| Ante | Mortem (yellow) | INTER | RPOL D | VI Form - N | lissing | Pers | on | | Administrative Data | a 1 | 100's |
|--------|--|-------------------|------------------|-------------------|-------------|-----------|-------------|-------------|---------------------|---------------|------------|
| | Family name: | | | | | | AM No | o: | | | |
| | First name(s): Date of birth: | | ay T | Month Month | Ye | | Age | <i>Male</i> | Female | Unk | known 1 |
| | Date of birtin. | | <u> </u> | | | | | | | | |
| | Nature of disaster: | | | | | | | | | | |
| | Place of disaster: | | | | | | | | | | |
| | Date of disaster: | Dá | ау 📗 | Month | Ye | ear | | | | | |
| | a = Data not available | 9 | b = Attac | hment | | | c = Fu | ther info | on page Sup. I | $\overline{}$ | |
| | INISTRATIVE DATA | 1 | | | | LINIT | ERPOL NO | ∩R· | | <u>a</u> | b c |
| 100 | Responsible agency | | | | | "" | LIN OLIN | <i>.</i> | | | |
| | Street / No. Postcode / Town State / Country Phone / Email | | | | | Poli | ce file No: | | | _ | |
| 105 | Information given by | Date: | | | | | | | | \top | |
| | Name Street / No. Postcode / Town State / Country Phone / Email Relationship | | | | | | | | | | |
| 110 | ID info to | 1 see 1 | 105 | | | | | | | + | |
| | Name Street / No. Postcode / Town State / Country Phone / Email | | | | | | | | | | |
| 115 | Relationship Partner If not single see 230 | Single - I | If not, Fir: | st- | / Middle | }- | / F | amily nan | ne of partner: | + | |
| 120 | Fingerprinted | 1 No | 2 \ | es Where: | | | | | | ╫ | |
| | | Specify: | | - | | | Dat | e: | | | |
| | 01 Source | | | | | | | | | \perp | |
| 125 | If not, are fingerprints obtainable from residence/workplace/ other | 1 No | 2 \ \ | ⁄es | | | | | | | |
| | See also 480 | Specify eli | mination pr | int sources on pa | age Sup. In | nfo. (700 | 's) | | | | |
| СН | ECKLIST OF CONTENTS | Enclosed complete | Not available | | | | Remarks | ; | | | |
| Admi | nistrative Data (fields 1xx) | | | | | | | | | | |
| Nomi | nal data (fields 2xx) | | | | | | | | | | |
| Effect | ts (fields 3xx) | | | | | | | | | | |
| Body | description (fields 4xx) | | | | | | | | | | |
| Patho | ology (fields 5xx) | | | | | | | | | | |
| Odon | tology (fields 6xx) | | | | | | | | | | |
| Supp | orting information (fields 7xx) | | | | | | | | | | |
| Anno | ndiv (fields 8xx) (entional) | | | | | | | | | | |

| \pmb{A}_{nte} | Mortem (yellow) | II. | NTI | ERP | 0 | | IVC | For | m - | - M | SS | in | g Pers | on | | | | Nominal Da | ta 4 | 200 |) ' s |
|------------------------|------------------------------------|-----------|---------|-----------|--------------|----------|----------|--------------|--------|-------|-----|----------|------------|------------|------------|----------|-------|------------|-------|------|--------------|
| | Family name: | | | | | | | | | | | | | AM I | No | : | | | | | |
| | i aiiiiy ilailie. | | | | | | | | | | | | | _ | | | | | | | _ |
| | First name(s): | | | | | | | | | | | | | | | | | | | | |
| | Date of birth: | | | Day | - <u>- :</u> | Ī | M | onth | \Box | | | j | Year | _ Age | | Male | [| =emale | Uni | knov | vn |
| | a = Data not available | ; | | b | = / | Attac | chme | ent | | | | | | c = F | Furth | ner info | on pa | age Sup. | Info. | (700 | 's) |
| | NAL DATA | _ | | | | | | | | | | _ | | | | | | | a | b | С |
| 200 | Family name at birth | | | | | | | | | | | | Mother's i | maiden r | nam | e: | | | | | |
| | | L | | | | | | | | | | | | | | | | | | | |
| 205 | Nicknames | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 210 | Aliases | Fir | st na | me: | | | | | | | | 1 | Family na | ame: | | | | | - | | |
| | 01 Alias Name | | | | | | | | | | | | | | | | | | | | |
| | Date of birth | 厂 | | Day | | | М | onth | | | | ٦ | Year | | | | | | - | | |
| | Birthplace | Plε | ice: | | _ | | | | | | | _ | Country: | | | | | | | | |
| | Birtiplace | Fir | st na | me: | | | | | | | | - | Family na | ame: | | | | | - | | |
| | 02 Alias Name | | | | | | | | | | | _ | - | | | | | | _ | | |
| | Date of birth | | | Day | | | M | onth | | | | | Year | | | | | | | | |
| | Birthplace | Pla | ice: | | | | | | | | | | Country: | | | | | | | | |
| 215 | Nationality | Col | untry | <u>':</u> | | | | | | | | <u>-</u> | Multiple n | ationality | / : | | | | + | | |
| | _ | Dia | <u></u> | | | | | | | | | | Countra | | | | | | _ | | |
| 220 | Birthplace | Pla | ce. | | | | | | | | | | Country: | | | | | | | | |
| 225 | National ID number | | | | | | | | | | | | | | | | | | | | |
| | Number | _ | | | | | | | | | | | | | | | | | _ | | |
| | Issuing country | | | E | nte | er IS | O 31 | 66-1 | alph | a-3 c | ode | (e | .g. AUS fo | or Austra | lia) | | | | | | |
| 220 | Marital status | Fn | gage | ed (da | te) | | | Cohal | hitino | 7 | | | Married | l (date) | | | | | - | | |
| 230 | Maritai Status | 1 | | a (aa | .0) | | | 2 | Jiling | | | | 3 | (ddic) | | | | | | | |
| | | | _ | | | | — | | | | | | _ | | | | | | | | |
| | | Div 4□ | /orce | ed | | | | Vidov 5 □ | ved | | | | | | | | | | | | |
| | If single see 115 | | | | | | | ш | | | | | | | | | | | | | |
| 235 | Occupation | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 240 | Current physical | _ | | | | | | | | | | | | | | | | | - | | |
| 240 | address | | | | | | | | | | | | | | | | | | | | |
| | Street / No. | | | | | | | | | | | | | | | | | | | | |
| | Danton da / Tarre | | | | | | | | | | | | | | | | | | | | |
| | Postcode / Town State / Country | | | | | | | | | | | | | | | | | | | | |
| | Phone / Email | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | Makila akasa | | | | | | | | | | | | | | | | | | | | |
| 245 | Mobile phone Religion | No | | | | Vec | (enc | cify): | | | | | | | | | | | + | | |
| 243 | Religion | 1 | | | | 163 2 | (spe | city). | | | | | | | | | | | | | |
| | | | _ | | | | | | | | | | | | | | | | _ | | |
| | | <u> </u> | _ | | | | | | | | | | | | | | | | - 1 | | _ |
| Colle | cted by Duty Title : | | | | | | | | | | | | | Signatu | ıre / | Date | | | | | |
| | Name : Address : | | | | | | | | | | | | | | | | | | | | |
| | Phone / Email | : | | | | | | | | | | | | | | | | | | | |

[(EN) Version 2013] 2 of 12

| Ante | VI ortem (yellow) | INI | ERPUL | DVIFO | rm - Wis | ssing Pe | | | Effe | cts 3 | UU | S |
|---------|---|--|------------|-------------|--------------|--|----------|--|--------------|-----------|-----|---|
| | Family name: | | | | | | AM N | o: | | | | _ |
| | First name(s): | | Day | Month | | Year | Age | Male | Female | Unk | now | n |
| | Date of birth: | | | | | , cui | | | | | | |
| | a = Data not available | | | tachment | | | c = Fı | urther info | on page Sup. | | | - |
| | CTS (possibly carried on p | No: 1 | | | Colou | ır ¦3 | Label | 4 | Material | <u> a</u> | b | C |
| 300 | Head | NO. 1 | Тур | 2 | Colou | 13 | Labei | | Maleriai | | | |
| | and neck | | | | | | | | | | | |
| | 101 Headcover 102 Scarf | ŀ | | ! | | | | ! | | | | |
| | 103 Tie | <u> </u> | | <u> </u> | | ! | | - ! | | | | |
| | 199 Other | | | | | | | | | | | |
| | Upper part of the | <u> </u> | | | | <u> </u> | | <u> </u> | | | | |
| | body and arms 201 Blouse | ! ! | | ! | | ; | | | | | | |
| | 202 Braces | ! | | - | | ; | | | | | | |
| | 203 Brassiere 204 Cardigan | | | | | - ! | | | | | | |
| | 205 Coat | ! ! | | ! | | ; | | | | | | |
| | 206 Gloves 207 Overcoat | | | - : | | - : | | - | | | | |
| | 208 Pullover | | | - | | | | | | | | |
| | 209 Shirt 210 T-shirt | - | | | | ! | | ! | | | | |
| | 211 Undershirt | ! ! | | - : | | - : | | | | | | |
| | 212 Waistcoat 299 Other | | | - | | | | | | | | |
| | Lauran mant of the | ! | | <u> </u> | | <u> </u> | | - | | | | |
| | Lower part of the body and legs | | | | | | | | | | | |
| | 301 Belt | | | | | | | | | | | |
| | 302 Shorts 303 Skirt | | | <u> </u> | | <u> </u> | | <u> </u> | | | | |
| | 304 Socks | | | | | | | | | | | |
| | 305 Stockings 306 Swimming attire | | | <u> </u> | | - | | - ; | | | | |
| | 307 Tights | | | <u> </u> | | <u> i </u> | | <u> </u> | | | | |
| | 308 Trousers 309 Underpants | | | | | | | | | | | |
| | 399 Other | | | <u> </u> | | <u> </u> | | <u> </u> | | | | |
| | The whole of the | | | | | | | | | | | |
| | body 404 De de suit | | | i | | - | | - i | | | | |
| | 401 Body suit 402 Dress | | | <u> </u> | | <u> </u> | | | | | | |
| | 403 Religious/Cultural/ | | | į | | | | | | | | |
| | Traditional 404 Uniform | <u> </u> | | <u>i</u> | | <u>;</u> | | <u>;</u> | | | | |
| | 499 Other | | | | | | | | | | | |
| | In case of using "x99 Other" describe the kind of item in | | | | | - | | | | | | |
| | column "1 Type". | | | - ! | | - ! | | - | | | | |
| | | | | | | | | - | | | | |
| 305 | Footwear | No: 1 | Тур | e ;2 | Colou | r 3 | Label | 4 | Material | | | |
| | 01 Boots | | | - | | <u> </u> | | - | | | | |
| | 02 Open footwear | <u> </u> | | <u> </u> | | <u> </u> | | <u> </u> | | | | |
| | 03 Shoes 99 Other | | | ! | | | | | | | | |
| | 33 Other | | | | | <u> </u> | | - | | | | |
| | Describe the kind of footwear in | ; | | <u> </u> | | <u> </u> | | <u> </u> | | | | |
| | column "1 Type", e.g. sports shoes, sandals | | | 1 1 1 | | ! | | ! ! | | | | |
| | Sandais | | | : | | : | | - | | | | |
| <u></u> | | | o - | | D: 1 5 : | 5 | | <u>. i </u> | | | | |
| | ise these colours: Black, Blue, | Brown, | Green, Gre | y, Orange, | Pink, Purple | e, Red, Whi | | | | | _ | _ |
| Colle | , | : | | | | | Signatur | e / Date | | | | |
| | Name | : | | | | | | | | | | |
| | Address | : | | | | | | | | | | |
| | Phone / Email | : | | | | | | | | | | |

[(EN) Version 2013] 3 of 12

| Ante | Mortem (yellow) | <u>IN</u> | TER | POL | DVI | Form - I | /liss | ing Pers | son | 1 | | | Effec | ts 3 | 300 | <u>'s</u> |
|--------|---|------------|---------|------------|--|-------------------|------------|---------------|------------|------------------------|--------|--------------|------------|--------|------|-----------|
| | Family name: | | | | | | | | Α | M No | : | | | | | |
| | _ | | | | | | | | - | | | | | | | |
| | First name(s): | | | | | | | | _ Ag | ne. | Male | | Female | Unł | now | 'n |
| | Date of birth: | | Day | , <u> </u> | М | onth | | Year | | | | | | | | " |
| | a = Data not available | | | b = Atta | achme | ent | | | | c = Furt | her in | fo on pa | age Sup. I | nfo. (| 700' | s) |
| | CTS (possibly carried on p | | | ı lugga | | | | | | | | | | a | b | С |
| 310 | Watch | No: | 1 | Make | 2 | Model | 3 | Colour | 4 | Mate | rial | 5 In | scription | \bot | | |
| | 01 Digital wristwatch 02 Analog wristwatch | H | | | - | | + | | + | | | ! | | | | |
| | 03 Digital/analog w. | | | | + | | + | | + | | | ! | | | | |
| | 04 If wristwatch, worn on | Left | | Rigi 2 | | Outsid | 9 | Inside 4 | • | | | | | | | |
| | 05 Watch strap/chain | Leath | her | Met | | Rubbe 3 | r | Other (sp | ecify | <i>(</i>): | | | | | | |
| | 06 Watch, other type | Wher | re worn | n: | | | | | | | | | | _ | | |
| 315 | Glasses | | 1 | Make | 2 | Model | 3 | Colour | 4 | Mate | rial | 5 In | scription | | | |
| | 01 Frame | | | | | | \dotplus | | ∔ | | | <u> </u> | | | | |
| | | Self to | inting | Tint | ed | | | | | | | 1 | | | | |
| | 02 Lenses (glass) | 1 | | 2 | No | 3 Y | es (sp | ecify): | | | | | | | | |
| | 03 Shape of lenses | Roun 1 | nd | Ova 2 | | Square | | Half 4 | | Rimles: | S | Full i | rim | | | |
| | 04 Lenses material/type | Glass 1 | S | 2 | | nate Bi-foca 3 | | Progressiv | ve | | | | | | | |
| 320 | | No 1 | | 2 |] _ | loured speci | y): | | | | | | | _ | | |
| 325 | Hearing aids 01 Left | No 1 | | Yes 2 | s (spec | cify): | | | . <u>.</u> | Serial No: | | | | _ | | |
| | 02 Right | No 1 | | Yes 2 | s (spec | cify): | | | _ S | Serial No: | | | | | | |
| 330 | External prostheses | No 1 | | Yes 2 | s (spec | cify): | | | S | Serial No: | , | | | | | |
| 335 | Jewellery | No: | 1 | Туре | 2 | Colour | 3 | Material | 4 | Inscrip | tion | 5 W/ | here worn | ┿ | | |
| | 01 Anklet | | | | | | | | | | | | | | | П |
| | 02 Bracelets 03 Earclips | | | | ÷ | | ÷ | | ÷ | | | ! | | | | |
| | 04 Earrings 05 Neck chains | H | | | - | | ÷ | | ÷ | | | <u> </u> | | | | |
| | 06 Necklace | | | | | | | | <u> </u> | | | <u> </u> | | | | |
| | 07 Nose ring 08 Pendant on chain | | | | į | | į | | į | | | | | | | |
| | 09 Wedding ring 10 Other rings | - : | l | | 1 | | ! | | - | | | ! | | | | |
| | 99 Other | H | | | + | | + | | + | | | - | | | | |
| | | <u>-</u> ; | | | | | - | | + | | | <u> </u> | | + | | |
| | | | | | | | | | | | | <u>!</u> | | | | |
| | | l | | | | | | | | | | | | | | |
| | | | | | - | | - | | - | | | 1 | | | | |
| | | H | | | | | <u> </u> | | + | | | <u> </u> | | | | |
| | In case of using "99 Other" | <u> </u> | | | - | | - | | - | | | <u> </u> | | | | |
| | describe the kind of item in column "1 Type". | | | | ! | | - | | ! | | | ! | | | | |
| | | | | | - | | - | | - | | | ! | | | | |
| Only u | se these colours: Black, Blue, | Brown | n, Gree | n, Grey | , Orar | nge, Pink, Pu | rple, | Red, White, ` | Yello | ow, Unkr | own. | ! | | | | |
| | | | | | | | - | | | gnature / | | | | | | |
| Colle | cted by Duty Title Name | : : | | | | | | | 3/9 | griatul e / | Dale | | | | | |
| | Address | : | | | | | | | | | | | | | | |
| 1 | Phone / Email | | | | | | | | 1 | | | | | | | |

[(EN) Version 2013] 4 of 12

| | Mortem (yellow) | | ERPOL | | | | ` | | AM | ΙN | o: | | | 300 | |
|-----|--|--|------------|--------------|------------|----------|------------|--|-------------|----------------|---------------|---------------|----------|----------|----|
| | Family name: | | | | | | | | 7 (10) | • • • | | | | | |
| | First name(s): | | | | | | | | | | | | | | |
| | | | <u></u> | | <u>-</u> | | | | Age | | <i>Mal</i> e | Female | Unk | nov | 'n |
| | Date of birth: | | Day | | Month | | Y | 'ear | | | | | | | |
| | a = Data not available | _ | b = A | | | | | | C : | = F | urther info o | n page Sup. | _ | _ | _ |
| | CTS (possibly carried on place of the control of th | | or in luge | | | lumb | ar ar | 3 | Details | _ | A Riome | etrics 5 Chip | <u>a</u> | b | |
| +0 | dentity documents | 10.11 | rvationant | <u> </u> | | idii ib | <u> </u> | + | Dotan | | - Bioini | i omp | | г | |
| | 01 Bank cards | | | <u> </u> | | | | <u>:</u> : | | | <u> </u> | <u>;</u> | | H | ł |
| | 02 Driving licence 03 Identity card | | | - | | | | + | | | - | - ! | | L | ļ |
| | 04 Passport 99 Other | | | : | | | | : | | | - | ! | | | l |
| | oo oulci | | | - | | | | | | | - | : | | | I |
| | | | | i | | | | : | | | <u> </u> | | | Г | ł |
| | | 1 | | <u> </u> | | | | 1 1 | | | <u> </u> | I | | H | ł |
| | | | | ! | | | | + | | | - | 1 | | L | ļ |
| | | | | - | | | | : | | | - | ! | | L | ļ |
| | In case of using "99 Other" | | | | | | | | | | | į | | | |
| | describe the kind of item in column "3 Details". | ! | | | | | | i i | | | ! | | | | I |
| | | | | | | | | <u> </u> | | | : | <u> </u> | | Н | ł |
| 15 | Effects | No: 1 | Make | 2 | Model | ¦3 | Colour | 4 | Material | ¦5 | Serial No. | 6 Markings | + | Н | |
| | Lilicots | | | - | | + | | † | | , | | l | | Г | |
| | 01 Badges/keys | | | + | | ÷ | | <u>; </u> | | ÷ | | 1 | | H | |
| | 02 Bum bag 03 Currency | | | <u> </u> | | - | | <u> </u> | | + | | 1 | | L | |
| | 04 Diary/agenda 05 Purse | | | ! | | - | | - | | : | | 1 | | | |
| | 06 Ticket | | | - | | | | - | | | | ! ! | | | |
| | 07 Wallet 99 Other | | | i | | İ | | <u> </u> | | İ | | | | Г | |
| | | | | + | | \pm | | + | | + | | 1 | | Н | |
| | | <u> </u> | | + | | ÷ | | <u>; </u> | | ÷ | | ! | | H | |
| | | | | + | | + | | + | | + | | i ! | | L | |
| | In case of using "99 Other" | - : | | - | | - | | : | | : | | ! | | | |
| | describe the kind of item in column "2 Model". | | | | | | | - | | | | ! ! | | | |
| | | | | | | İ | | - | | İ | | ! ! | | | |
| 0 | Electronic devices | No: 1 | Make | 2 | Model | 3 | Colour | 4 | Material | 5 | Serial No. | 6 Markings | + | | |
| | | 1 | | | | - | | ; | | + | | 1 | | Г | |
| | 01 Camera 02 Mobile phone | | | : | | + | | : | | ÷ | | ! | | Н | |
| | 03 Music player | | | <u> </u> | | ÷ | | ÷ | | ÷ | | <u>i</u> | | H | |
| | 04 SIM 05 Tablet/handheld | 1 | | - | | + | | <u> </u> | | <u> </u> | | 1 | | L | |
| | 06 Video 99 Other | | | - | | - | | - | | ! | | ! | | | |
| | | | | į | | | | | | | | 1 1 1 | | | |
| | | | | 1 | | - | | - | | : | | I I | | | |
| | | | | : | | ÷ | | : | | ÷ | | ! | | Н | |
| | | | | + | | ÷ | | | | <u>;</u> | | i 1 | | \vdash | |
| | In case of using "99 Other" describe the kind of item in | | | - | | <u> </u> | | 1 | | + | | ! ! | | | |
| | column "2 Model". | | | ! | | <u> </u> | | ! | | <u> </u> | | ! | | L | |
| | | | | į | | | | į | | | | ! ! ! | | | |
| y u | se these colours: Black, Blue, | , Brown, | Green, Gre | ey, Oı | range, Pir | ık, Pı | ırple, Red | , Wh | ite, Yellow | , Ur | ıknown. | | | | |
| lle | ected by Duty Title | : | | | | | | | Signa | atur | e / Date | | | | |
| | Name | : | | | | | | | | | | | | | |
| | Address | : | | | | | | | | | | | | | |
| | Db / E !! | | | | | | | | | | | | | | |

Phone / Email :

[(EN) Version 2013] 5 of 12

| \mathbf{A}_{nte} | Mortem (yellow) | IN | ITE | RPO | DL D | VI Fo | rm | - Mi | ssi | ng P | erso | on | | | Е | Body De | escription | 4 | 00 | 's |
|---------------------------|--|-------------|--|--------|--------------|----------------|--|------------|-------------|-----------|--------|-----------------|--|-----------------|----------|---------|------------|--------------|-----|--------|
| | Family name: | | | | | | | | | | | ΑM | No |): | | | | | | |
| | i anny name. | | | | | | | | | | | | | | | | | | | _ |
| | First name(s): | | | | | | | | | | | | | | | | | | | |
| | Data of birth. | | | ay | | Month | h 🗀 | | | Year | | Age | _ | Male | 7 | Fema | ale | Unk | now | 'n |
| | Date of birth: | Щ | <u> </u> | ау | | Wioni | <u>′ </u> | | |] rear | | | | Ш | | Ш | | Ш | | |
| | a = Data not available | | | b = | = Attac | hment | | | | | | c = | Furt | her in | fo on p | age S | Sup. In | ` | | |
| | Y DESCRIPTION (extern | al) No: | <u>'4</u> | | Sca | | | 2 | | Diarain | ~~ | | 3 | | Totto | | | a | b | С |
| 404 | Specific details | NO: | 11 | | Sca | irs | | 2 | | Piercin | gs | | 3 | | Tatto | os | | | | |
| | Head and neck 01 Head 02 Neck | | <u> </u> | | | | | | | | | | <u> </u> | | | | | | | |
| | Torso 03 Torso front | | ! | | | | | | | | | | - | | | | | | | |
| | 04 Torso back 05 Genitalia | | : | | | | | | | | | | | | | | | | | |
| | 06 Buttocks Upper limbs | | ! | | | | | | | | | | : | | | | | | | |
| | 07 Right upper arm | \vdash | ! | | | | | | | | | | <u> </u> | | | | | | | |
| | 08 Left upper arm 09 Right forearm | L | <u> </u> | | | | | | | | | | | | | | | | | |
| | 10 Left forearm | | | | | | | | | | | | | | | | | | | |
| | 11 Right hand 12 Left hand | No: | 4 | , | Skin m | narks | | 5 | Ма | alforma | tions | | 6 | Α | mputat | tions | | | | |
| | Lower limbs | | | | | | | | | | | | | | | | | | | |
| | 13 Right thigh 14 Left thigh | | ! | | | | | | | | | | | | | | | | | |
| | 15 Right knee 16 Left knee | _ | | | | | | | | | | | <u> </u> | | | | | | | |
| | 17 Right lower leg | | ! | | | | | | | | | | | | | | | | | |
| | 18 Left lower leg 19 Right foot | | | | | | | | | | | | | | | | | | | |
| | 20 Left foot | | ! | | | | | | | | | | <u>. </u> | | | | | | | |
| | | L | ! | | | | | | | | | | _ | | | | | | | |
| | | | ! | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | ! ! | | | | | | | |
| 408 | Height | Min | | | | Max | 1 | | | Min | | | • | Max | | | | | | |
| 412 | Weight | | | cm | 1 | / Max | | _cm | | Min | _ft | | _in | <u>/</u> Max | | | _in | | | |
| 412 | weignt | | | kg | | / | | _kg | | I | | _lb | / | / <u> </u> | | _lb | | | | |
| 416 | Build | Sligh 1 | ht T | | Mediu 2 □ | ım | Lar 3 □ | ge | | | | | | | | | | | | |
| 420 | Hair of the head | Natu | ural | | Exten | sions | Hai | rpiece | | Wig | | In | nplant | ted | | | | | | |
| | 01 Type | 1 |] | | 2 | | 3 | _ | | 4 | | 5 | | | | | | | | |
| | 02 Length | Shoil | | cm / 2 | .4 in | | Ме 2 | | 12 cr | m / 4.7 | in | | ong > | 12 cm | / 4.7 ir | 1 | | | | |
| | oz zongai | Sha | ved | | | | _ | _ | | | | | | | | | | | | |
| | | 4 | _ | | 0' | 1 | | | | | | | | | | | | | | |
| | 03 Dyed colour | 1 _ | | nown | Stream 2 | кеа | | | | | | | | | | | | | | |
| | 55 2 / 54 55:54: | Blon | nd | | Brown | n | Bla | | | Red | | | | | | | | | | |
| | | 3 | _ | | 4 | | 5 | _ | | 6 | / | : . | | | | | | | | |
| | | Grey 7 | | | White 8 □ | • | 9 T | ed gre | | Other | (speci | iry): | | | | | | | | |
| | | Blon | nd | | Brown | า | Bla | _ ck | | Red | | | | | | | | | | |
| | 04 Natural colour | 1 | - | | 2 | | 3 | _ | | 4 | . / | : c . \. | | | | | | | | |
| | | Grey 5 | | | White | • | 7 | ed gre | / | Other | (spec | ııy): | | | | | | | | |
| | | Parti | ial | | Total | | For | _ ehead | | Sides | | | onsur | e | | | | | | |
| | 05 Baldness | | | (and · | 2 | ge Sup. I | 3 [Info (| _ | for d | 4 | | 5 | | | | | | | | |
| | 06 Distinctive feature(s) | Desc | une | anu l | ise pa | y c | O. (| 100 S) | ur ae | cialis). | | | | | | | | | | |
| | . , | | | | | | | | | | | | | | | | | | | |
| Colle | cted by Duty Title | : | | | | | | | | | Ī | Signa | ture / | / Date |) | | | | | \neg |
| | Name | : | | | | | | | | | | | | | | | | | | |
| | Address | : | | | | | | | | | | | | | | | | | | |
| I | Phone / Email | | | | | | | | | | | | | | | | | | | |

[(EN) Version 2013] 6 of 12

| \mathbf{A}_{nte} | Mortem (yellow) | INTERPOL DVI Form - Missing Person Body Descri | iption | 40 | 0's |
|---------------------------|---|--|--------------|--------------|------------|
| | Family name: | AM No: | | | |
| | Family name. | | | | - |
| | First name(s): | | | | |
| | D ((1) (1 | Age Male Female | Uı | nkno | wn |
| | Date of birth: | Day Month Year | L | <u>_</u> | |
| | a = Data not available | 1 0 | _ | _ | |
| | / DESCRIPTION (external - | | <i>a</i> | <u>1 b</u> |) <u>C</u> |
| | Eyebrows 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 2 | | | |
| 428 | Eyes 01 Colour (Left and Right) | Blue Grey Green Brown 1 | | | |
| | 02 Distinctive feature(s) | Cross-eyed Squint-eyed Artificial eye Other (specify): 1 2 3 5 | | | |
| 432 | Nose 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 2 | | \dagger | |
| 436 | Facial hair | Shaved Moustache Goatee Whiskers Full beard Other (special | y on | + | |
| | 01 Type | 1 2 3 4 5 6 page 7 | 00's) | | |
| | 02 Colour | Blond Brown Black Red 1 □ 2 □ 3 □ 4 □ Grey White Mixed grey Other (specify): 5 □ 6 □ 7 □ 8 □ | | | |
| 440 | Ears | | - | + | |
| 440 | 01 Ear lobes/pierced | Attached Pierced - specify number of piercings 1 No 2 Yes 3 Left 4 Right No Yes (describe and use page Sup. Info. (700's) for details): | _ | | |
| 444 | 02 Distinctive feature(s) | 1 2 | _ | 1 | |
| | Mouth/teeth 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 2 | | | |
| 448 | Lips 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 2 | | | |
| 452 | Chin 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 1 | | | |
| 456 | Neck 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 2 | | T | |
| 460 | Hands/nails 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 2 | | Ť | |
| 464 | Feet/nails 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 2 | _ | + | |
| 468 | Body/pubic hair 01 Distinctive feature(s) | No Yes (describe and use page Sup. Info. (700's) for details): 1 | | \dagger | |
| 472 | Circumcision | No Yes 1 2 2 | | \dagger | |
| 476 | Ancestry | European African Asian Other (specify): 1 White 2 Black 3 4 Mixed (specify): 5 | _ | | |
| 480 | Fingerprint | No: | | \top | \top |
| | 01 Number retrieved | Lifts Digital photo 35mm photo Other (specify): | | | |
| | 02 Format | 1 2 3 4 | | | |
| | 03 Development | Powder Chemicals Other (specify): | - | | |
| | technique | 1 2 3 | L | | |
| | | | | | |
| Colle | cted by Duty Title | Signature / Date | | | |
| | Name | | | | |
| | Address | | | | |
| Ī | Phone / Email | | | | |

| \mathbf{A}_{nte} | Mortem (yellow) | 11 | NTEF | RP(| OL [| IVC | For | rm · | - Mi | SS | ing | g Per | so | n | | | | | P | athology | . 5 | 500 | 's |
|--------------------|--|----------|--|-----|--------|-------|---------|----------|----------|----|-----|--|--------|--------|-------|------------------|---------|------|-------|----------|-----------|-----|----|
| | Family name: | | | | | | | | | | | | - | AΜ | No |): | | | | | | | |
| | i anny name. | | | | | | | | | | | | | | | | | | | | | | |
| | First name(s): | | | | | | | | | | | | | | | | | | _ | | | | |
| | Date of birth: | | Da | ay | \Box | M | lonth | | <u> </u> | I | Y | ear | / [| lge | | Ма | le] | [| Fema | ₃le | Unk | now | 'n |
| | a = Data not available | е | | b: | = Atta | chme | ent | | | | | | | C = | Furt | her i | nfo c | n pa | age S | Sup. Ir | | | |
| | OLOGY General practitioner | т | | | | | | | | | | | | | | | | | | | <u> a</u> | b | С |
| 300 | Name Street / No. Postcode / Town State / Country Phone / Email | | | | | | | | | | | | | | | | | | | | | | |
| 505 | Medical record lists | No: | 1 | | | | | | | | S | pecify | | | | | | | | | | | |
| | 01 Diagnoses 02 Findings 03 Fractures 04 Hospitalizations 05 Operation scars 06 Organs missing 07 Prescriptions 08 Ref. to specialist 09 Symptoms 10 Treatments 11 Other scars 12 Other Addicted to 20 Alcohol 21 Drugs 22 Narcotics 23 Tobacco Infectious diseases 30 AIDS/HIV 31 Hepatitis 32 Tuberculosis 33 Other In women 40 Births 41 Hysterectomy 42 Intrauterine contraceptive devices 43 Pregnancy | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 515 | Implants | No: | 1 | | | S | Specify | <i>y</i> | | | | 2 | | | S | erial | No. | | | | | | |
| | 01 Breast 02 Pacemaker | | | | | | | | | | | 1 | | | | | | | | | | | |
| | 03 Insulin pump 04 Other surgical implants | | - | | | | | | | | | | | | | | | | | | | | |
| | 04 Other surgical implants | - | : | | | | | | | | | ; | | | | | | | | | | | |
| | | | <u>; </u> | | | | | | | | | <u> </u> | | | | | | | | | | | |
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| | | | | | | | | | | | | ! | | | | | | | | | | | |
| 520 | Prostheses | No 1□ | ٦ | | Yes (| (spec | cify): | | | | | | | | | | | | | | | | |
| 525 | Other artificial aids | No 1 | <u></u> | | | (spec | cify): | | | | | | | | | | | | | | | | |
| 530 | Organs removed | No 1 | | | Yes (| (spec | cify): | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | • | _ | |
| Colle | otou by | : | | | | | | | | | | | S | ignati | ure / | [/] Dat | e | | | | | | |
| | Name | : | | | | | | | | | | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | | | | | | | | | | | |

[(EN) Version 2013] 8 of 12

| Ante Mortem (yellow) | INTERPOL DVI Form - Missi | ng Person | Pathology 500's |
|--|---|--|------------------------------|
| Family name: | | AM No: | |
| First name(s): | | | emale Unknown |
| Date of birth: | Day Month | Year | |
| a = Data not availab | e b = Attachment | c = Further info on pag | ge Sup. Info. (700's) |
| PATHOLOGY (DNA related info | · · · · · · · · · · · · · · · · · · · | 5 | a b c |
| 555 Reference Missing person (Direct reference) | Type of DNA-profile Biobank sample: 1 2 Laboratory references | Personal belonging (specify): 3 erence: | |
| | FAMILY TREE OF BIOLOGICAL RE | ELATIONSHIPS | |
| Add a Ref-No. of the relative on tree | . Add any information, not represented on biolo | | e Sup. Info. (700's). |
| Grand- mother Ref-No: | Grand- father No: | Grand – mother | Grand – father Ref-No: |
| Aunt/ uncle Ref-No: | Mother No: | Father Ref-No: | Aunt/ uncle Ref-No: |
| Siblings Ref-No: Ref- | Partner Missing person | Partner Ref-No: | |
| Son/daughter in law Ref-No: | Children Chi | ildren Son/daughter in law Ref-No: | |
| Ref- | Grand- child no: | Grand- child Ref-No: | |
| Family Defended | Internation | | |
| Family Reference No: | Name(s): National ID-number: | Laboratory reference: | |
| Relationship (Please mark the reference of the family tree) | Type of sample: | Date of sample: | |
| Family Reference No: | Name(s): | | |
| Relationship (Please mark the reference of the | National ID-number: Type of sample: | Laboratory reference: Date of sample: | |
| Family Reference No: | Name(s): | <u>-</u> | |
| Relationship (Please mark the reference of the family tree) | National ID-number: Type of sample: | Laboratory reference: Date of sample: | |
| Collected by Duty Title Name Address Phone / Email | : : : | Signature / Date | |

[(EN) Version 2013] 9 of 12

| Ante | Mortem (yellow) | INTERP | OL D | VI Form | ı - Mis | sing Pers | on | | | Odontolo | gy 6 | 00 | 's |
|-------|---|--------------------|---------------|------------|-------------|----------------|------------------|----------|----------|-----------|-------------|------|--------|
| | Family name: | | | | | | AM N | lo:_ | | | | | |
| | | | | | | | - | | | | | | |
| | First name(s): | | | | | | _ Age | Ма | le le | Female | Unk | now | m |
| | Date of birth: | Day | | Month | | Year | _ Age | Ivia | | | | IIOW | '' |
| | a = Data not available | } b | = Attacl | hment | | | c = F | urther i | nfo on p | page Sup. | Info. (| 700' | s) |
| | NTOLOGY | | | | | | | | | | | b | |
| 600 | Dentist/clinic | | | | | | | | | | | | |
| | Name Street / No. Postcode / Town State / Country Phone / Email | | | | | | | | | | | | |
| | 01 Period covered 02 Enclosed | Records 1 | From: Casts 2 | | hotos | To: Other (spe | ecify): | | | | | | |
| 605 | Dentist/clinic | | | | | | | | | | + | | |
| | Name Street / No. Postcode / Town State / Country Phone / Email | | | | | | | | | | | | |
| | | Records | From: | | | To: | | | | | | | |
| | 01 Period covered | 1 | | | | 70. | | | | | | | |
| | 02 England | Radiographs 1 □ | Casts | | hotos | Other (spe | ecify): | | | | | | |
| CAE | 02 Enclosed | | | | | | <u>.</u> | | | | _ | | |
| 015 | Dental images available | 1 Digital | 2 | State numi | ber of | 3 Non digit | tal 4 | Stat | e numb | er of | | | |
| | 01 PA | | | | | | ! ! | | | | | | |
| | 02 BW | | | | | | ; ; ; ; | | | | | | |
| | 03 OPG | | | | | | ! | | | | | | |
| | 04 CT | | | | | | | | | | | | |
| | 05 Other radiographs | | | | | | ! | | | | | | |
| | 06 Photographs | | | | | | | | | | | | |
| 620 | Further material | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Colle | cted by Duty Title | : | | | | | Signatur | re / Dat | e | | | | |
| | Name : | : | | | | | | | | | | | |
| | Address : | <u>.</u> | | | | | | | | | | | |

[(EN) Version 2013] 10 of 12

| \mathbf{A}_{nte} | Mortem (yellow) | INTERPOL DVI For | m - Missing Pers | On Odontology | 6 | 00 | 's |
|--------------------|---------------------------------------|---|-----------------------|----------------------------------|---------|-------|------|
| | Family name: | | | AM No: | | | |
| | | | | | | | |
| | First name(s): | | | . Age Male Female | Unkr | now | 'n |
| | Date of birth: | Day Month | Year | | | | |
| | a = Data not availabl | e b = Attachment | | c = Further info on page Sup. In | ıfo. (7 | '00's | s) |
| | NTOLOGY Dental findings (for pri | mary teeth change speci | fic FDI code) | | | | |
| 11 | <u> </u> | , , , , , , , , , , , , , , , , , , , | 1 | | | 2 | 1 |
| 12 | | | | | | 2 | 22 |
| 13 | | | | | | 2 | 23 |
| 14 | | | | | | 2 | 24 |
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| 16 | | | | | | 2 | 26 |
| 17 | | | | | | 2 | 7 |
| 18 | | | | | | 2 | 8 |
| RIGHT | 3 17 16 15 | 14 13 12 11 | 21 22 23 | 24 25 26 27 | 2 | 28 | LEFT |
| 48 | 3 47 46 45 | 44 43 42 41 | 31 32 33 | 34 35 36 37 | 3 | 88 | |
| 48 | | | | | | 3 | 8 |
| 47 | | | | | | 3 | 7 |
| 46 | | | | | | 3 | 6 |
| 45 | | | | | | - | 5 |
| 44 | | | | | | - | 4 |
| 43 | | | | | | ┢ | 3 |
| 42 | | | | | | ⊢ | 2 |
| 41 | 0 | | | | | 3 | _ |
| 635 | Specific data | 1 Crowns | 2 Pontics | 3 | а | b | С |
| | 01 Specify | | 5 Other | 3 Implants | | | |
| | | 4 Dentures | o linei | | | | |
| 640 | Other findings 01 Specify | 1 Occlusion 4 Supernumeraries | 2 Tooth wear 5 Stains | 3 Periodontal status | | | |
| 645 | Type of dentition | | | | | | |
| | 01 Specify | 1 Primary dentition | 2 Mixed dentition | 3 Permanent dentition | | | |
| 650 | 1 - | Date: | | Signature: | | | |
| | FOd 1 | FOd 1 Name: | | | | | |
| | FOd 2 (If available) | Date: FOd 2 Name: | | Signature: | | | |
| Colle | ected by Duty Title | : | | Signature / Date | | | |
| | Name | : | | | | | |
| | Address | : | | | | | |
| l | Phone / Email | : | | | | | |

| \mathbf{A}_{nte} | Mortem (yellow) | | INTERPO | OL DVI Form | - Missir | ng Pers | on | Sı | upporting informa | tion 700's |
|---------------------------|--------------------------|-----------------|----------------|--------------------|---------------|-------------|-------------|------------|-------------------|-------------------|
| | Family | name: | | | | | AM No |) : | | |
| | | | | | | | | | | |
| | First na | ame(s): | | | | | Age | Male | Female | Unknown |
| | Date o | of birth: | Day | Month | | Year |) igo | | Temale | |
| | | <u> </u> | | | | | | | | |
| SUPP | ORTING INFORMA | TION (if referr | ring to data g | jiven on a previou | | | te field nu | mber) | | |
| 700 | 1 Field No. 2 | | | | Descripti | ion | | | | |
| | 1 1 1 | | | | | | | | | |
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| | ; ; ; ; | | | | | | | | | |
| 705 | | | | Additional S | Supporting In | formation p | age (700's | :) 1 | No | 2 Yes |

| Ante Mortem (yellow) INTERPOL DVI Form - Missing Person Apper | | | | | | | | | | | ppendix | 8 | 00 | 's | | | | | | | | |
|---|-------------------------|----------|--|----------|--------|-------------|------|-------|-----|--------|---------|----------|----------|----------|--------------|----------|------|--------|---------|-------|------|----|
| Family name: | | | AM No: | | | | | | | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | | | | | | | | | | |
| | First name(s): | | | | | | | | | | | | | Age | | Male | | Fema | ale | Unk | now | 'n |
| | Date of birth: | | | Day | Ī | | Mon | | | T | T | Year | | | | | | | | | | |
| | a = Data not available | <u> </u> | | b | = A | ttachr | nent | t | | | | | | c = F | urth | ner info | on p | page S | Sup. In | fo. (| 700' | s) |
| | PPENDIX DNA | LAZ | | | | | | | | | | F | :1. | | | | | | | а | b | С |
| 810 | Typing Laboratory | Nai | | | | | | | | | | Ema - | | | | | | | | | | |
| | | 1 | dres: | S | | | | | | | | Date | of sa | mnle: | | | | | | | | |
| 045 | Laborata na Otan dan da | | City: Date of sample: | | | | | | | | | | | | | | | | | | | |
| 815 | Laboratory Standards | ACC | Accredited according to: Not accredited | | | | | | | | | | | | | | | | | | | |
| 820 | STR kit(s) used | Nai | me(s | s) of ki | t(s) ı | used: | | | | | | | | | | | | | | | | |
| 825 | DNA | \vdash | | | | //issir | na p | erso | on | | | | Re | eference | - | Ref.n | 10: | | | | | |
| | VWA | T | | | | | Ť | | | | | | | | | | Ī | | | | | |
| | TH01 | T | | | | | | | | | | | | | | | | | | | | |
| | D21S11 | T | | | | | | | | | | | | | | | | | | | | |
| | FGA | | | | | | | | | | | | | | | | | | | | | |
| | D8S1179 | | | | | | | | | | | | | | | | | | | | | |
| | D3S1358 | | | | | | | | | | | | | | | | | | | | | |
| | D18S51 | | | | | | | | | | | | | | | | | | | | | |
| | Amelogenin | | | | | | | | | | | | | | | | | | | | | |
| | TPOX | | | | | | | | | | | | | | | | | | | | | |
| | CSF1PO | | | | | | | | | | | | | | | | | | | | | |
| | D13S317 | | | | | | | | | | | | | | | | | | | | | |
| | D7S820 | | | | | | | | | | | | | | | | | | | | | |
| | D5S818 | | | | | | | | | | | | | | | | | | | | | |
| | D16S539 | | | | | | | | | | | | | | | | | | | | | |
| | D2S1338 | | | | | | | | | | | | | | | | | | | | | |
| | D19S433 | | | | | | | | | | | | | | | | | | | | | |
| | Penta D | | | | | | | | | | | | | | | | | | | | | |
| | Penta E | | | | | | | | | | | | | | | | | | | | | |
| | D1S1656 | | | | | | | | | | | | | | | | | | | | | |
| | D2S441 | | | | | | | | | | | | | | | | | | | | | |
| | D10S1248 | L | | | | | | | | | | | | | | | | | | | | |
| | D22S1045 | L | | | | | | | | | | | | | | | | | | | | |
| | D12S391 | | | | | | | | | | | | | | | | | | | | | |
| | SE33 | ot | | | | | | | | | | | | | | | | | | | | |
| | D6S1043 | | | | | | | | | | | | | | | | | | | | | |
| | Add any informatio | n no | t rep | oresen | ited | of the | mar | rkers | | | | | | | | | | | | | | |
| 830 | | <u></u> | | | | | | | Add | ditior | nal D | NA pi | rofile p | age (80 | | | / | Vo | 2 | Υe | es . | _ |
| Colle | cted by Duty Title Name | : | | | | | | | | | | | | Signatu | re / | Date | | | | | | |
| | Address | : | | | | | | | | | | | | | | | | | | | | |
| l | Phone / Email | | | | | | | | | | | | | | | | | | | | | |

