (EXTR R TOE) |
|
 | |
| <input type="checkbox"/> Crippled Hand, Left (CRIP L HND) | |
| <input type="checkbox"/> Crippled Hand, Right (CRIP R HND) | <input type="checkbox"/> Harelip (HARELIP) |
|
 | |
| <input type="checkbox"/> Crippled Leg, Left (CRIP L LEG) | <input type="checkbox"/> Humpbacked (HUMPBACKED) |
| <input type="checkbox"/> Crippled Leg, Right (CRIP R LEG) | |
| | <input type="checkbox"/> Mute (MUTE)**** |
|
 | |
| <input type="checkbox"/> Crippled Toe(s), Left (CRIP L TOE)*** | |
| <input type="checkbox"/> Crippled Toe(s), Right (CRIP R TOE)*** | |
|
 | |
| <input type="checkbox"/> Deviated Septum (DEV SEPTUM) | <input type="checkbox"/> Protruding Lower Jaw (PROT L JAW) |
| | <input type="checkbox"/> Protruding Upper Jaw (PROT U JAW) |
| |
 |
| | <input type="checkbox"/> Shorter Left Leg (SHRT L LEG) |
| | <input type="checkbox"/> Shorter Right Leg (SHRT R LEG) |

* Includes webbed fingers
** Includes club foot
*** Includes webbed toes
**** To be used if person is mute but <u>not</u> deaf

DRUGS OF ABUSE

- | | |
|---|--|
| <input type="checkbox"/> Alcohol (DA ALCOHOL) | <input type="checkbox"/> Marijuana (DA MARIJUA) |
| <input type="checkbox"/> Amphetamines (DA AMPHETA) | <input type="checkbox"/> Narcotics (DA NARCOTI) |
| <input type="checkbox"/> Barbiturates (DA BARBITU) | <input type="checkbox"/> Other drugs of abuse (DA OTHER) |
| <input type="checkbox"/> Cocaine (DA COCAINE) | (Enter drug names in Miscellaneous (MIS) Field) |
| <input type="checkbox"/> Glue (DA GLUE) | <input type="checkbox"/> Paint Thinner (DA PAINT) |
| <input type="checkbox"/> Hallucinogens (DA HALLUCI) | <input type="checkbox"/> Ritalen (DA RITALEN) |
| | <input type="checkbox"/> Rohypnol (DA ROHYPNL) |

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)
- Glaucoma (GLAUCOMA)
- Cataract, Nonspecific (CATARACT)
- Cataract, Left Eye (CATA L EYE)
- Cataract, Right Eye (CATA R EYE)

FRACTURED BONES

- Ankle, Nonspecific (FRC ANKL)
- Ankle, Left (FRC L ANKL)
- Ankle, Right (FRC R ANKL)
- Leg, Nonspecific (FRC LEG)
- Leg, Upper Left (FRC UL LEG)
- Leg, Lower Left (FRC LL LEG)
- Leg, Upper Right (FRC UR LEG)
- Leg, Lower Right (FRC LR LEG)
- Arm, Nonspecific (FRC ARM)
- Arm, Upper Left (FRC UL ARM)
- Arm, Lower Left (FRC LL ARM)
- Arm, Upper Right (FRC UR ARM)
- Arm, Lower Right (FRC LR ARM)
- Neck (FRC NECK)
- Nose (FRC NOSE)
- Back (FRC BACK)
- Pelvis, Nonspecific (FRC PELVIS)
- Pelvis Bone, Left (FRC LPELVI)
- Pelvis Bone, Right (FRC RPELVI)
- Clavicle, Nonspecific (FRC CLAVIC)
- Clavicle, Left (FRC LCLAVI)
- Clavicle, Right (FRC RCLAVI)
- Rib(s), Nonspecific (FRC RIBS)
- Rib(s), Left (FRC L RIB)
- Rib(s), Right (FRC R RIB)
- Fingers, Nonspecific (FRC FGR)
- Finger(s), Left Hand (FRC L FGR)
- Finger(s), Right Hand (FRC R FGR)
- Shoulder, Nonspecific (FRC SHLD)
- Shoulder, Left (FRC L SHLD)
- Shoulder, Right (FRC R SHLD)
- Foot, Nonspecific (FRC FOOT)
- Foot, Left (FRC L FOOT)
- Foot, Right (FRC R FOOT)
- Skull (FRC SKULL)
- Hand, Nonspecific (FRC HAND)
- Hand, Left (FRC L HAND)
- Hand, Right (FRC R HAND)
- Spine (FRC SPINE)
- Sternum (FRC STERN)
- 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)
- Toes, Nonspecific (FRC TOE)
- Toe(s), Left Foot (FRC L TOE)
- Toe(s), Right Foot (FRC R TOE)
- Knee, Nonspecific (FRC KNEE)
- Knee, Left (FRC L KNEE)
- Knee, Right (FRC R KNEE)
- Wrist, Nonspecific (FRC WRIST)
- Wrist, Left (FRC L WRST)
- Wrist, Right (FRC R WRST)

HEALED FRACTURES

- Ankle, Nonspecific (HFR ANKL)
- Ankle, Left (HFR L ANKL)
- Ankle, Right (HFR R ANKL)

- Arm, Nonspecific (HFR ARM)
- Arm, Upper Left (HFR UL ARM)
- Arm, Lower Left (HFR LL ARM)
- Arm, Upper Right (HFR UR ARM)
- Arm, Lower Right (HFR LR ARM)

- Back (HFR BACK)

- Clavicle, Nonspecific (HFR CLAVIC)
- Clavicle, Left (HFR LCLAVI)
- Clavicle, Right (HFR RCLAVI)

- Finger(s), Nonspecific (HFR FGR)
- Finger(s), Left Hand (HFR L FGR)
- Finger(s), Right Hand (HFR R FGR)

- Foot, Nonspecific (HFR FOOT)
- Foot, Left (HFR L FOOT)
- Foot, Right (HFR R FOOT)

- Hand, Nonspecific (HFR HAND)
- Hand, Left (HFR L HAND)
- Hand, Right (HFR R HAND)

- 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)

- Knee, Nonspecific (HFR KNEE)
- Knee, Left (HFR L KNEE)
- Knee, Right (HFR R KNEE)

- Leg, Nonspecific (HFR LEG)
- Leg, Upper Left (HFR UL LEG)
- Leg, Lower Left (HFR LL LEG)
- Leg, Upper Right (HFR UR LEG)
- Leg, Lower Right (LR LEG)

- Neck (HFR NECK)

- Nose (HFR NOSE)

- Pelvis, Nonspecific (HFR PELVIS)
- Pelvic Bone, Left (HFR LPELVI)
- Pelvic Bone, Right (HFR RPELVI)

- Rib(s), Nonspecific (HFR RIBS)
- Rib(s), Left (HFR L RIB)
- Rib(s), Right (HFR R RIB)

- Shoulder, Nonspecific (HFR SHLD)
- Shoulder, Left (HFR L SHLD)
- Shoulder, Right (HFR R SHLD)

- Skull (HFR SKULL)

- Spine (HFR SPINE)

- Sternum (HFR STERN)

- Toe(s), Nonspecific (HFR TOE)
- Toe(s), Left Foot (HFR L TOE)
- Toe(s), Right Foot (HFR R TOE)

- Wrist, Nonspecific (HFR WRIST)
- Wrist, Left (HFR L WRST)
- Wrist, Right (HFR R WRST)

MEDICAL CONDITIONS AND DISEASES

- Acne (MC ACNE)
- Alcoholism (MC ALCOHOL)
- Allergies, including Asthma (MC ALLERGY)
- Alzheimer's Disease (MC ALZHMRS)
- Arthritis (MC ARTHRITS)
- Attention Deficit Disorder (MC ADD)
- Behavior Disorders (Includes Depression, Suicidal Tendencies - Past & Present and Schizophrenia (MC BEHAVIO)
- Cancer (MC CANCER)
- Diabetic (MC DIABTIC)
- Downs Syndrome (MC DOWNSYN)
- Drug Abuse (MC DRUGAB)
- Eating Disorders (MC EATDIS)
(Includes Anorexia Nervosa and Bulimia)
- Heart or Circulatory Diseases (Includes High Blood Pressure, Heart Failure, Heart Attack, Hardening of the Arteries and Circulation Problems (MC HEART)
- Hematological Diseases (MC BLOOD)*
- Kidney Conditions or Diseases (MC KIDNEY)
- Liver Disease (Includes Alcoholism, Cirrhosis and Hepatitis (MC LIVER)
- Nervous Conditions (Includes Seizures, Stroke, Senility and Mental Retardation) (MC NERVOUS)
- Neurological Conditions or Diseases (Includes Cerebral Palsy, Epilepsy, Multiple Sclerosis, Parkinson's Disease) (MC NRLGCAL)
- Paraplegic (MC PARPLGC)
- Pregnancy - Past and Present (MC PREGNAN)
- Pulmonary (Lung) Disease (Includes Cystic Fibrosis and Emphysema) (MC PLMNARY)
- Quadriplegic (MC QUADPLG)
- Skin Disorders (Includes Psoriasis and Eczema) (MC SKIN)
- Thyroid Conditions or Diseases (MC THYROID)
- Tourette's Syndrome (MC TOURETE)
- Tuberculosis (MC TB)
- Other (MC OTHER)**

* Hematological Diseases (Diseases of the Blood) Include Anemia, Hemophilia, Leukemia and Sickle Cell Anemia

** Medical Conditions not listed above should be listed in the (MISC) field

MEDICAL DEVICES AND BODY IMPLANTS

- | | |
|---|---|
| <input type="checkbox"/> Artificial Elbow Joint (ART ELBOW) | <input type="checkbox"/> Shunt, Arterial Vascular (SHUNT ART) |
| <input type="checkbox"/> Artificial Hip Joint (ART HIP) | <input type="checkbox"/> Shunt, Cerebral Ventricle (SHUNT CERB) |
| <input type="checkbox"/> Artificial Knee Joint (ART KNEE) | |
| <input type="checkbox"/> Artificial Larynx (ART LARYNX) | <input type="checkbox"/> Skull Plate (SKL PLATE) |
| <input type="checkbox"/> Artificial Shoulder Joint (ART SHLD) | <input type="checkbox"/> Staples (STAPLES) |
| <input type="checkbox"/> Cardiac Pacemaker (CARD PACEM) | |
| <input type="checkbox"/> Colostomy Appliances (COLOST APP) | <input type="checkbox"/> Tubes in Ears, Both (EAR TUBES) |
| <input type="checkbox"/> Intramedullary Rod (INTRA ROD) | <input type="checkbox"/> Tube in Left Ear (TUBE L EAR) |
| <input type="checkbox"/> Intrauterine Device (IUD) | <input type="checkbox"/> Tube in Right Ear (TUBE R EAR) |
| <input type="checkbox"/> Orthopedic Nail or Rod (ORTH NAIL) | <input type="checkbox"/> Vascular Prosthesis (VASC PROTH) |
| <input type="checkbox"/> Orthopedic Plate (ORTH PLATE) | <input type="checkbox"/> Wire Sutures (WIRE SUTUR) |
| <input type="checkbox"/> Orthopedic Screw (ORTH SCREW) | |

MISSING BODY PARTS/ORGANS

- | | |
|---|---|
| <input type="checkbox"/> Adenoids (MISS ADND) | <input type="checkbox"/> Finger Joint(s), Left Hand (MISS L FJT) |
| <input type="checkbox"/> Appendix (MISS APPNX) | <input type="checkbox"/> Finger Joint(s), Right Hand (MISS R FJT) |
| <input type="checkbox"/> Arm, Left (MISS L ARM) | |
| <input type="checkbox"/> Arm, Right (MISS R ARM) | <input type="checkbox"/> Foot, Left (MISS L FT) |
| <input type="checkbox"/> Arm, Lower Left (MISS LLARM) | <input type="checkbox"/> Foot, Right (MISS R FT) |
| <input type="checkbox"/> Arm, Lower Right (MISS LRARM) | |
| <input type="checkbox"/> Breasts (MISS BRSTS) | <input type="checkbox"/> Gallbladder (MISS GALL) |
| <input type="checkbox"/> Breast, Left (MISS LBRST) | <input type="checkbox"/> Hand, Left (MISS L HND) |
| <input type="checkbox"/> Breast, Right (MISS RBRST) | <input type="checkbox"/> Hand, Right (MISS R HND) |
| <input type="checkbox"/> Ear, Left (MISS L EAR) | <input type="checkbox"/> Intestines (MISS INTES) |
| <input type="checkbox"/> Ear, Right (MISS R EAR) | <input type="checkbox"/> Kidney, Left (MISS L KID) |
| <input type="checkbox"/> Eye, Left (MISS L EYE) | <input type="checkbox"/> Kidney, Right (MISS R KID) |
| <input type="checkbox"/> Eye, Right (MISS R EYE) | <input type="checkbox"/> Larynx (MISS LRYNX) |
| <input type="checkbox"/> Finger(s), Left Hand (MISS L FGR) | <input type="checkbox"/> Leg, Left (MISS L LEG) |
| <input type="checkbox"/> Finger(S), Right Hand (MISS R FGR) | <input type="checkbox"/> Leg, Right (MISS R LEG) |

MISSING BODY PARTS/ORGANS (CONTINUED)

- | | |
|--|---|
| <input type="checkbox"/> Leg, Lower Left (MISS LLLEG) | <input type="checkbox"/> Spleen (MISS SPLEN) |
| <input type="checkbox"/> Leg, Lower Right (MISS LRLEG) | <input type="checkbox"/> Stomach (MISS STOMA) |
| <input type="checkbox"/> Lung, Left (MISS LLUNG) | <input type="checkbox"/> Testis, Left (MISS L TES) |
| <input type="checkbox"/> Lung, Right (MISS RLUNG) | <input type="checkbox"/> Testis, Right (MISS R TES) |
| <input type="checkbox"/> Nose (MISS NOSE) | <input type="checkbox"/> Thyroid (MISS THYRD) |
| <input type="checkbox"/> Ovaries (MISS OVARS) | <input type="checkbox"/> Toe(s), Left Foot (MISS L TOE) |
| <input type="checkbox"/> Ovary, Left (MISS LOVAR) | <input type="checkbox"/> Toe(s), Right Foot (MISS R TOE) |
| <input type="checkbox"/> Ovary, Right (MISS ROVAR) | <input type="checkbox"/> Tongue (MISS TONG) |
| <input type="checkbox"/> Pancreas (MISS PANCR) | <input type="checkbox"/> Tonsils (MISS TONSL) |
| <input type="checkbox"/> Penis (MISS PENIS) | <input type="checkbox"/> Uterus (MISS UTRUS) |
| <input type="checkbox"/> Prostate Gland (MISS PROST) | <input type="checkbox"/> Missing Vertebra, Non-specific(MISS VRT) |
| | <input type="checkbox"/> Missing Cervical Vertebra (MISS C VRT) |
| | <input type="checkbox"/> Missing Lumbar Vertebra (MISS L VRT) |

MOLES

- | | |
|---|---|
| <input type="checkbox"/> Abdomen (MOLE ABDOM) | <input type="checkbox"/> Ear, Nonspecific (MOLE EAR) |
| <input type="checkbox"/> Ankle, Nonspecific (MOLE ANKL) | <input type="checkbox"/> Ear, Left (MOLE L EAR) |
| <input type="checkbox"/> Ankle, Left (MOLE L ANK) | <input type="checkbox"/> Ear, Right (MOLE R EAR) |
| <input type="checkbox"/> Ankle, Right (MOLE R ANK) | <input type="checkbox"/> Eyebrow, Left/Left Eye Area (MOLE L EYE) |
| <input type="checkbox"/> Arm, Left (MOLE L ARM) | <input type="checkbox"/> Eyebrow, Right/Right Eye Area (MOLE R EYE) |
| <input type="checkbox"/> Arm, Right (MOLE R ARM) | <input type="checkbox"/> Finger(s), Nonspecific (MOLE FGR) |
| <input type="checkbox"/> Back (MOLE BACK) | <input type="checkbox"/> Finger(s), Left Hand (MOLE L FGR) |
| <input type="checkbox"/> Breast, Nonspecific (MOLE BRST) | <input type="checkbox"/> Finger(s), Right Hand (MOLE R FGR) |
| <input type="checkbox"/> Breast, Left (MOLE LBRST) | <input type="checkbox"/> Foot, Nonspecific (MOLE FOOT) |
| <input type="checkbox"/> Breast, Right (MOLE RBRST) | <input type="checkbox"/> Foot, Left (MOLE L FT) |
| <input type="checkbox"/> Buttocks, Nonspecific (MOLE BUTTK) | <input type="checkbox"/> Foot, Right (MOLE R FT) |
| <input type="checkbox"/> Buttocks, Left (MOLE L BUT) | <input type="checkbox"/> Forehead (MOLE FHD) |
| <input type="checkbox"/> Buttocks, Right (MOLE R BUT) | <input type="checkbox"/> Groin Area (MOLE GROIN) |
| <input type="checkbox"/> Cheek, Nonspecific (MOLE CHK) | <input type="checkbox"/> Hand, Nonspecific (MOLE HAND) |
| <input type="checkbox"/> Cheek (face), Left (MOLE L CHK) | <input type="checkbox"/> Hand, Left (MOLE L HND) |
| <input type="checkbox"/> Cheek (face), Right (MOLE R CHK) | <input type="checkbox"/> Hand, Right (MOLE R HND) |
| <input type="checkbox"/> Chest (MOLE CHEST) | <input type="checkbox"/> Head, Nonspecific (MOLE HEAD) |
| <input type="checkbox"/> Chin (MOLE CHIN) | (Use Miscellaneous (MIS) Field to further describe location) |
| | <input type="checkbox"/> Hip, Nonspecific (MOLE HIP) |
| | <input type="checkbox"/> Hip, Left (MOLE L HIP) |
| | <input type="checkbox"/> Hip, Right (MOLE R HIP) |

MOLES (CONTINUED)

- | | |
|--|---|
| <input type="checkbox"/> Knee, Nonspecific (MOLE KNEE) | <input type="checkbox"/> Nose (MOLE NOSE) |
| <input type="checkbox"/> Knee, Left (MOLE L KNE) | |
| <input type="checkbox"/> Knee, Right (MOLE R KNE) | <input type="checkbox"/> Penis (MOLE PENIS) |
| <input type="checkbox"/> Leg, Nonspecific (MOLE LEG) | <input type="checkbox"/> Shoulder Nonspecific (MOLE SHLD) |
| <input type="checkbox"/> Leg, Left (MOLE L LEG) | <input type="checkbox"/> Shoulder, Left (MOLE L SHLD) |
| <input type="checkbox"/> Leg, Right (MOLE R LEG) | <input type="checkbox"/> Shoulder, Right (MOLE R SHLD) |
| <input type="checkbox"/> Lip, Nonspecific (MOLE LIP) | <input type="checkbox"/> Thigh, Nonspecific (MOLE THGH) |
| <input type="checkbox"/> Lip, Lower (MOLE L LIP) | <input type="checkbox"/> Thigh, Left (MOLE L THGH) |
| <input type="checkbox"/> Lip, Upper (MOLE U LIP) | <input type="checkbox"/> Thigh, Right (MOLE R THGH) |
| <input type="checkbox"/> Neck (MOLE NECK) | <input type="checkbox"/> Wrist, Left (MOLE L WRS) |
| | <input type="checkbox"/> Wrist, Right (MOLE R WRS) |

NEEDLE ("TRACK") MARKS

- | | |
|---|--|
| <input type="checkbox"/> Arm, Left (NM L ARM) | <input type="checkbox"/> Hand, Left (NM L HND) |
| <input type="checkbox"/> Arm, Right (NM R ARM) | <input type="checkbox"/> Hand, Right (NM R HND) |
| <input type="checkbox"/> Buttock, Left (NM L BUTTK) | <input type="checkbox"/> Leg, Left (NM L LEG) |
| <input type="checkbox"/> Buttock, Right (NM R BUTTK) | <input type="checkbox"/> Leg, Right (NM R LEG) |
| <input type="checkbox"/> Finger(s), Left Hand (NM L FGR) | <input type="checkbox"/> Thigh, Left (NM L THIGH) |
| <input type="checkbox"/> Finger(s), Right Hand (NM R FGR) | <input type="checkbox"/> Thigh, Right (NM R THIGH) |
| <input type="checkbox"/> Foot, Left (NM L FOOT) | <input type="checkbox"/> Wrist, Left (NM L WRIST) |
| <input type="checkbox"/> Foot, Right (NM R FOOT) | <input type="checkbox"/> Wrist, Right (NM R WRIST) |

OTHER PHYSICAL CHARACTERISTICS

- | | |
|--|---|
| <input type="checkbox"/> Bald/Balding (BALD) | <input type="checkbox"/> Pierced Eyebrow, Nonspecific (PRCD EYE) |
| <input type="checkbox"/> Cleft Chin (CLEFT CHIN) | <input type="checkbox"/> Pierced Eyebrow, Left (PRCD L EYE) |
| | <input type="checkbox"/> Pierced Eyebrow, Right (PRCD R EYE) |
| <input type="checkbox"/> Dimple, Chin (DIMP CHIN) | <input type="checkbox"/> Pierced Genitalia (PRCD GNTLS) |
| <input type="checkbox"/> Dimple, Left Cheek (face) (DIMP L CHK) | <input type="checkbox"/> Pierced Lip, Nonspecific (PRCD LIP) |
| <input type="checkbox"/> Dimple, Right Cheek (face) (DIMP R CHK) | <input type="checkbox"/> Pierced Lip, Upper (PRCD ULIP) |
| <input type="checkbox"/> Freckles (FRECKLES) | <input type="checkbox"/> Pierced Lip, Lower (PRCD LLIP) |
| <input type="checkbox"/> Hair Implants (HAIR IMPL) | <input type="checkbox"/> Pierced Nipple, Nonspecific (PRCD NIPPL) |
| <input type="checkbox"/> Pierced Abdomen (PRCD ABDMN) | <input type="checkbox"/> Pierced Nipple, Left (PRCD L NIP) |
| | <input type="checkbox"/> Pierced Nipple, Right (PRCD R NIP) |
| <input type="checkbox"/> Pierced Back (PRCD BACK) | <input type="checkbox"/> Pierced Nose (PRCD NOSE) |
| <input type="checkbox"/> Pierced Ear, Nonspecific (PRCD EAR) | <input type="checkbox"/> Stutters (STUTTERS) |
| <input type="checkbox"/> Pierced Ears (PRCD EARS) | <input type="checkbox"/> Pierced Tongue (PRCD TONGU) |
| <input type="checkbox"/> Pierced Left Ear (PRCD L EAR) | |
| <input type="checkbox"/> Pierced Right Ear (PRCD R EAR) | <input type="checkbox"/> Transexual (TRANSXL) (Miscellaneous field should show sex at birth and sex at the time of disappearance) |
| | <input type="checkbox"/> Transvestite (TRANSVST) |

SCARS

- Abdomen (SC ABDOM)
- Ankle, Nonspecific (SC ANKL)
- Ankle, Left (SC L ANKL)
- Ankle, Right (SC R ANKL)
- Arm, Nonspecific (SC ARM)
- Arm, Left, Nonspecific (SC L ARM)
- Arm, Right, Nonspecific (SC R ARM)
- Arm, Left Upper (SC UL ARM)
- Arm, Right Upper (SC UR ARM)
- Back (SC BACK)
- Breast, Nonspecific (SC BREAST)
- Breast, Left (SC L BRST)
- Breast, Right (SC R BRST)
- Buttocks, Nonspecific (SC BUTTK)
- Buttock, Left (SC L BUTTK)
- Buttock, Right (SC R BUTTK)
- Calf, Nonspecific (SC CALF)
- Calf, Left (SC L CALF)
- Calf, Right (SC R CALF)
- Cheek (Face), Nonspecific (SC CHK)
- Cheek (Face), Left (SC L CHK)
- Cheek (Face), Right (SC R CHK)
- Chest (SC CHEST)
- Chin (SC CHIN)
- Ear, Nonspecific (SC EAR)
- Ear, Left (SC L EAR)
- Ear, Right (SC R EAR)
- Elbow, Nonspecific (SC ELBOW)
- Elbow, Left (SC L ELB)
- Elbow, Right (SC R ELB)
- Eyebrow, Eye Area, Nonspecific (SC EYE)
- Eyebrow, Left/Left Eye Area (SC L EYE)
- Eyebrow, Right, Right Eye Area (SC R EYE)
- Face, Nonspecific (SC FACE)
- Finger, Nonspecific (SC FGR)
- Finger(s), Left Hand (SC L FGR)
- Finger(s), Right Hand (SC R FGR)
- Foot, Nonspecific (SC FOOT)
- Foot, Left (SC L FT)
- Foot, Right (SC R FT)
- Forearm, Nonspecific (SC F ARM)
- Forearm, Left (SC LF ARM)
- Forearm, Right (SC RF ARM)
- Forehead (SC FHD)
- Groin Area (SC GROIN)
- Hand, Nonspecific (SC HAND)
- Hand, Left (SC L HND)
- Hand, Right (SC R HND)
- Head, Nonspecific (SC HEAD)
- Hip, Nonspecific (SC HIP)
- Hip, Left (SC L HIP)
- Hip, Right (SC R HIP)
- Knee, Nonspecific (SC KNEE)
- Knee, Left (SC L KNEE)
- Knee, Right (SC R KNEE)
- Leg, Nonspecific (SC LEG)
- Leg, Left, Nonspecific (SC L LEG)
- Leg, Right, Nonspecific (SC R LEG)
- Lip, Nonspecific (SC LIP)
- Lip, Lower (SC LOW LIP)
- Lip, Upper (SC UP LIP)
- Neck, (SC NECK)
- Nose (SC NOSE)
- Penis (SC PENIS)
- Pockmarks (POCKMARKS)

SCARS (CONTINUED)

- | | |
|--|--|
| <input type="checkbox"/> Shoulder, Nonspecific (SC SHLD) | <input type="checkbox"/> Wrist, Nonspecific (SC WRIST) |
| <input type="checkbox"/> Shoulder, Left (SC L SHLD) | <input type="checkbox"/> Wrist, Left (SC L WRIST) |
| <input type="checkbox"/> Shoulder, Right (SC R SHLD) | <input type="checkbox"/> Wrist, Right (SC R WRIST) |
| | |
| <input type="checkbox"/> Thigh, Nonspecific (SC THGH) | |
| <input type="checkbox"/> Thigh, Left (SC L THGH) | |
| <input type="checkbox"/> Thigh, Right (SC R THGH) | |

SKIN DISCOLORATIONS (INCLUDING BIRTHMARKS)

- | | |
|---|---|
| <input type="checkbox"/> Abdomen (DISC ABDOM) | <input type="checkbox"/> Face, Nonspecific (DISC FACE) |
| <input type="checkbox"/> Ankle, Nonspecific (DISC ANKL) | <input type="checkbox"/> Finger(s), Left Hand (DISC L FGR) |
| <input type="checkbox"/> Ankle, Left (DISC L ANK) | <input type="checkbox"/> Finger(s), Right Hand (DISC R FGR) |
| <input type="checkbox"/> Ankle, Right (DISC R ANK) | <input type="checkbox"/> Foot, Nonspecific (DISC FOOT) |
| <input type="checkbox"/> Arm, Nonspecific (DISC ARM) | <input type="checkbox"/> Foot, Left (DISC L FT) |
| <input type="checkbox"/> Arm, Left (DISC L ARM) | <input type="checkbox"/> Foot, Right (DISC R FT) |
| <input type="checkbox"/> Arm, Right (DISC R ARM) | <input type="checkbox"/> Forehead (DISC FHD) |
| <input type="checkbox"/> Back (DISC BACK) | <input type="checkbox"/> Hand, Left (DISC L HND) |
| <input type="checkbox"/> Breast, Nonspecific (DISC BRST) | <input type="checkbox"/> Hand, Right (DISC R HND) |
| <input type="checkbox"/> Breast, Left (DISC L BRS) | <input type="checkbox"/> Head (DISC HEAD) |
| <input type="checkbox"/> Breast, Right (DISC R BRS) | <input type="checkbox"/> Hip, Nonspecific (DISC HIP) |
| <input type="checkbox"/> Buttocks, Nonspecific (DISC BUTTK) | <input type="checkbox"/> Hip, Left (DISC L HIP) |
| <input type="checkbox"/> Buttock, Left (DISC L BUT) | <input type="checkbox"/> Hip, Right (DISC R HIP) |
| <input type="checkbox"/> Buttock, Right (DISC R BUT) | <input type="checkbox"/> Knee, Nonspecific (DISC KNEE) |
| <input type="checkbox"/> Cheek, Nonspecific (DISC CHEEK) | <input type="checkbox"/> Knee, Right (DISC RKNEE) |
| <input type="checkbox"/> Cheek (Face), Left (DISC L CHK) | <input type="checkbox"/> Knee, Left (DISC LKNEE) |
| <input type="checkbox"/> Cheek (Face), Right (DISC R CHK) | <input type="checkbox"/> Leg, Nonspecific (DISC LEG) |
| <input type="checkbox"/> Chest (DISC CHEST) | <input type="checkbox"/> Leg, Left (DISC L LEG) |
| <input type="checkbox"/> Chin (DISC CHIN) | <input type="checkbox"/> Leg, Right (DISC R LEG) |
| <input type="checkbox"/> Ear, Nonspecific (DISC EAR) | <input type="checkbox"/> Lip, Nonspecific (DISC LIP) |
| <input type="checkbox"/> Ear, Left (DISC L EAR) | <input type="checkbox"/> Lip, Lower (DISC L LIP) |
| <input type="checkbox"/> Ear, Right (DISC R EAR) | <input type="checkbox"/> Lip, Upper (DISC U LIP) |
| <input type="checkbox"/> Eyebrow, Nonspecific (DISC EYE) | <input type="checkbox"/> Neck (DISC NECK) |
| <input type="checkbox"/> Eyebrow, Left/Left Eye Area (DISC L EYE) | <input type="checkbox"/> Nose (DISC NOSE) |
| <input type="checkbox"/> Eyebrow, Right/Right Eye Area (DISC R EYE) | <input type="checkbox"/> Penis (DISC PENIS) |

SKIN DISCOLORATIONS (INCLUDING BIRTHMARKS) (CONTINUED)

- | | |
|--|--|
| <input type="checkbox"/> Shoulder, Nonspecific (DISC SHLD) | <input type="checkbox"/> Wrist, Nonspecific (DISC WRIST) |
| <input type="checkbox"/> Shoulder, Left (DISC LSHLD) | <input type="checkbox"/> Wrist, Left (DISC L WRS) |
| <input type="checkbox"/> Shoulder, Right (DISC RSHLD) | <input type="checkbox"/> Wrist, Right (DISC R WRS) |
| <input type="checkbox"/> Thigh, Nonspecific (DISC THGH) | |
| <input type="checkbox"/> Thigh, Left (DISC LTHGH) | |
| <input type="checkbox"/> Thigh, Right (DISC RTHGH) | |

TATTOOS

- | | |
|--|--|
| <input type="checkbox"/> Abdomen (TAT ABDOM) | <input type="checkbox"/> Face, Nonspecific (TAT FACE) |
| <input type="checkbox"/> Ankle, Nonspecific (TAT ANKL) | <input type="checkbox"/> Finger, Nonspecific (TAT FNGR) |
| <input type="checkbox"/> Ankle, Left (TAT L ANKL) | <input type="checkbox"/> Finger(s), Left Hand (TAT L FGR) |
| <input type="checkbox"/> Ankle, Right (TAT R ANKL) | <input type="checkbox"/> Finger(s), Right Hand (TAT R FGR) |
| <input type="checkbox"/> Arm, Nonspecific (TAT ARM) | <input type="checkbox"/> Foot, Nonspecific (TAT FOOT) |
| <input type="checkbox"/> Arm, Left, Nonspecific (TAT L ARM) | <input type="checkbox"/> Foot, Left (TAT L FOOT) |
| <input type="checkbox"/> Arm, Right, Nonspecific (TAT R ARM) | <input type="checkbox"/> Foot, Right (TAT R FOOT) |
| <input type="checkbox"/> Arm, Left, Upper (TAT UL ARM) | |
| <input type="checkbox"/> Arm, Right, Upper (TAT UR ARM) | <input type="checkbox"/> Forearm, Nonspecific (TAT FARM) |
| | <input type="checkbox"/> Forearm, Left (TAT LF ARM) |
| <input type="checkbox"/> Back (TAT BACK) | <input type="checkbox"/> Forearm, Right (TAT RF ARM) |
| <input type="checkbox"/> Breast (TAT BREAST) | <input type="checkbox"/> Forehead (TAT FHD) |
| <input type="checkbox"/> Breast, Left (TAT L BRST) | <input type="checkbox"/> Full Body (TAT FLBODY)* |
| <input type="checkbox"/> Breast, Right (TAT R BRST) | |
| <input type="checkbox"/> Buttocks, (TAT BUTTK) | <input type="checkbox"/> Groin Area (TAT GROIN) |
| <input type="checkbox"/> Buttock, Left (TAT L BUTK) | <input type="checkbox"/> Hand, Nonspecific (TAT HAND) |
| <input type="checkbox"/> Buttock, Right (TAT R BUTK) | <input type="checkbox"/> Hand, Left (TAT L HND) |
| | <input type="checkbox"/> Hand, Right (TAT R HND) |
| <input type="checkbox"/> Calf, Nonspecific (TAT CALF) | |
| <input type="checkbox"/> Calf, Left (TAT L CALF) | <input type="checkbox"/> Head, Nonspecific (TAT HEAD) |
| <input type="checkbox"/> Calf, Right (TAT R CALF) | |
| <input type="checkbox"/> Cheek, Nonspecific (TAT CHEEK) | <input type="checkbox"/> Hip, Nonspecific (TAT HIP) |
| <input type="checkbox"/> Cheek (Face), Left (TAT L CHK) | <input type="checkbox"/> Hip, Left (TAT L HIP) |
| <input type="checkbox"/> Cheek (Face), Right (TAT R CHK) | <input type="checkbox"/> Hip, Right (TAT R HIP) |
| <input type="checkbox"/> Chest (TAT CHEST) | <input type="checkbox"/> Knee, Nonspecific (TAT KNEE) |
| <input type="checkbox"/> Chin (TAT CHIN) | <input type="checkbox"/> Knee, Left (TAT L KNEE) |
| | <input type="checkbox"/> Knee, Right (TAT R KNEE) |
| <input type="checkbox"/> Ear, Nonspecific (TAT EAR) | <input type="checkbox"/> Leg, Nonspecific (TAT LEG) |
| <input type="checkbox"/> Ear, Left (TAT L EAR) | <input type="checkbox"/> Leg, Left, Nonspecific (TAT L LEG) |
| <input type="checkbox"/> Ear, Right (TAT R EAR) | <input type="checkbox"/> Leg, Right, Nonspecific (TAT R LEG) |
| <input type="checkbox"/> Elbow, Nonspecific (TAT ELBOW) | <input type="checkbox"/> Lip, Nonspecific (TAT LIP) |
| <input type="checkbox"/> Elbow, Left (TAT L ELBOW) | <input type="checkbox"/> Lip, Lower (TAT LW LIP) |
| <input type="checkbox"/> Elbow, Right (TAT RELBOW) | <input type="checkbox"/> Lip, Upper (TAT UP LIP) |

* Use only when entire body is covered.

JEWELRY TYPE

Name of Missing Person

Date of Birth

Investigating Police Agency

NCIC (NIC) Number

Name of Investigating Officer

Case Number

INSTRUCTIONS:

Parent/Guardian/Next of Kin: Review the following list. If the person you are reporting missing is wearing or had in his/her possession any of the personal accessories listed below, check the appropriate item and provide a brief description of the item in the description area at the bottom of the page. When the form is completed, return it to the investigating police officer.

JEWELRY TYPE (JWT):

- | | |
|---|--|
| <input type="checkbox"/> Ankle Bracelet (AB) | <input type="checkbox"/> Money Clip (MC) |
| <input type="checkbox"/> Backpack (BK) | <input type="checkbox"/> Necklace (NE) |
| <input type="checkbox"/> Belt Buckle (BB) | <input type="checkbox"/> Pocket Knife (PK) |
| <input type="checkbox"/> Broach/Pin (BP) | <input type="checkbox"/> Pocket Watch Chain (PC) |
| <input type="checkbox"/> Cigarette Lighter (CL) | <input type="checkbox"/> Ring (RI) |
| <input type="checkbox"/> Comb (CO) | <input type="checkbox"/> Tie Clasp (TC) |
| <input type="checkbox"/> Cuff Links (CU) | <input type="checkbox"/> Wallet/Purse (WP) |
| <input type="checkbox"/> Earrings (ER) | <input type="checkbox"/> Watch (WA) |
| <input type="checkbox"/> Key Chain (KC) | <input type="checkbox"/> Wrist Bracelet (WB) |

JEWELRY DESCRIPTION AND LOCATION (JWL):

Describe any item that has been checked above (e.g., earrings: oval cameo in yellow gold).

Description: _____

MEDICAL INFORMATION

INSTRUCTIONS:

Parent/Guardian/Next of Kin: Complete the Authorization to Release Medical Records, deliver it to the missing person's physician, and request medical information be provided to you. When you receive the requested information, contact the investigating officer listed below.

Name of Missing Person

Date of Birth

Investigating Police Agency

NCIC (NIC) Number

Name of Investigating Officer

Case Number

(_____) _____
Investigating Police Agency Telephone Number

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I, _____, am the [Parent] [Guardian] [Next of Kin] of the above named missing person and I hereby authorize you to release any medical records (including x-rays) you may have concerning his/her medical history. The records will be used for investigative purposes only.

Signature of Parent/Guardian/Next of Kin

Relationship

Date

Street Address

City and State

Telephone Number

TO PHYSICIAN:

After completing this page, refer to the body diagram on the reverse side of this form and chart any information that would aid in identification of the missing person, i.e., artificial body parts, eye disorders, deafness, deformities, fractured bones, medical devices, missing body parts, moles, needle marks, scars, skin discolorations, tattoos and other physical characteristics.

Please send this form, together with all medical records, including x-rays, to the parent, guardian or next of kin who signed this authorization. If original records are forwarded, they will be returned to you when the investigation has concluded.

Are body x-rays (**BXR**) available? Yes [] Full [] Partial [] No []

If Yes, where: _____

Blood Type (**BLT**) (Including RH factor, if known): _____

Name of Medical Doctor

Telephone Number

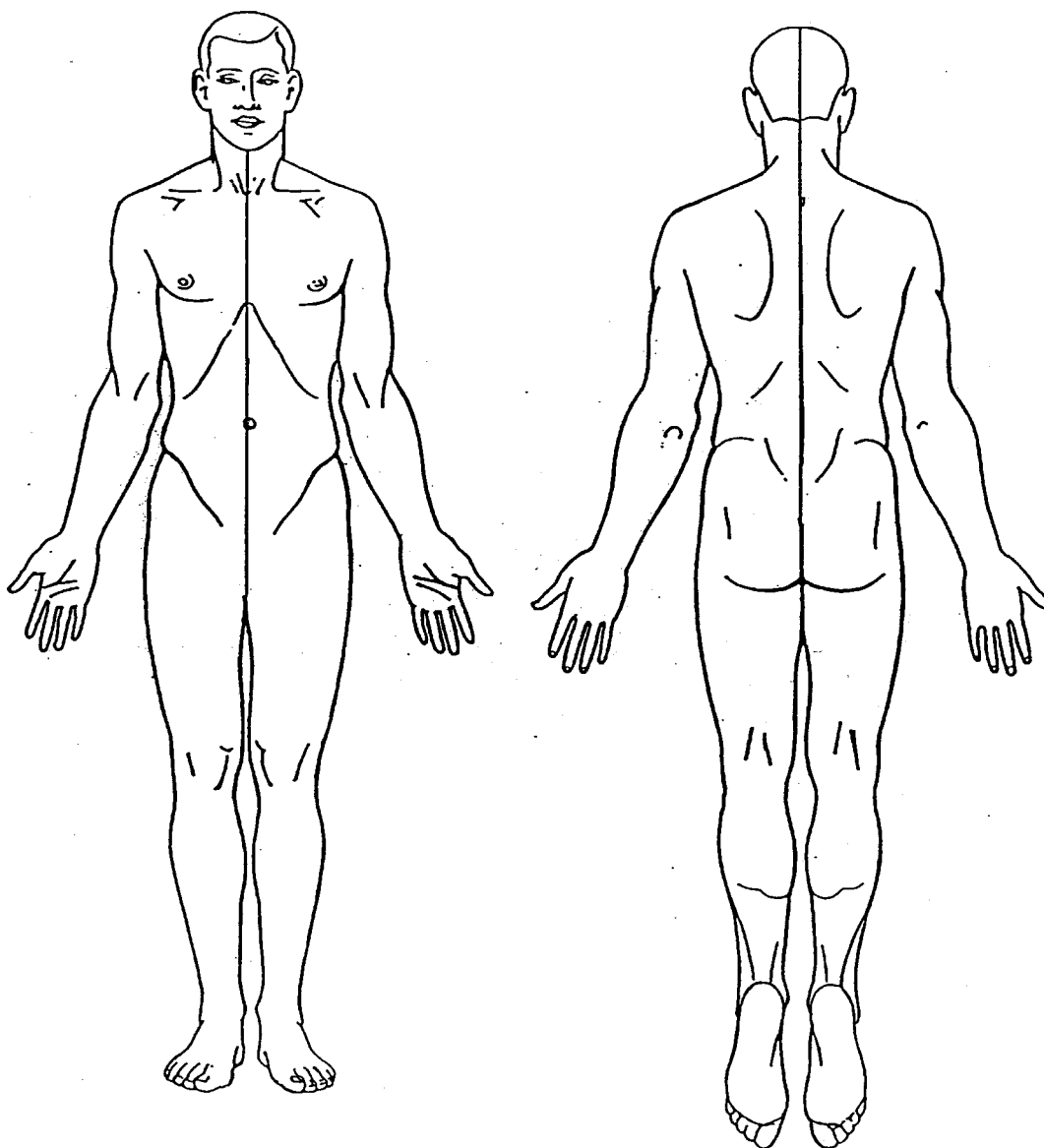
Street Address

City, State, Zip Code

To aid in the identification of the individual, if applicable, please mark the approximate location of any personal descriptors, i.e., scars, broken bones, tattoos, moles, etc. Use the comments area to more fully describe any descriptor.

FRONT

BACK



Comments: _____

OPTICAL INFORMATION

INSTRUCTIONS:

Parent/Guardian/Next of Kin: Complete the Authorization to Release Optical Records, deliver it to the missing person's optician, optometrist or ophthalmologist and request that information be provided to you. When you receive the requested information, contact the investigating officer listed below.

Name of Missing Person

Date of Birth

Investigating Police Agency

NCIC (NIC) Number

Name of Investigating Officer

Case Number

(_____) _____
Investigating Police Agency Telephone Number

AUTHORIZATION TO RELEASE OPTICAL RECORDS

I, _____, am the [Parent] [Guardian] [Next of Kin] of the above named missing person and I hereby authorize you to release any optical records you may have concerning his/her vision. The records will be used for investigative purposes only.

Signature of Parent/Guardian/Next of Kin

Relationship

Date

Street Address

City and State

Telephone Number

TO EYE CARE SPECIALIST:

Please complete this form with the requested information and return it, together with all optical records, to the authorizing parent, guardian or next of kin listed above. If original records are forwarded, they will be returned to you when the investigation has concluded.

Glasses: Yes [] No []

If yes, Describe Frames: _____

Contact Lenses: Yes [] No []

If yes, Type: [] Soft [] Hard [] Semi [] Extended Wear

Color: [] Brown [] Gray [] Blue [] Green [] Clear [] Other _____

Prescription: **(VRX)** Left Eye: _____ Right Eye: _____

Additional Comments (Any diseases, scars, etc., that may aid in the identification of the missing person): _____

Name of Optician, Optometrist, Ophthalmologist

Telephone Number

Street Address

City, State, Zip Code

Dear Dentist:

Since it is believed that you have treated the person named on the following page, your assistance is requested. Your careful attention to the enclosed Missing Person Dental Report chart may aid in the identification of your patient who has been reported missing.

The dental chart is extremely comprehensive and yet simple to use once you understand the instructions. It has been designed so that dental data can be instantly entered into a national data base - the National Crime Information Center (NCIC) - for comparison with the dental data of unidentified deceased and living persons.

Certain simplifications have been made in terminology. The chart is not intended to be a clinical profile or to provide a clinical diagnosis; but rather it is a "pointer system" for matching distinguishing features. If there are no distinguishing features for a tooth, the tooth is not coded on the chart. An uncoded tooth indicates that the tooth is present and unrestored. All tooth numbers in the coding chart rules refer to the Universal System. Dentists employing other systems may do so because the chart will automatically accept such systems.

General Procedures For Charting the Missing Person Dental Report

Consult your x-rays, models, and records. Then:

1. Report the status of each tooth in the Status Column (boxes 001 - 032) using the Status Column Codes and Coding Rules on page 21. If the status of a tooth is unknown, the Status Column Code "X" MUST be used.
2. Report all existing restorations (by surface and material) in the Restorations/Caries Columns (boxes 033 - 192) using the Restorations/Caries Columns Codes and Coding Rules on page 22 - 23.
3. Report all caries by surface in the Restorations/Caries Columns (boxes 033 - 192) using the Restoration/Caries Code "9" as explained in the Code and Material Description on page 22.
4. Report all fixed prosthetic appliances in the Restorations/Caries Columns (boxes 033 - 192) using the Restorations/Caries Columns Codes and Coding Rules on page 22 - 23.
5. Report all removable appliances in the Removable Appliances Column (boxes 193 - 224) using the Removable Appliances Column Codes and Coding Rules on page 24. Note that abutment teeth retaining partial dentures and the types of attachments are also reported in the Removable Appliances Column.
6. Report any unusual/unique features in the Other Characteristics Column (boxes 225 - 256) using the Other Characteristics Column Codes and coding rules on pages 25-26.

Completion of the Missing Person Dental Report should not take more than a few minutes under most circumstances. If you have questions regarding the charting of a condition, please contact the NYS DCJS - Missing and Exploited Children Clearinghouse at (518) 457-6326.

The completed Missing Person Dental Report and dental x-rays should be forwarded to the NYS Division of Criminal Justice Services, Missing and Exploited Children Clearinghouse, 4 Tower Place, Albany, NY 12203. They can also be forwarded to the investigating police agency for submission to NYS DCJS. If original records and/or x-rays were submitted, they will be returned to you when the investigation has concluded.

THANK YOU. The family and friends of this patient are extremely grateful for your cooperation and careful completion of this form.

AUTHORIZATION TO RELEASE DENTAL RECORDS AND X-RAYS

Investigating Police Agency	() Telephone Number
Street Address	City, State, Zip Code
Case Number	NCIC (NIC) Number
Investigating Officer	Today's Date

Name Of Missing Person (Patient)	Date Reported Missing	
Date Of Birth	Race	Sex

§ 838 of the NYS Executive Law requires a dentist to release a missing person's dental records, including x-rays, within 10 days of receipt of this release. While the law states that the completed Missing Person Dental Report and dental x-rays must be forwarded to the NYS Division of Criminal Justice Services (DCJS), it is permissible to forward them to the investigating police agency for submission to DCJS.

A family member or next of kin of the person reported missing may authorize the release of the dental records and x-rays by completing this authorization. If no family member or next of kin is available to sign the authorization, the peace or police officer investigating the complaint may authorize the dentist to release the missing person's dental records by executing a written declaration, stating that an active investigation seeking the location of the missing person is being conducted, and that the dental records are necessary for the exclusive purpose of furthering the investigation.

AUTHORIZATION

I, _____, am the Parent Guardian Next of Kin of the above named missing person; or a Peace Officer Police Officer. I hereby authorize the release of all dental records and x-rays to assist law enforcement agencies to locate this person.

Signature of Authorizing Person	Relationship
Street Address	City, State, Zip Code
() Telephone Number	Today's Date

TO CHARTING DENTIST:

The completed Missing Person Dental Report and dental x-rays should be forwarded to the NYS Division of Criminal Justice Services, Missing and Exploited Children Clearinghouse, 4 Tower Place, Albany, NY 12203. They can also be forwarded to the investigating police agency listed above for submission to NYS DCJS. Records and x-rays will be returned to you when the investigation has concluded.

Name Of Charting Dentist: _____

Street Address	City, State, Zip Code
() Telephone Number	Today's Date

MISSING PERSON DENTAL REPORT

Today's Date _____ NCIC (NIC) Number _____ Patient's Name _____

Date of Last Treatment: _____ X-Rays/Photographs Available: [] Yes [] No Date Taken: _____

Name of Charting Dentist _____ Street Address _____

City, State, Zip Code _____ Telephone Number _____ Fax Number _____

Dentist Remarks (DRE): _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

		FEDERATION DENTAIRE INTERNATIONALE (FDI)			RESTORATION / CARIES							
		DECIDUOUS	UNIVERSAL PERMANENT	STATUS	MESIAL	OCCLUSAL	DISTAL	BUCCAL	LINGUAL	REMOVABLE APPLIANCES	OTHER CHARACTERISTICS	
UPPER RIGHT	THIRD MOLAR	18	1	001/	033/	065/	097/	129/	161/	193/	225/	
	SECOND MOLAR	17	2	002/	034/	066/	098/	130/	162/	194/	226/	
	FIRST MOLAR	16	3	003/	035/	067/	099/	131/	163/	195/	227/	
	SECOND BICUSPID	15	A 4	004/	036/	068/	100/	132/	164/	196/	228/	
	FIRST BICUSPID	14	B 5	005/	037/	069/	101/	133/	165/	197/	229/	
	CUSPID	13	C 6	006/	038/	070/	102/	134/	166/	198/	230/	
UPPER LEFT	LATERAL INCISOR	12	D 7	007/	039/	071/	103/	135/	167/	199/	231/	
	CENTRAL INCISOR	11	E 8	008/	040/	072/	104/	136/	168/	200/	232/	
	CENTRAL INCISOR	21	F 9	009/	041/	073/	105/	137/	169/	201/	233/	
	LATERAL INCISOR	22	G 10	010/	042/	074/	106/	138/	170/	202/	234/	
		CUSPID	23	H 11	011/	043/	075/	107/	139/	171/	203/	235/
LOWER LEFT	FIRST BICUSPID	24	I 12	012/	044/	076/	108/	140/	172/	204/	236/	
	SECOND BICUSPID	25	J 13	013/	045/	077/	109/	141/	173/	205/	237/	
	FIRST MOLAR	26	14	014/	046/	078/	110/	142/	174/	206/	238/	
	SECOND MOLAR	27	15	015/	047/	079/	111/	143/	175/	207/	239/	
	THIRD MOLAR	28	16	016/	048/	080/	112/	144/	176/	208/	240/	
LOWER RIGHT	THIRD MOLAR	38	17	017/	049/	081/	113/	145/	177/	209/	241/	
	SECOND MOLAR	37	18	018/	050/	082/	114/	146/	178/	210/	242/	
	FIRST MOLAR	36	19	019/	051/	083/	115/	147/	179/	211/	243/	
	SECOND BICUSPID	35	K 20	020/	052/	084/	116/	148/	180/	212/	244/	
	FIRST BICUSPID	34	L 21	021/	053/	085/	117/	149/	181/	213/	245/	
	CUSPID	33	M 22	022/	054/	086/	118/	150/	182/	214/	246/	
UPPER LEFT	LATERAL INCISOR	32	N 23	023/	055/	087/	119/	151/	183/	215/	247/	
	CENTRAL INCISOR	31	O 24	024/	056/	088/	120/	152/	184/	216/	248/	
	CENTRAL INCISOR	41	P 25	025/	057/	089/	121/	153/	185/	217/	249/	
	LATERAL INCISOR	42	Q 26	026/	058/	090/	122/	154/	186/	218/	250/	
		CUSPID	43	R 27	027/	059/	091/	123/	155/	187/	219/	251/
UPPER RIGHT	FIRST BICUSPID	44	S 28	028/	060/	092/	124/	156/	188/	220/	252/	
	SECOND BICUSPID	45	T 29	029/	061/	093/	125/	157/	189/	221/	253/	
	FIRST MOLAR	46	30	030/	062/	094/	126/	158/	190/	222/	254/	
	SECOND MOLAR	47	31	031/	063/	095/	127/	159/	191/	223/	255/	
	THIRD MOLAR	48	32	032/	064/	096/	128/	160/	192/	224/	256/	

Dentist - Check here if all 32 teeth are present without decay, restoration, or any unusual characteristics.

Dentist - Check here if information is not available for coding this chart.

NYSPIN Terminal Operator - Enter the code **ALL** in the DCH field.

NYSPIN Terminal Operator - Enter the code **UNK** in the DCH field.

Status Column Codes

(For use in Boxes 001 through 032)

Code and Description

- A - Missing, closed socket (healed)
- P - Missing, open socket (not healed)
- D - Deciduous with permanent successor present
- E - Deciduous without permanent successor present
- F - Fractured or decayed at gingiva (crown not present)
- G - Tooth apparently prepared but not restored
- I - Impacted/incompletely erupted
- X - Information not available

Status Column Coding Rules

1. Only one of the above codes may be used for a tooth.
2. If none of the above codes describe the status of a given tooth, leave the status box for that tooth blank (not coded).
3. Unerupted teeth should not be coded as missing.
4. Use the code D when a deciduous tooth is present, no x-ray films are available to determine whether the permanent successor is present, and it is believed that the permanent successor will follow in a normal progression.
5. If a deciduous tooth has been prepared but not restored, enter the code G.
6. Unusual mixed dentition arrangements should be noted under "Dentist's Remarks" on the dental chart.

Restorations/Caries Columns Codes

(For use in Boxes 033 through 192)

Code and Material Description

- 0 - Temporary type filling (cement, etc.)
- 1 - Amalgam
- 2 - Gold, other types of cast metal, or gold foil
- 3 - Acrylic/composite/bonded composite or veneer
- 4 - Porcelain fused to metal crown, porcelain fused to metal pontic, or all porcelain crown
- 5 - Any combination of 0, 1, 2, 3, and 4 above, for any one surface
- 6 - Stainless steel crown
- 7 - Temporary crown (acrylic, aluminum, etc.)
- 8 - Not identifiable, not recorded, or not remembered
- 9 - Caries (decay) Note: Use this code only when a tooth surface has caries and no restoration.

Restorations/Caries Columns Coding Rules

1. Tooth restorations are coded by indicating the restoration material(s) present on those surfaces which have been restored. For example: If the upper right first molar (Tooth #3) has only one amalgam restoration on the occlusal surface, code 1 should be entered in the box having the number 067/ (occlusal surface). The other restoration/caries boxes for Tooth #3 should be left blank. For example:

Upper Right	FDI	Univ. Status	M	O	D	B	L	Remov. Other Appl. Char.
FIRST MOLAR	16	3	003/	035/	067/	1	099/ 131/ 163/	195/ 227/

2. Only one of the restoration/caries codes may be used in a box. If a tooth surface has two different restoration materials, e.g., amalgam and composite, enter code 5 for the appropriate surface.
3. If a tooth surface has both a restoration and caries, only the restoration should be coded. Code 9 should be used only when a tooth surface has caries and no restoration.
4. When the natural surfaces of a tooth have been replaced by a crown, all replaced tooth surfaces must be coded. For example, if the lower right first molar (Tooth #30) has a stainless steel crown, restoration code 6 would be entered on all five surfaces:

Upper Right	FDI	Univ. Status	M	O	D	B	L	Remov. Other Appl. Char.
FIRST MOLAR	46	30	030/	062/6	094/6	126/6	158/6 190/6	222/ 254/

A combination of the restoration codes may be used in situations when porcelain has been fused to some, but not all, surfaces of a crown for aesthetic purposes. For example: A crown on the upper right cuspid (Tooth #6) having porcelain fused to all surfaces except the lingual would be coded as follows:

Upper Right	FDI	Univ.	Status	M	O	D	B	Remov.		Other
								L	Appl.	
CUSPID	13	C	6 006/	038/4	070/4	102/4	134/4	166/2	198/	230/

A combination of codes may be used to indicate that a crown has a plastic veneer on less than all surfaces. For example: A metal crown on the upper left second bicuspid (Tooth #13) having a plastic veneer on only the buccal surface would be coded as follows:

Upper Right	FDI	Univ.	Status	M	O	D	B	Remov.		Other
								L	Appl.	
SEC. BICUSPID	13	C	6 006/	038/4	070/4	102/4	134/4	166/2	198/	230/

NOTE: The incisal surface of an anterior crown shall be considered the occlusal surface.

5. Pontics on a fixed bridge should be described in the Restoration/Caries Columns. For example: If the upper left first molar (Tooth #14) is replaced by a porcelain fused to metal pontic, the restoration code 4 should be entered for all five tooth surfaces as follows:

Upper Left	FDI	Univ.	Status	M	O	D	B	Remov.		Other
								L	Appl.	
FIRST MOLAR	26	C	14 014/A	046/4	078/4	110/4	142/4	174/4	206/	238/

If there are fewer pontics than the number of teeth missing, the pontics shall be charted as the lowest number(s) of the teeth missing. For example: If Teeth #3, #4, and #5 are missing and a fixed bridge spanning from Tooth #2 to Tooth #6 has only two pontics, the pontics are marked for Teeth #3 and #4.

6. When charting from x-ray films, if a restoration cannot be determined to be either buccal or lingual, it shall be considered buccal.
7. When charting from x-ray films, if the buccal surface material of a crown or pontic is indeterminable, the buccal surface shall be charted using code 8, not identifiable, not recorded, or not remembered.
8. When charting from x-ray films, if the nature of a metallic material is indeterminable, it shall be charted as code 8 in the appropriate tooth surface box.

Removable Appliances Column Codes

(For use in Boxes 193 through 224)

- A - Natural tooth replaced by acrylic tooth on acrylic partial denture (e.g. "flippers," etc.)
- B - Natural tooth replaced by acrylic tooth on metal frame partial denture
- C - Natural tooth replaced by porcelain tooth on acrylic partial denture
- D - Natural tooth replaced by porcelain tooth on metal frame partial denture
- E - Natural tooth replaced by metal tooth on metal frame partial denture
- F - Abutment tooth retaining partial denture, simple clasps (I-Bars, etc.)
- G - Abutment tooth retaining a partial denture with precision or semiprecision attachments
- H - Full dentures, upper or lower, all acrylic teeth (See Rule 4)
- I - Full dentures, upper or lower, all porcelain teeth (See Rule 4)
- J - Full dentures, upper or lower, combinations of porcelain, acrylic, and cutter bar teeth (See Rule 4)

Removable Appliances Column Coding Rules

1. If a person has a partial denture, all missing teeth should be coded as such in the Status Column using the status code A (missing, closed socket) or P (missing, open socket). Each replacement tooth should be described in the Removable Appliances Column using the appropriate code A through E. **NOTE:** the natural teeth retaining the partial denture should be coded in the Removable Appliances Column using the code F and/or G.
2. The above Removable Appliances codes should be used to describe each replacement tooth on a removable denture. **NOTE:** Pontics on a fixed bridge are coded in the Restoration/Caries Columns, not in the Removable Appliances Column.
3. If there are fewer replacement teeth than the number of teeth missing, the replacement teeth shall be charted as the lowest number(s) of the teeth missing. For example: If Teeth #3, #4, and #5 are missing and a partial denture spanning from Tooth #2 to tooth #6 has only two replacement teeth, the replacement teeth are marked for Teeth #3 and #4.
4. Full dentures are charted using the Removable Appliances codes H, I, or J in Box 193 for a full upper denture and/or Box 209 for a full lower denture. If a full upper and/or full lower denture is present, it is not necessary to indicate that the teeth are missing in the Status column. For example: If an upper denture is present, the Status boxes numbered 001 through 016 (for Teeth #1 through #16) should be left blank and the code H, I, or J should be entered in the Removable Appliances Box 193. The computer will automatically code the Status Column of the appropriate upper and/or lower teeth as missing when the code H, I, or J is entered in the Removable Appliances Column in Box 193 for upper and/or Box 209 for lower.
5. In the rare case when a unique situation exists which is not covered above, please describe the situation under "Dentist's Remarks" on the dental chart.

Other Characteristics Column Codes

(For use in Boxes 225 through 256)

Code and Description

- A - Titled mesially
- B - Tilted distally
- C - Tilted buccally, including protruding anterior teeth
- D - Tilted lingually or palatally
- E - Root canal therapy completed
- F - Root canal therapy not completed
- G - Metal post in canal or retentive pins
- H - Rotated
- I - Supernumerary tooth
- J - Retained root tip
- K - Shovel-shaped incisor
- L - Retained amalgam or metal fragments imbedded in tissue adjacent to the affected tooth or tooth vicinity (e.g., amalgam tattoo)
- M - Overhang of restoration at gingival margin
- N - Diastema
- O - Orthodontic band on tooth
- P - Orthodontic bracket bonded to tooth
- Q - Functional appliances, e.g., bionator and palate expander, etc.
- R - Orthodontic arch wire
- S - Excessive wear due to tooth brushing
- T - Excessive occlusal wear (Bruxism)
- U - Severe bone loss, soft tissue pocketing, or recession
- V - Periapical pathology (granuloma, cyst, etc.)
- W - Intrinsic staining, e.g., mottling, tetracycline, etc.
- X - Torus mandibularis or palatinus (other exostosis)
- Y - Blade implant or individual tooth implant (metal, ceramic, etc.)
- Z - Implant, subperiosteal
- 3 - Surgically placed wires, e.g., fracture repair procedures
- 4 - Chipped

Other Characteristics Column Coding Rules

1. A maximum of three of the above codes may be used in the Other Characteristics box for a tooth. If more than three of the above characteristics apply to one tooth, chart the three most unique characteristics.
2. If a supernumerary tooth is present, record in the box corresponding to the closest tooth. If necessary, describe further under "Dentist's Remarks" on the dental chart.
3. The code N (Diastema) should be entered in the boxes for the teeth between which the space is present. For example: If Teeth #7, #8, #9, and #10 are separated by spaces, the code N would be entered in the Other Characteristics box for Teeth #7, #8, #9, and #10 (Boxes 231, 232, 233, and 234).

4. Describe a chipped tooth under "Dentist's Remarks" on the dental chart.
5. Describe unusual positions of the teeth employing codes A, B, C, and D. If necessary, further descriptions of malocclusions may be listed under "Dentist's Remarks" on the dental chart.
6. The Functional Appliances code Q may be used only in Box 225 (for an upper appliance) or Box 241 (for a lower appliance).
7. The code R (orthodontic arch wire) may be used in Box 225 and 241 only. An R in Box 225 indicates an arch wire on the upper teeth and an R in Box 241 indicates an arch wire on the lower teeth.
8. Obvious periodontal defects which would aid in identification should be recorded using code U in the box corresponding to the involved tooth or teeth. Additional clarifying descriptions should be included under "Dentist's Remarks" on the dental chart.
9. The code X (torus mandibularis or palatinus) may be used in Box 225 and 241 only. An X in Box 225 indicates torus palatinus and an X in Box 241 indicates torus mandibularis.
10. The subperiosteal implant code Z may be used only in Box 225 (for an upper implant) and Box 241 (for a lower implant). The position of the post on a subperiosteal implant is not recorded.
11. When using the code Y for a blade implant, the Y is used to identify the location of the post. For example: Teeth #30, #31, and #32 are missing. A blade is implanted and the post of the blade protrudes from the gingiva nearest the space previously occupied by natural Tooth #31. The code Y would therefore be entered in the Other Characteristics box for Tooth #31 (Box 255). If a fixed bridge is made with porcelain fused to metal crowns for Teeth #28 and #29, a porcelain fused to metal pontic for the missing Tooth #30, and a full metal crown for the missing Tooth #31, the dental chart for Teeth #28 through #32 would appear as follows:

Lower Right	FDI	Univ.	Status	M	O	D	B	Remov. L	Other Appl.	Char.
FIRST BICUSPID	44	S 28	028/	060/ 4	092/ 4	124/ 4	156/ 4	188/ 4	220/	252/
SEC. BICUSPID	45	T 29	029/	061/ 4	093/ 4	125/ 4	157/ 4	189/ 4	221/	253/
FIRST MOLAR	46	30	030/ A	062/ 4	094/ 4	126/ 4	158/ 4	190/ 4	222/	254/
SECOND MOLAR	47	31	031/ A	063/ 2	095/ 5	127/ 2	159/ 2	191/ 2	223/	255/ Y
THIRD MOLAR	48	32	032/ A	064/	096/	128/	160/	192/	224/	256/

APPENDIX

“Missing Child/College Student Report” Form

“Authorization To Publicize - Missing Child/College Student” Form

NYS DIVISION OF CRIMINAL JUSTICE SERVICES
MISSING AND EXPLOITED CHILDREN CLEARINGHOUSE

MISSING CHILD/COLLEGE STUDENT REPORT

- FAMILIAL ABDUCTION
 STRANGER ABDUCTION
 LOST
 OTHER _____

- ACQUAINTANCE ABDUCTION
 RUNAWAY
 UNKNOWN

AGENCY CASE NUMBER

DATE OF LAST CONTACT

COMPLAINT INFORMATION

Date/Time Received: _____ Officer Name: _____

COMPLAINANT INFORMATION

Name: _____ Male Female

Agency Name (if applicable): _____

Street Address: _____

City: _____ State/Zip Code: _____ Country: _____

Relationship To Child: _____ Telephone # (Home): (____) _____

Telephone # (Work): (____) _____ Fax #: (____) _____

MISSING CHILD/COLLEGE STUDENT INFORMATION

#1

Name : Last: _____ First: _____ MI: _____

Street Address: _____ City: _____

State/Zip Code: _____ Country: _____ Male Female

Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Social Security #: _____ POB: _____

Alias: _____ Mother's Maiden Name: _____

Physical Characteristics (Scars/Marks/Tattoos): _____

Medical Problems/Medication Utilized: _____

School Name/Grade: _____

Clothing Description: _____

Date/Time/Place of Last Contact: _____

Miscellaneous: _____

MISSING CHILD/COLLEGE STUDENT INFORMATION

#2 (IF APPLICABLE)

Name : Last: _____ First: _____ MI: _____

Street Address: _____ City: _____

State/Zip Code: _____ Country: _____ Male Female

Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Social Security #: _____ POB: _____

Alias: _____ Mother's Maiden Name: _____

Physical Characteristics (Scars/Marks/Tattoos): _____

Medical Problems/Medication Utilized: _____

School Name/Grade: _____

Clothing Description: _____

Date/Time/Place of Last Contact: _____

Miscellaneous: _____

LEGAL INFORMATION

Arrest Warrant Issued For Abductor: Yes No Charge: _____

Felony Misdemeanor Court: _____ Docket #: _____

Custody Decree: Yes No Court: _____ Docket #: _____

ABDUCTOR INFORMATION

(DO NOT COMPLETE IF A PARENT IS LISTED AS THE ABDUCTOR)

Name: Last _____ First _____ MI _____

Alias: _____ Maiden Name: _____

Street Address: _____ City: _____

State/Zip Code: _____ Country: _____ Male Female

Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Approx Age: _____ Social Security #: _____ POB: _____

Physical Characteristics: _____

Occupation (generally): _____ Relationship To Child (if any): _____

Specify any noticeable physical or mental abnormalities that the abductor may have. Be specific. _____

VEHICLE INFORMATION (IF APPLICABLE)

Vehicle involved: Yes No Vehicle: Make: _____ Model: _____
Approximate Year: _____ Color: _____ Registration (License Plate) Number: _____
Registration (License Plate) State: _____ Special Identifiers/Miscellaneous: _____

PARENT INFORMATION - FATHER ABDUCTOR YES NO

Name : Last _____ First _____ MI _____
Street Address: _____ City: _____
State/Zip Code: _____ Country: _____
Alias: _____
Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Social Security #: _____ POB: _____
Physical Characteristics: _____
Scars/Marks/Tattoos: _____
Occupation: _____ Employer: _____
Telephone # (Home): (_____) _____ Telephone # (Work): (_____) _____

PARENT INFORMATION - MOTHER ABDUCTOR YES NO

Name : Last _____ First _____ MI _____
Street Address: _____ City: _____
State/Zip Code: _____ Country: _____
Maiden Name: _____
Alias: _____
Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Social Security #: _____ POB: _____
Physical Characteristics: _____
Scars/Marks Tattoos: _____
Occupation: _____ Employer: _____
Telephone # (Home): (_____) _____ Telephone # (Work): (_____) _____

NYS DIVISION OF CRIMINAL JUSTICE SERVICES
MISSING AND EXPLOITED CHILDREN CLEARINGHOUSE
4 TOWER PLACE
ALBANY, NY 12203

1-800-FIND-KID or (518) 457-6326

AUTHORIZATION TO PUBLICIZE

MISSING CHILD/COLLEGE STUDENT INFORMATION

Name: Last: _____ First: _____ Middle: _____

Male Female Race: _____ DOB: _____ POB: _____

Last School Attended/Address: _____

ENCLOSE AT LEAST ONE PHOTOGRAPH (TAKEN WITHIN THE LAST 6 MONTHS, HEAD AND SHOULDERS ONLY, NAME AND DATE TAKEN MARKED ON THE BACK) OF THE MISSING CHILD/COLLEGE STUDENT. ALSO INCLUDE CERTIFIED COURT DOCUMENTS PERTAINING TO CUSTODY, IF APPLICABLE.

The undersigned parent/guardian/spouse (if a married student) of _____ hereby requests that information pertinent to the disappearance of the above named child/college student and deemed appropriate for release by the law enforcement agency responsible for investigation of said disappearance be published and/or circulated by any method subscribed to by the New York State Division of Criminal Justice Services including the use of photographs. I understand this information will be made available to the public, media, other law enforcement agencies, hospitals, social service agencies, shelters, medical examiners and/or other agencies or organizations involved with missing persons. I understand and agree that any or all information supplied by me shall be truthful and I agree to hold harmless any agency or department using, transmitting, or distributing this information for errors or omissions or commissions occasioned by information I may supply. I further agree that a photostatic copy of this authorization shall have the same effect as the original.

PARENT/LEGAL GUARDIAN /SPOUSE INFORMATION

Name : Last: _____ First: _____ MI: _____

Street Address: _____ City: _____

State/Zip Code: _____ Relationship To Child/Student: _____

Mother's Maiden Name (as it appears on birth certificate): _____

Telephone #: (Home/Work) (_____) _____ (_____) _____

Signature: _____ Date: _____

**** WITH THE EXCEPTION OF THE SIGNATURE, PLEASE PRINT ALL ENTRIES. ****



The New York State Violent Crime Analysis Program (NYS VICAP) is administered by the New York State Police, Bureau of Criminal Investigation, Forensic Investigation Support Services Section. NYS VICAP is a computer assisted crime analysis program that operates in conjunction with the Federal Violent Criminal Apprehension Program (VICAP) administered by the Federal Bureau of Investigation.

P NYS VICAP is designed to collect, collate, and analyze information regarding the following types of violent crimes that might be serial in nature:

- ✓ Homicides: all homicides and attempts; solved or unsolved.
- ✓ Missing Persons: where circumstances indicate a strong possibility of foul play and the victim is still missing.
- ✓ Unidentified: where the manner of death is known or suspected to be a homicide.
- ✓ Sexual Assaults: all sexually related assaults, attempted abductions and "nuisance" offenses, where the offender has any potential for being responsible for past or future crimes.

P NYS VICAP and FBI VICAP systems have been developed as investigative aids for the use of all law enforcement agencies. They link similar patterns of crime from among the total cases in the database by analyzing the victimology, modus operandi, offender information or suspect description, physical or forensic evidence and suspect behavior exhibited before, during, or after the crime.

**NYS VICAP
New York State Police
Forensic Investigation Center
1220 Washington Avenue - Building 30
Albany, NY 12226**

**1-800-445-2500 or (518) 457-3083
<http://www.troopers.state.us>**