



# VIP Physical Description

**Incident** \_\_\_\_\_

**Incident Date** \_\_\_\_\_

**RM #** \_\_\_\_\_

Last	/	Suffix	/	First	/	Middle	Age	DOB	Sex	Race
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**Complexion:** \_\_\_\_\_ **General Build:** \_\_\_\_\_

**Height Inches:** \_\_\_\_\_ / **Height cm** \_\_\_\_\_ **Approx. Weight (Pounds):** \_\_\_\_\_ / **Weight Kilos** \_\_\_\_\_

**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:** \_\_\_\_\_

**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:** \_\_\_\_\_

**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

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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

Dentist

Physician \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Physician Type \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Reason Seen: \_\_\_\_\_

Phone W \_\_\_\_\_

Phone H \_\_\_\_\_

Date Last Seen: \_\_\_\_\_

Phone C \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Doctor

Physician \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Physician Type \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Reason Seen: \_\_\_\_\_

Phone W \_\_\_\_\_

Phone H \_\_\_\_\_

Date Last Seen: \_\_\_\_\_

Phone C \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Doctor

Medical Facility Visited / Type? \_\_\_\_\_

Medical Facility / Name \_\_\_\_\_

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

Medical History Notes / Other? \_\_\_\_\_

Medical Radiographs?  Yes  No  Unk

Medical Radiographs Location: \_\_\_\_\_

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

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Incident \_\_\_\_\_

Incident Date \_\_\_\_\_

RM # \_\_\_\_\_

Last

Suffix

First

Middle

Age

DOB

Sex

Race

## GROUP TRAVEL INFORMATION

Traveling with:

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

Family or Group Name: \_\_\_\_\_

Alone  Individual  Group

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:

# VIP Jewelry

Incident

Incident Date

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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
			<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
2	Style	Stone Color?	Frequently Worn?	Description	Inscription
			<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
3	Style	Stone Color?	Frequently Worn?	Description	Inscription
			<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
4	Style	Stone Color?	Frequently Worn?	Description	Inscription
			<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
5	Style	Stone Color?	Frequently Worn?	Description	Inscription
			<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
6	Style	Stone Color?	Frequently Worn?	Description	Inscription
			<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
7	Style	Stone Color?	Frequently Worn?	Description	Inscription
			<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk



RM #

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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

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Address	City	State	Zip	Phone 1	E-Mail			

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Last Name	First Name	Middle Name	Suffix	SS# Last 4	DOB	Sex	Relationship	
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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).

RM #

Name  /  /

**Interview Location**

Date  Time

Interviewer Name

Interviewing Agency

**Interviewer Home Information**

City:   
Home Phone:   
Cell Phone:   
Work Phone:

**Interviewer Onsite Information**

Interviewer Onsite address:   
Interviewer Onsite phone:   
Interviewer Onsite cell:

**Reviewer Info**

Reviewer Name:   
Reviewing Agency:   
Reviewer's Signiture: \_\_\_\_\_