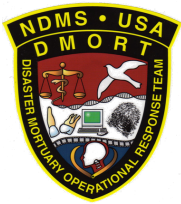


Victim Identification Program

Missing Person Family Interview



June 2012

Incident

Page 1 of 8

Incident Date**RM #**

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/ / /

DOB MM/DD/YYYY Race Ethnic Origin Ethnic Origin Other SSN # / ID #

Address Apt # City State Zip County Country

Birth City State or Country Birth Hospital Inside City Limits Religious Preference

Education: level completed: Elem/Second (0-12): College Degree Earned:

Alias 1 **Alias 2**

Phone (H) (W) (Cell) **Cell Type:** **Carrier:**

Status ☐ *Is Married* ☐ *Never Married* ☐ *Widowed* ☐ *Divorced* ☐ *Separated* ☐ *Civil Union* ☐ *Unk* **Wedding Date**

Spouse ☐ *Living* ☐ *Deceased* ☐ *Unknown*

Last Suffix Maiden/birth Name First Middle

Father ☐ *Living* ☐ *Deceased* ☐ *Unknown*

	Last	Suffix	First	Middle	
Mother					<input type="radio"/> <i>Living</i> <input type="radio"/> <i>Deceased</i> <input type="radio"/> <i>Unknown</i>

Last	Maiden/Birth Name	First	Middle
------	-------------------	-------	--------

Last Suffix First Middle

Relationship: ☐ Spouse ☐ Daughter ☐ Life Partner
☐ Father ☐ Uncle ☐ Other

Address	City	State	Zip	Relationship
				<input type="radio"/> Mother <input type="radio"/> Aunt <input type="radio"/> Brother <input type="radio"/> Cousin <input type="radio"/> Sister <input type="radio"/> Employer

Inf					Relationship <input type="radio"/> Son <input type="radio"/> Friend
	Home Phone	Work Phone	Cell Phone	Country	Other: <input type="text"/>

E-mail

Type of Initial Contact	Initial Contact Date
-------------------------	----------------------

OK to Contact Legal Next of Kin? ☐ Yes ☐ No **Make A Case Note To Explain**

Last, Suffix First Middle

Next	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relationship <input type="radio"/> Sister <input type="radio"/> Employer <input type="radio"/> Son <input type="radio"/> Friend
	Address	City	State	Zip	

Other:

E-mail			
--------	--	--	--

1 Permanent Contact: ☐ YES / Additional Contact? ☐ YES Relationship: ☐ Spouse ☐ Daughter ☐ Life Partner
☐ Father ☐ Uncle ☐ Other

Relationship

<input type="radio"/> Father	<input type="radio"/> Uncle	<input type="radio"/> Other
<input type="radio"/> Mother	<input type="radio"/> Aunt	
<input type="radio"/> Brother	<input type="radio"/> Cousin	
<input type="radio"/> Sister	<input type="radio"/> Employee	

Address City State Zip Relationship
☐ Sister ☐ Employer
☐ Son ☐ Friend

Home Phone
 Work Phone
 Cell Phone
 Other:

E-mail	Type of Initial Contact	Initial Contact Date
--------	-------------------------	----------------------

VIP Physical Description

Page 2 of 8

Incident

Incident Date

RM #

Last

Suffix

First

Middle

Age

DOB

Sex

Race

Complexion:

General Build:

Height Inches:

/ Height cm

Approx. Weight (Pounds):

/ Weight Kilos

H
a
i
r

I
n
f
o

Hair
Color

☐ Auburn ☐ Blonde ☐ Gray ☐ Salt and Pepper ☐ Dyed
☐ Black ☐ Brown ☐ Red ☐ White ☐ Other

Describe Other:

Hair
Length

☐ Bald ☐ Short < 3" ☐ Male Pattern Baldness:
☐ Shaved ☐ Medium ☐ Long

Describe Male Pattern Baldness:

Hair Accessory

☐ Extensions ☐ Hair Piece ☐ Hair Transplant ☐ Wig ☐ N/A

Hair Description

☐ Curly ☐ Wavy ☐ Straight ☐ N/A ☐ Other:

Facial Hair Type

☐ Clean Shaven ☐ Beard & Mustache ☐ Goatee ☐ Sideburns ☐ N/A
☐ Mustache ☐ Beard ☐ Stubble ☐ Lower Lip

Facial Hair
Color

☐ Auburn ☐ Blonde ☐ Gray ☐ Salt and Pepper ☐ Dyed
☐ Black ☐ Brown ☐ Red ☐ White ☐ Other

Facial Hair Notes:

E
y
e
s

Eye Color

☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Gray ☐ Black ☐ Other:

Eye Status

☐ Both Intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract ☐

Optical Lens

☐ Contacts ☐ Glasses ☐ Implants ☐ None

Desc.

Optical Color/Description of Glasses / Contacts:

N
a
i
l
s

Fingernail Type

☐ Natural ☐ Artificial ☐ Unknown

Length

☐ Extremely Long ☐ Long ☐ Medium ☐ Short

Fingernail Color

Description

Toenail Type

☐ Natural ☐ Artificial ☐ Unknown

Toenail Color

Toenail description

Body Piercing(s)?

☐ Yes ☐ No ☐ Unk

Photos?

☐ Yes ☐ No ☐ Unk

Photo Location

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1					
2					
3					
4					
5					

Tattoo(s)

☐ Yes ☐ No ☐ Unk

Photos?

☐ Yes ☐ No ☐ Unk

Photo Location

#	Location	Side	Tattoo Description
1			
2			
3			
4			
5			

VIP Medical History

Page 3 of 8

Incident

Incident Date

RM #

Last

Suffix

First

Middle

Age

DOB

Sex

Race

Dentist

Name of Practice:

Address

City

State

Zip

E-mail Address:

Phone W

Alt:

Fax

2nd Dentist:

Dental Insurance Company:

☐ Braces ☐ Bridge ☐ Caps/Crowns ☐ Fillings ☐ Dentures ☐ Edentulous ☐ Tooth Jewelry ☐ Unknown

Physician

Practice Name

Address

Physician Type

City

State

Zip

Reason Seen:

Phone W

Phone H

Date Last Seen:

Phone C

Fax

Email

Physician

Practice Name

Address

Physician Type

City

State

Zip

Reason Seen:

Phone W

Phone H

Date Last Seen:

Phone C

Fax

Email

Medical Facility Visited / Type?

Medical Facility / Name

Medical History? ☐ Cancer ☐ High Blood Pressure ☐ Lung Disease ☐ Pregnancy ☐ Stroke ☐ Other

Medical History Notes / Other?

Medical Radiographs?

Medical Radiographs Location:

☐ Yes ☐ No ☐ Unk

Potential Type of Radiographs - and dates taken if known:

Old Fractures: ☐ Yes ☐ No ☐ Unk

Description:

Foreign Objects : ☐ Yes ☐ No ☐ Unk

☐ Pacemaker ☐ Bullets ☐ Implants ☐ Needles ☐ Shrapnel ☐ Other

Describe Other:

Surgery: ☐ Yes

☐ Gall Bladder

☐ Laparotomy

☐ Reconstructive

☐ No

☐ Appendectomy

☐ Caesarean

☐ Open heart

☐ Unk

☐ Tracheotomy

☐ Mastectomy

☐ Other

Unique Characteristics

☐ Yes ☐ No ☐ Unk

Description of: Scars or unusual body features:

Prosthetic(s) ☐ Yes ☐ No ☐ Unk

Prosthetic Location/Description

Circumcised ? ☐ Yes ☐ No ☐ Unk

Tobacco User ? ☐ Yes ☐ No ☐ Unk

Tobacco Type ?

Diabetic? ☐ Yes ☐ No ☐ Unk

If Female, was she currently pregnant? ☐ Yes ☐ No ☐ Unk

If Female, was she pregnant during the last 12 months? ☐ Yes ☐ No ☐ Unk

VIP Personal Information

Page 4 of 8

Incident

Incident Date

RM #

Last

Suffix

First

Middle

Age

DOB

Sex

Race

GROUP TRAVEL INFORMATION

Traveling with:

☐ Alone ☐ Individual ☐ Group

Group Type: Family, Sports, Church, Military, etc.

Family or Group Name:

Date last seen? Last seen by?

Last seen with:

Last location Victim was seen:

MILITARY INFORMATION

Military Service

Nation Served

Branch

Service Number

Approximate Service Date

☐ Yes ☐ No ☐ Unk

DNA Taken:

Comments regarding Military History:

☐ Yes ☐ No ☐ Unk

CRIMINAL HISTORY OR FINGER PRINT INFORMATION

Criminal History:

Date of Last Arrest:

Date Released:

Arrested By:

Prison or Jail Location:

☐ Yes ☐ No ☐ Unk

Ever Printed:

Print Types:

Location of Prints:

☐ Yes ☐ No ☐ Unk

EMPLOYMENT HISTORY

Work Status:

Usual Occupation/Title:

Type of Business / Industry:

Employer:

Employer Phone:

Employer Address:

ADDITIONAL PERSONAL DATA

List memberships: Clubs, Fraternities, etc.

List Social Media used and user names: (Facebook, Twitter etc.)

Additional Data:

RM #

Last

Suffix

First

Middle

Age

DOB

Sex

Race

WATCH:

Normally wears a Watch:

Type

Make

Band Material Band Color

Face Color

Where Worn ?

☐ Yes ☐ No ☐ Unk

Description

Inscription

☐ Yes ☐ No ☐ Unk

Photo Available

☐ Yes
☐ No
☐ Unk

JEWELRY:

Jewelry/Type

Material Color/

Size / Where Worn/

Photo Available

1

Style

Stone Color?

Frequently Worn?

Description

Inscription

☐ Yes ☐ No

☐ Yes ☐ No ☐ Unk

Jewelry/Type

Material Color/

Size / Where Worn/

Photo Available

2

Style

Stone Color?

Frequently Worn?

Description

Inscription

☐ Yes ☐ No

☐ Yes ☐ No ☐ Unk

Jewelry/Type

Material Color/

Size / Where Worn/

Photo Available

3

Style

Stone Color?

Frequently Worn?

Description

Inscription

☐ Yes ☐ No

☐ Yes ☐ No ☐ Unk

Jewelry/Type

Material Color/

Size / Where Worn/

Photo Available

4

Style

Stone Color?

Frequently Worn?

Description

Inscription

☐ Yes ☐ No

☐ Yes ☐ No ☐ Unk

Jewelry/Type

Material Color/

Size / Where Worn/

Photo Available

5

Style

Stone Color?

Frequently Worn?

Description

Inscription

☐ Yes ☐ No

☐ Yes ☐ No ☐ Unk

Jewelry/Type

Material Color/

Size / Where Worn/

Photo Available

6

Style

Stone Color?

Frequently Worn?

Description

Inscription

☐ Yes ☐ No

☐ Yes ☐ No ☐ Unk

Jewelry/Type

Material Color/

Size / Where Worn/

Photo Available

7

Style

Stone Color?

Frequently Worn?

Description

Inscription

☐ Yes ☐ No

☐ Yes ☐ No ☐ Unk

VIP Clothing and Personal Effects Incident

Page 6 of 8

Incident Date

RM #

Last

Suffix

First

Middle

Age

DOB

Sex

Race

CLOTHING:

Clothing Items

Color

Description

Size

Wallet: Description

Contents

Purse: Description

Contents

Contents Left

Contents Right

RM #

Last

Suffix

First

Middle

Age

DOB

Sex

Race

Potential Living Biological Donors

Are we Collecting Family
Reference DNA

All BIOLOGICAL Relatives of Missing Individual

Such as: Mother/Father/Spouse/Sister/Brother/Children/Uncle/Aunt/Cousin

☐ Yes ☐ No

Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship
Address		City	State	Zip	Phone 1	E-Mail	

Primary donor for Nuclear DNA Analysis

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

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

VIP Interviewer Information

Page 8 of 8

RM #

Name

/

/

Last

First

Middle

Interview Location

Date

Time

(MM/DD/YYYY)

Interviewer Name

Full Name

Interviewing Agency

Interviewer Home Information

City:

Home Phone:

Cell Phone:

Work Phone:

Interviewer Onsite Information

Interviewer Onsite address:

Location Name and Street, City, State and Room #

Interviewer Onsite phone:

Interviewer Onsite cell:

Reviewer Info

Reviewer Name:

Reviewing Agency:

Reviewer's Signature: