Agency Case #_____

ATTENTION:
PRINT or SAVE form before clicking RESET.

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INTRODUCTION

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

The Coding Dental Characteristics section of this guide should be used by dentists when coding dental characteristics for missing or wanted person records.

If you have questions regarding any information contained in this guide, please contact the **FBI's Criminal Justice Information Services (CJIS) Division at (304) 625-3000.**

CATEGORIES FOR ENTRY INTO THE MISSING PERSON FILE

1. **Disability (EMD):** A person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.

2. **Endangered (EME):** A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.
   NOTE: Is a Child Abduction (CA) or an AMBER Alert (AA) flag appropriate?

3. **Involuntary (EMI):** A person of any age who is missing under circumstances indicating that the disappearance may not have been voluntary, i.e., abduction or kidnapping.
   NOTE: Is a Child Abduction (CA) or an AMBER Alert (AA) flag appropriate?

4. **Juvenile (EMJ):** A person under the age of 21 who is missing and does not meet any of the entry criteria set forth in 1, 2, 3, or 5.

5. **Catastrophe Victim (EMV):** A person of any age who is missing after a catastrophe.

6. **Other (EMO):** A person aged 21 and older not meeting the criteria for entry in any other category who is missing and for whom there is a reasonable concern for his/her safety.

INSTRUCTIONS

NCIC Initial Entry Report: The initial report contains, but is not limited to, information required for the NCIC Missing Person File entry. This report should be completed by the investigating officer, who ensures that a record is entered into NCIC **immediately.**

Medical Information: The top portion of the Medical Information page should be completed by the parents/legal guardian/next of kin/complainant and investigating agency. The medical information should be completed by the missing person's physician, optician, and dentist. **The investigating agency should ensure this information is promptly added to the NCIC record.**

Personal Descriptors: The personal descriptors should be completed by the parent/legal guardian/next of kin/complainant and/or medical professional and returned to the police agency that completed the initial report. **The investigating agency should ensure the information is promptly added to the NCIC record.**

Jewelry Description: The jewelry description should be completed by the parent/legal guardian/next of kin/complainant and returned to the police agency that completed the initial report. **The investigating agency should ensure the information is promptly added to the NCIC record.**

Miscellaneous Data: Additional data to consider when collecting information about the missing person. **The investigating agency should ensure the information is promptly added to the NCIC record.**

External Characteristics Body Diagrams: The parents/legal guardian/next of kin/complaintant, medical professional, and/or investigating officer should use these sheets to indicate the precise location of scars, marks, tattoos, and other characteristics. **The investigating agency should ensure the information is promptly added to the NCIC record.**

Internal Characteristics Coding Sheet: The parents/legal guardian/next of kin/complaintant and/or medical professional should use this sheet to describe additional physical characteristics that may not be readily visible, including surgeries and missing organs. **The investigating agency should ensure the information is promptly added to the NCIC record.**

Coding Dental Characteristics: Dentists should use this section to code dental characteristics for missing or wanted individuals. Coding worksheets, reports, and information is included in this section. **The investigating agency should ensure the information is promptly added to the NCIC record.**

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NCIC Initial Entry Report

Message Key **(MKE)** (*See Categories, page 2*)
☐ Disability (EMD) ☐ Catastrophe Victim (EMV) ☐ Other (EMO)
☐ Juvenile (EMJ) ☐ Involuntary (EMI)
☐ Endangered (EME) ☐ Caution

Date

Reporting Agency **(ORI)**

Name of Missing Person **(NAM)**

Sex **(SEX)** ☐ Male (M) ☐ Female (F)

Aliases

Race **(RAC)**
☐ Asian or Pacific Islander (A)
☐ American Indian/Alaskan Native (I)
☐ Black (B) ☐ White (W) ☐ Unknown (U)

Place of Birth **(POB)**

Date of Birth **(DOB)**

Date of Emancipation **(DOE)**

Height **(HGT)**

Weight **(WGT)**

Eye Color **(EYE)**
☐ Black (BLK) ☐ Brown (BRO) ☐ Hazel (HAZ) ☐ Unknown (XXX)
☐ Blue (BLU) ☐ Gray (GRY) ☐ Maroon (MAR) ☐ Multicolored (MUL)
☐ Green (GRN) ☐ Pink (PNK)

Hair Color **(HAI)**
☐ Brown (BRO) ☐ Sandy (SDY) ☐ Blue (BLU) ☐ Purple (PLE)
☐ Black (BLK) ☐ Gray or Partially Gray (GRY) ☐ Green (GRE) ☐ Unknown or Completely Bald (XXX)
☐ White (WHT) ☐ Red/Auburn (RED) ☐ Orange (ONG)
☐ Blond/Strawberry (BLN) ☐ Pink (PNK)

FBI Number **(FBI)**

Skin Tone **(SKN)**
☐ Albino (ALB) ☐ Yellow (YEL) ☐ Lt. Brown (LBR) ☐ Ruddy (RUD)
☐ Black (BLK) ☐ Dk. Brown (DBR) ☐ Medium (MED) ☐ Sallow (SAL)
☐ Dark (DRK) ☐ Fair (FAR) ☐ Medium Brown (MBR)
☐ Light (LGT) ☐ Olive (OLV)

Scars, Marks, Tattoos, and Other Characteristics **(SMT)** (*See Checklist, page 8*)

Has the missing person ever been fingerprinted?
☐ No
☐ Yes, by whom?_____

Other Identifying Numbers **(MNU)**

Fingerprint Classification **(FPC)***

Social Security Number **(SOC)**

Operator's License Number **(OLN)**

Operator's License State **(OLS)**

License Expiration **(OLY)**

Missing Person **(MNP)**
☐ Missing Person (MP) ☐ Catastrophe Victim (DV)
☐ Child Abduction (CA) ☐ AMBER Alert (AA)

Date of Last Contact **(DLC)**

Originating Agency Case Number **(OCA)**

Miscellaneous **(MIS)** Information such as build, handedness, any illness or diseases, clothing description, hair description, should be included. If more space is needed, attach additional sheet.**

Missing Person Circumstances **(MPC)**
☐ Abducted By Stranger (S)
☐ Runaway (R)
☐ Abducted By Non-custodial Parent (N)

License Plate Number **(LIC)**

State **(LIS)**

Year Expires **(LIY)**

License Plate Type **(LIT)**

Vehicle Identification Number **(VIN)**

Year **(VYR)**

Make **(VMA)**

Model **(VMO)**

Style **(VST)**

Color **(VCO)**

Rev 2/06

* Fingerprints, if available, may be submitted electronically via the CJIS Wide Area Network or in hard copy to the FBI, CJIS Division, Post Office Box 4142, Clarksburg, West Virginia 26302-9929.

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

NCIC Missing Person File
Data Collection Entry Guide

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Caution and Medical Conditions **(CMC)**

Code	Description	Code	Description	Code	Description
00	Armed and dangerous	25	Escape risk	65	Epilepsy
05	Violent tendencies	30	Sexually violent predator - contact ORI for detailed information	70	Suicidal
10	Martial arts expert			80	Medication required
15	Explosives expertise	50	Heart condition	85	Hemophiliac
20	Known to abuse drugs	55	Alcoholic	90	Diabetic
		60	Allergies	01	Other

Has the missing person ever donated blood? **(MIS)**
Yes
No

Blood Type **(BLT)**
A Positive (APOS) B Positive (BPOS) AB Positive (ABPOS) O Positive (OPOS) Unknown (UNKWN)
A Negative (ANEG) B Negative (BNEG) AB Negative (ABNEG) O Negative (ONEG)
A Unknown (AUNK) B Unknown (BUNK) AB Unknown (ABUNK) O Unknown (OUNK)

Circumcision? **(CRC)**
Was (C) Was Not (N) Unknown (U)

Footprints available? **(FPA)**
Yes (Y) No (N)

Body X-Rays? **(BXR)**
Full (F) Partial (P) None (N)

Does the missing person have corrected vision? **(SMT)**
Yes Glasses
No Con Lenses

Corrective Vision Prescription **(VRX)**

Jewelry Type **(JWT)** *(See Checklist, page 20)*

Jewelry Description **(JWL)** *(See Checklist, page 20)*

DNA Profile Indicator **(DNA)**
Yes (Y) No (N)

DNA Location **(DLO)**

Complainant's Name

Complainant's Address

Complainant's Telephone Number

Relationship of Complainant to Missing Person

Missing Person's Occupation **(MIS)**

Missing Person's Address

Close friends/relatives

Places Missing Person Frequented **(MIS)**

Possible destination **(MIS)**

Reporting Officer

Reporting Agency Telephone Number

Investigating Officer and Telephone Number **(MIS)**

Complainant's Signature

Date

NCIC Number **(NIC)**

Agency Case #_____

MEDICAL INFORMATION

Missing Person's Name | Date of Birth | Date of Last Contact

Investigating Agency | Agency Telephone # | Investigating Officer

After completing this page, turn to the body diagram page and chart any information that would aid in the identification of the missing person, for example, artificial body parts, eye disorders, deafness, deformities, fractured bones, medical devices, missing body parts, moles, needle marks, other physical characteristics, scars, skin discoloration, and tattoos.

Medical

Are body X-rays available? ☐ Yes ☐ No If yes, where? _____

Please obtain X-rays and release them to the parent, legal guardian, or next of kin.

Name of Medical Doctor | Blood Type (Including RH Factor if known)

Street Address | City, State, Zip

Telephone Number

Optical

Glasses or Contact Lenses? ☐ **Yes** ☐ **No** If contact lenses, what kind? _____

If glasses, what type of frames? _____

Prescription: **Right Eye** _____

Left Eye _____

Name of Optician, Optometrist, or Opthalmologist | Street Address

City, State, Zip | Telephone Number

Dental

Name of Dentist | Street Address

City, State, Zip | Telephone Number

Agency Case #_____

AUTHORIZATION TO RELEASE MEDICAL RECORDS

_____

Missing Person's Name | Date of Birth | Date of Last Contact

I am the parent/legal guardian/next of kin of the above-named person and I hereby authorize the release of medical records to assist criminal justice agencies in locating the missing person. I understand that the term "medical records" means medical, optical, dental, etc.

_____ _____

Signature of Parent/Legal Guardian/Next of Kin | Date

_____ _____

Printed Name | Relationship

_____ _____

Street Address | Telephone Number

_____

City, State, Zip

Agency Case #_____

PERSONAL DESCRIPTORS
SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS

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

Artificial (ART) Body Parts and Aids

EYES

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

EARS

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

TEETH

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

LARYNX

- ☐ Artificial Larynx (ART LARYNX)

SHOULDERS

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

TORSO

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

ARMS

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

ARMS - CONTINUED

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

LEGS

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

WALKING AIDS

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

BRACES

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

Deafness

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

Deformities

EARS

- ☐ Cauliflower ear, nonspecific (CAUL EAR)
- ☐ Left cauliflower ear (CAUL L EAR)
- ☐ Right cauliflower ear (CAUL R EAR)

FACE

- ☐ Deviated septum (DEV SEPTUM)
- ☐ Cleft lip (CL LIP)
- ☐ Cleft palate (CLEFT PAL)
- ☐ Mute, person is mute not deaf (MUTE)
- ☐ Protruding jaw, nonspecific (PROT JAW)
- ☐ Protruding upper jaw (PROT U JAW)
- ☐ Protruding lower jaw (PROT L JAW)
- ☐ Extra tooth/teeth, nonspecific (EXTR TTH)
- ☐ Extra tooth/teeth, upper jaw (EXTR U TTH)
- ☐ Extra tooth/teeth, lower jaw (EXTR L TTH)

TORSO

- ☐ Extra breast, nonspecific (EXTR BRST)
- ☐ Extra left breast (EXTR LBRST)
- ☐ Extra right breast (EXTR RBRST)
- ☐ Extra center breast (EXTR CBRST)
- ☐ Extra nipple, nonspecific (EXTR NIP)
- ☐ Extra nipple, left (EXTR L NIP)
- ☐ Extra nipple, right (EXTR R NIP)
- ☐ Extra nipple, center (EXTR C NIP)
- ☐ Humpbacked (HUMPBACKED)
- ☐ Extra vertebra(e), nonspecific (EXTR VRT)
- ☐ Extra cervical vertebra(e) (EXTR C VRT)
- ☐ Extra lumbar vertebra(e) (EXTR L VRT)

ARMS

- ☐ Crippled arm, nonspecific (CRIP ARM)
- ☐ Crippled left arm (CRIP L ARM)
- ☐ Crippled right arm (CRIP R ARM)
- ☐ Crippled hand, nonspecific (CRIP HAND)
- ☐ Crippled left hand (CRIP L HND)
- ☐ Crippled right hand (CRIP R HND)
- ☐ Crippled finger, nonspecific (CRIP FGR)
- ☐ Crippled left finger (CRIP L FGR)
- ☐ Crippled right finger (CRIP R FGR)
- ☐ Extra finger(s), nonspecific (EXTR FGR)
- ☐ Extra finger(s), left hand (EXTR L FGR)
- ☐ Extra finger(s), right hand (EXTR R FGR)

LEGS

- ☐ Short leg, nonspecific (SHRT LEG)
- ☐ Shorter left leg (SHRT L LEG)
- ☐ Shorter right leg (SHRT R LEG)
- ☐ Crippled leg, nonspecific (CRIP LEG)
- ☐ Crippled left leg (CRIP L LEG)
- ☐ Crippled right leg (CRIP R LEG)
- ☐ Crippled foot, nonspecific (CRIP FOOT)
- ☐ Crippled left foot, includes clubfoot (CRIP L FT)
- ☐ Crippled right foot, includes clubfoot (CRIP R FT)
- ☐ Crippled toe, nonspecific (CRIP TOE)
- ☐ Crippled left toe(s), includes webbed toes (CRIP L TOE)
- ☐ Crippled right toe(s), includes webbed toes (CRIP R TOE)
- ☐ Extra toe(s), nonspecific (EXTR TOE)
- ☐ Extra toe(s), left foot (EXTR L TOE)
- ☐ Extra toe(s), right foot (EXTR R TOE)

Eye Disorders

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

Fractured Bones - FRESH (FRC)

HEAD

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

NECK

- ☐ Neck (FRC NECK)

SHOULDERS

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

TORSO

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

ARMS

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

ARMS - CONTINUED

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

PELVIS

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

HIPS

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

LEGS

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

Fractured Bones - HEALED (HFR)

HEAD

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

NECK

- ☐ Neck (HFR NECK)

SHOULDERS

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

TORSO

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

ARMS

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

ARMS - CONTINUED

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

PELVIS

- ☐ Pelvis (HFR PELVIS)
- ☐ Pelvis bone, left (HFR LPELVI)
- ☐ Pelvis bone, right (HFR RPELVI)

HIPS

- ☐ Hip, nonspecific (HFR HIP)
- ☐ Hip, left (HFR L HIP)
- ☐ Hip, right (HFR R HIP)

LEGS

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

Medical Devices

- ☐ Skull plate (SKL PLATE)
- ☐ Shunt, cerebral ventricle (SHUNT CERB)
- ☐ Intramedullary rod (INTRA ROD)
- ☐ Tubes in ears, left and right (EAR TUBES)
- ☐ Tube in left ear (TUBE L EAR)
- ☐ Tube in right ear (TUBE R EAR)

Medical Devices - Continued

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

Missing Body Parts/Organs (MISS)

HEAD

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

VERTEBRA(E)

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

ARMS

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

TORSO

- ☐ Breast, nonspecific (MISS BRST)
- ☐ Breasts (MISS BRSTS)

TORSO - CONTINUED

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

LEGS

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

Moles (MOLE)

HEAD

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

SHOULDERS

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

ARMS

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

TORSO

- ☐ Chest (MOLE CHEST)
- ☐ Breast, nonspecific (MOLE BRST)
- ☐ Left breast (MOLE LBRST)
- ☐ Right breast (MOLE RBRST)
- ☐ Abdomen (MOLE ABDOM)
- ☐ Back (MOLE BACK)
- ☐ Buttocks, nonspecific (MOLE BUTTK)
- ☐ Left buttock (MOLE L BUT)
- ☐ Right buttock (MOLE R BUT)
- ☐ Hip, nonspecific (MOLE HIP)
- ☐ Left hip (MOLE L HIP)
- ☐ Right hip (MOLE R HIP)
- ☐ Penis (MOLE PENIS)
- ☐ Groin area (MOLE GROIN)

LEGS

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

Agency Case #_____

Needle ("Track") Marks (NM)

SHOULDERS

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

ARMS

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

TORSO

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

TORSO - CONTINUED

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

LEGS

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

Other Physical Characteristics

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

Information for entering agency:

* Miscellaneous Field should indicate sex at birth and the NCIC record should indicate sex at the time the Report is filed. For example, agencies should enter data on a missing person that was born a male and is now a female as male in the Miscellaneous Field and female in the NCIC record.

Scars (SC)

HEAD

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

SHOULDERS

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

ARMS

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

TORSO

- ☐ Chest (SC CHEST)
- ☐ Breast, nonspecific (SC BREAST)
- ☐ Left breast (SC L BRST)
- ☐ Right breast (SC R BRST)
- ☐ Abdomen (SC ABDOM)
- ☐ Back (SC BACK)
- ☐ Buttocks, nonspecific (SC BUTTK)
- ☐ Left buttock (SC L BUTTK)
- ☐ Right buttock (SC R BUTTK)
- ☐ Hip, nonspecific (SC HIP)
- ☐ Left hip (SC L HIP)
- ☐ Right hip (SC R HIP)
- ☐ Penis (SC PENIS)
- ☐ Groin (SC GROIN)

LEGS

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

Skin Discoloration (including birthmarks) (DISC)

HEAD

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

SHOULDERS

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

ARMS

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

TORSO

- ☐ Chest (DISC CHEST)
- ☐ Breast, nonspecific (DISC BRST)
- ☐ Left breast (DISC L BRS)
- ☐ Right breast (DISC R BRS)
- ☐ Abdomen (DISC ABDOM)
- ☐ Back (DISC BACK)
- ☐ Buttocks, nonspecific (DISC BUTTK)
- ☐ Left buttock (DISC L BUT)
- ☐ Right buttock (DISC R BUT)
- ☐ Hip, nonspecific (DISC HIP)
- ☐ Left hip (DISC L HIP)
- ☐ Right hip (DISC R HIP)
- ☐ Penis (DISC PENIS)
- ☐ Groin (DISC GROIN)

LEGS

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

Agency Case #_____

Tattoos (TAT)

HEAD

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

SHOULDERS

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

ARMS

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

TORSO

- ☐ Chest (TAT CHEST)
- ☐ Breast (TAT BREAST)
- ☐ Left breast (TAT L BRST)
- ☐ Right breast (TAT R BRST)
- ☐ Abdomen (TAT ABDOM)
- ☐ Back (TAT BACK)
- ☐ Buttocks (TAT BUTTK)
- ☐ Left buttock (TAT L BUTK)
- ☐ Right buttock (TAT R BUTK)
- ☐ Hip, nonspecific (TAT HIP)
- ☐ Left hip (TAT L HIP)
- ☐ Right hip (TAT R HIP)
- ☐ Penis (TAT PENIS)
- ☐ Groin area (TAT GROIN)

LEGS

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

FULL BODY

- ☐ Full body** (TAT FLBODY)

Information for entering agency:
* Use the Miscellaneous Field to further describe the location of the tattoo.
** Use only when the entire body—arms, legs, chest, and back are—covered with tattoos.

Agency Case #_____

Removed Tattoos (RTAT)

HEAD

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

SHOULDERS

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

ARMS

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

TORSO

- ☐ Chest (RTAT CHEST)
- ☐ Breast (RTAT BRST)
- ☐ Left breast (RTAT LBRST)
- ☐ Right breast (RTAT RBRST)
- ☐ Abdomen (RTAT ABDM)
- ☐ Back (RTAT BACK)
- ☐ Buttocks (RTAT BUTTK)
- ☐ Left buttock (RTAT LBUTK)
- ☐ Right buttock (RTAT RBUTK)
- ☐ Hip, nonspecific (RTAT HIP)
- ☐ Left hip (RTAT L HIP)
- ☐ Right hip (RTAT R HIP)
- ☐ Penis (RTAT PENIS)
- ☐ Groin area (RTAT GROIN)

LEGS

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

FULL BODY

- ☐ Full body** (RTAT FLBOD)

Information for entering agency:

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

** Use only when tattoos were removed from the entire body—arms, legs, chest, and back.

Medical Conditions and Diseases (MC)

- ☐ Acne (MC ACNE)
- ☐ Alcoholism (MC ALCOHOL)
- ☐ Allergies including asthma (MC ALLERGY)
- ☐ Alzheimer's Disease (MC ALZHMRS)
- ☐ Arthritis (MC ARTHRTS)
- ☐ Attention Deficit Disorder (MC ADD)
- ☐ Behavior Disorder (past and present, includes autism, depression, schizophrenia and suicidal tendencies) (MC BEHAVIO)
- ☐ Hematological Diseases (diseases of the blood - includes anemia, hemophilia, leukemia, and sickle cell anemia.) (MC BLOOD)
- ☐ Cancer (MC CANCER)
- ☐ Diabetic (MC DIABTIC)
- ☐ Down's Syndrome (MC DOWNSYN)
- ☐ Drug Abuse (MC DRUGAB)
- ☐ Eating Disorders (includes anorexia nervosa and bulimia) (MC EATDIS)
- ☐ Heart/circulatory diseases (includes high blood pressure, heart failure, heart attack, hardening of the arteries, and circulation problems) (MC HEART)
- ☐ Kidney conditions/diseases (MC KIDNEY)
- ☐ Liver disease (includes cirrhosis and hepatitis) (MC LIVER)
- ☐ Nervous conditions (includes seizures, stroke, senility, and mental retardation) (MC NERVOUS)
- ☐ Neurological conditions/diseases (includes Cerebral Palsy, epilepsy, Multiple Sclerosis, and Parkinson's Disease) (MC NRLGCAL)
- ☐ Paraplegic (MC PARPLGC)
- ☐ Quadriplegic (MC QUADPLG)
- ☐ Pregnancy, present (MC PREGNAN)
- ☐ Pregnancy, past (MC PASTPRE)
- ☐ Pulmonary/lung diseases (includes emphysema and Cystic Fibrosis (MC PLMNARY)
- ☐ Thyroid conditions/diseases (MC THYROID)
- ☐ Skin disorders (includes psoriasis and eczema) (MC SKIN)
- ☐ Tuberculosis (MC TB)
- ☐ Tourette's Syndrome (MC TOURETE)
- ☐ Other medical disorders/conditions not listed above* (MC OTHER)

Information for entering agency:
* Identify other medical disorders/conditions, not listed above, in the Miscellaneous Field.

Therapeutic Drugs (TD)

- ☐ Analgesics - pain relievers (includes Darvon, Acetaminophen, and Aspirin) (TD ANALGES)
- ☐ Antibiotics (TD ANTBTCS)
- ☐ Anticonvulsants - seizure medicines (includes Dilantin, Mysoline, and Phenobarbital) (TD ACONVUL)
- ☐ Antidepressants - mood lifters (includes Amitriptylene, Elavil, Prozac, Norpramine, Triavil, and Zoloft) (TD ADEPRES)
- ☐ Anti-inflammatory medication (TD ANTINFL)
- ☐ Bronchial dilators (includes inhalers) (TD BRNCHDL)
- ☐ Cardiac - heart medications (includes Digitalis and Digoxin) (TD CARDIAC)
- ☐ Hypnotics - sleeping aids (includes Barbiturates, Chloral Hydrate, and Glutethemide) (TD HYPNOTI)
- ☐ Insulin (TD INSULIN)
- ☐ Ritalin (TD RITALIN)
- ☐ Tranquilizers (includes Valium, Thorazine, and Stellazine) (TD TRANQUI)
- ☐ Other therapeutic medications* (TD OTHER)

Information for entering agency:
* Identify other therapeutic medications, not listed above, in the Miscellaneous Field.

Drugs of Abuse (DA)

- ☐ Alcohol (DA ALCOHOL)
- ☐ Amphetamines (includes stimulants) (DA AMPHETA)
- ☐ Barbiturates (DA BARBITU)
- ☐ Cocaine (includes crack) (DA COCAINE)
- ☐ Glue (DA GLUE)
- ☐ Hallucinogens (DA HALLUCI)
- ☐ Marijuana (DA MARIJUA)
- ☐ Narcotics (includes Heroin, Morphine, Dilaudid, Methadone) (DA NARCOTI)
- ☐ Paint (includes thinner) (DA PAINT)
- ☐ Ritalin (DA RITALIN)
- ☐ Rohypnol (brand name for Flunitrazepam, also referred to as "rophies", "roofies", "ruffies", and "roche") (DA ROHYPNL)
- ☐ Other drugs of abuse* (DA OTHER)

Information for entering agency:
* Identify other drugs of abuse, not listed above, in the Miscellaneous Field.

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JEWELRY TYPE (JWT)

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

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

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MISCELLANEOUS DATA

Miscellaneous data regarding the missing person may be added. This information may include, but is not limited to, any of the following:

1. Nicknames the missing person may go by
2. Clothing description (size, color, style, laundry marks)
3. Shoes (size, style, color)
4. Smoker (pipe, cigar, cigarette; brand)
5. Tobacco chewer (brand)
6. Fingernails (polish, length, biter)
7. Possible destination
8. Amount of money in possession
9. Medication in possession
10. Left handed
11. Right handed
12. Explanation/description of scars, marks, tattoos, and physical characteristics
13. Conditions under which a juvenile is listed as missing
14. Child is missing under suspicious circumstances, and/or child is believed to be in a life-threatening situation.

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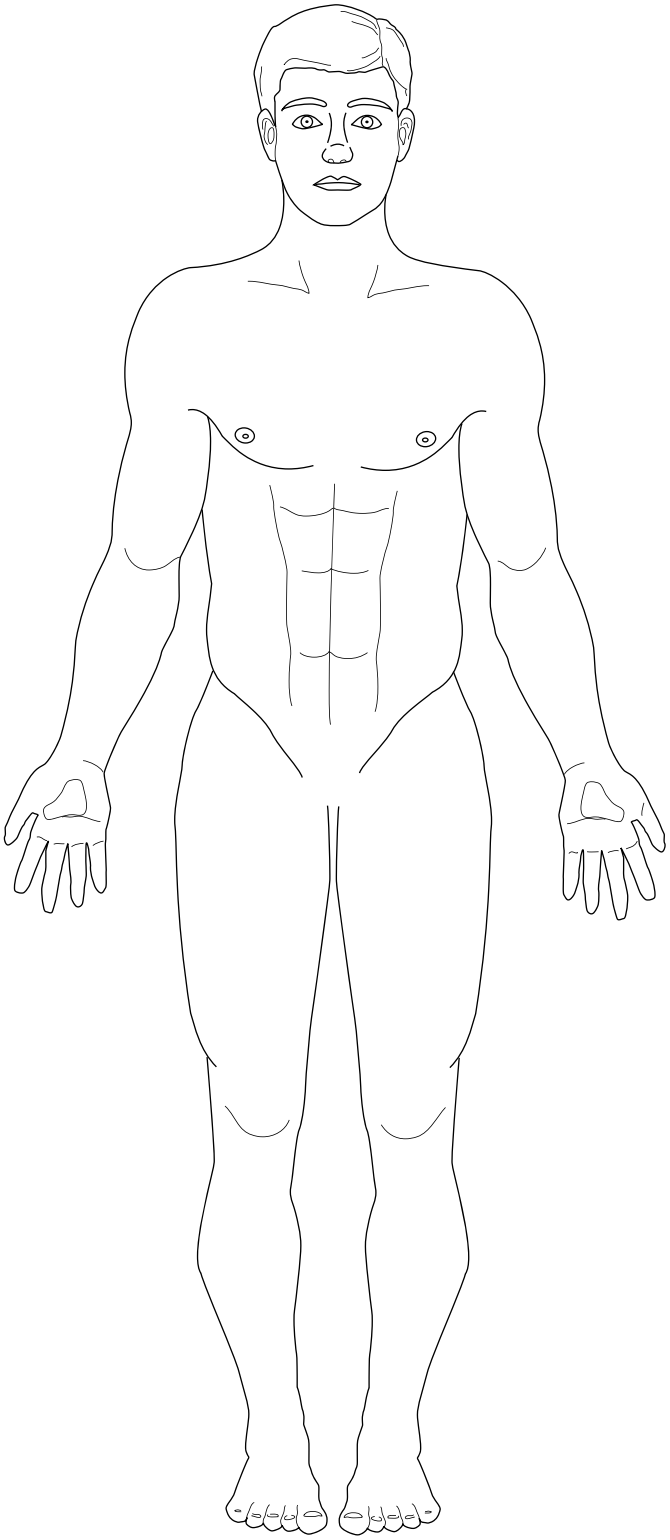
Male External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



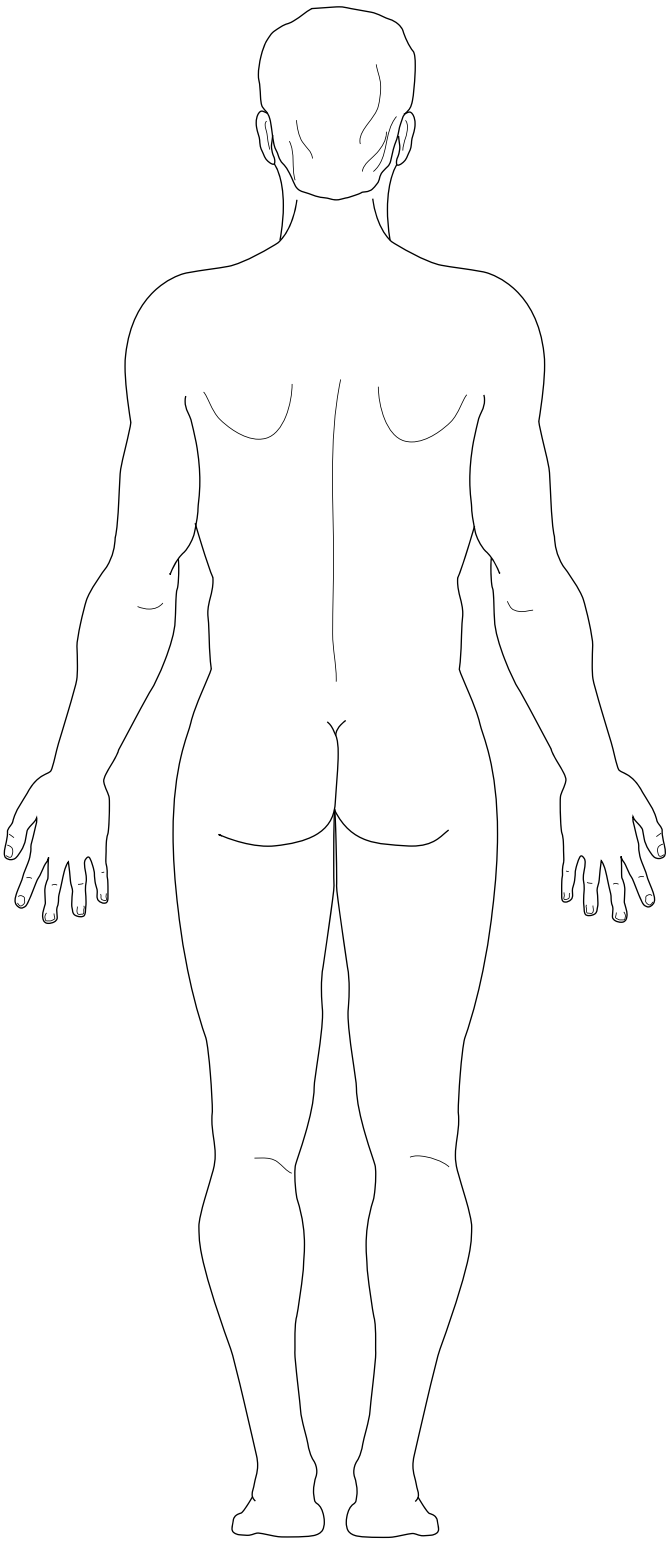
Front

Left Side

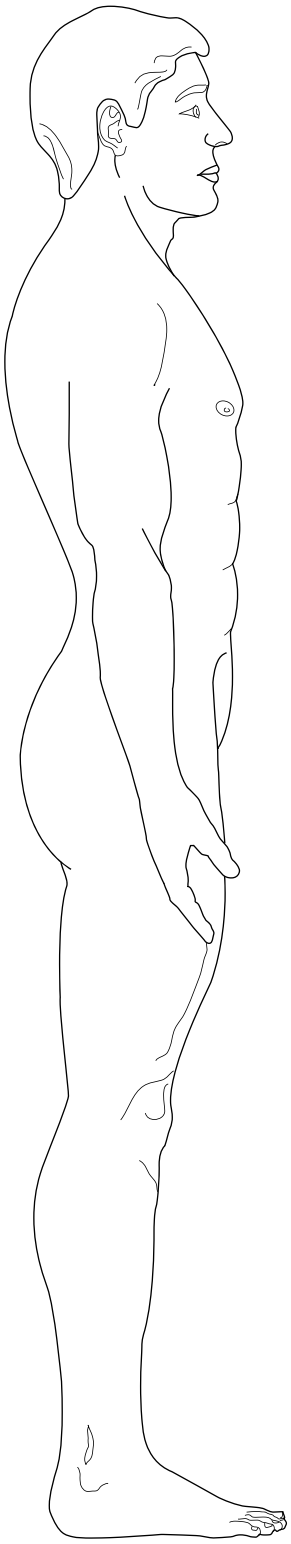
Agency Case #_____

Male External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



Back

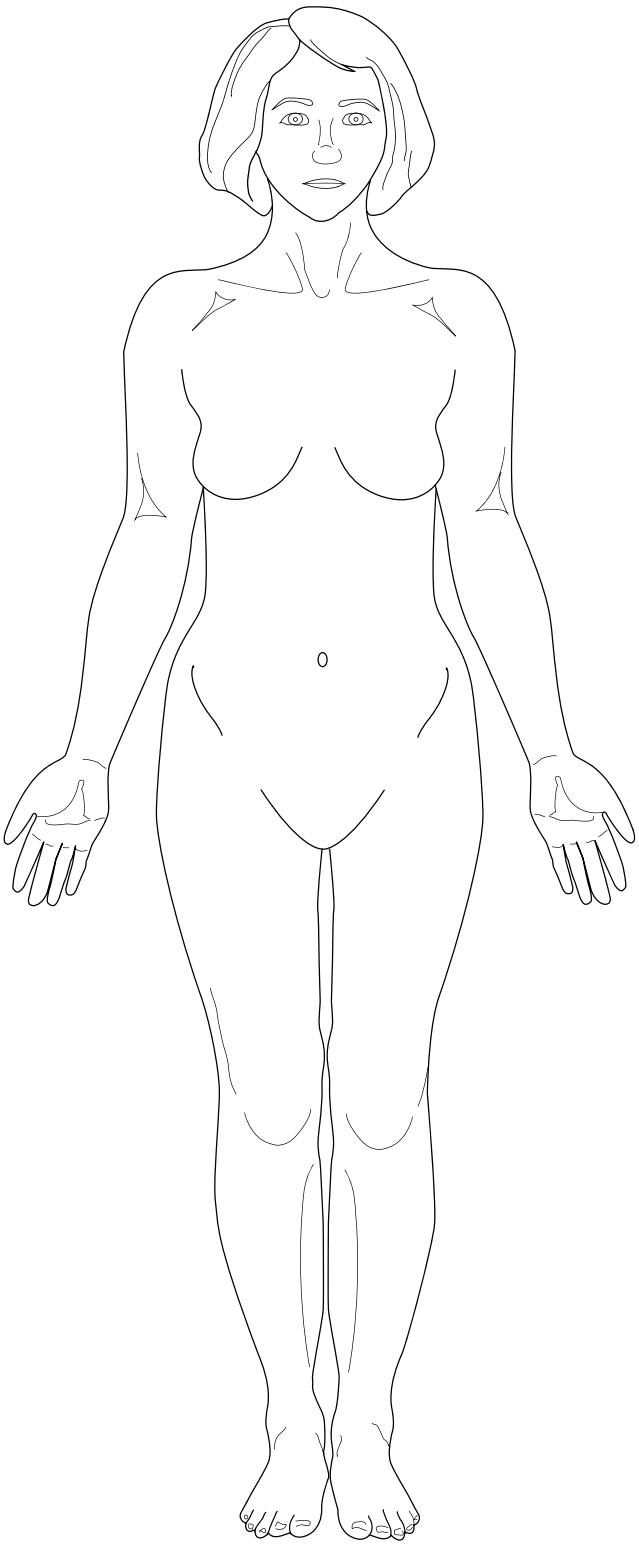


Right Side

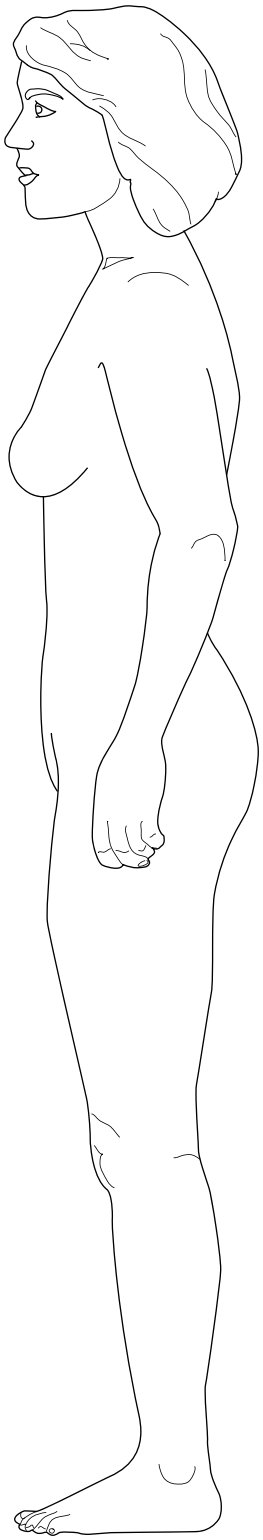
Agency Case #_____

Female External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



Front

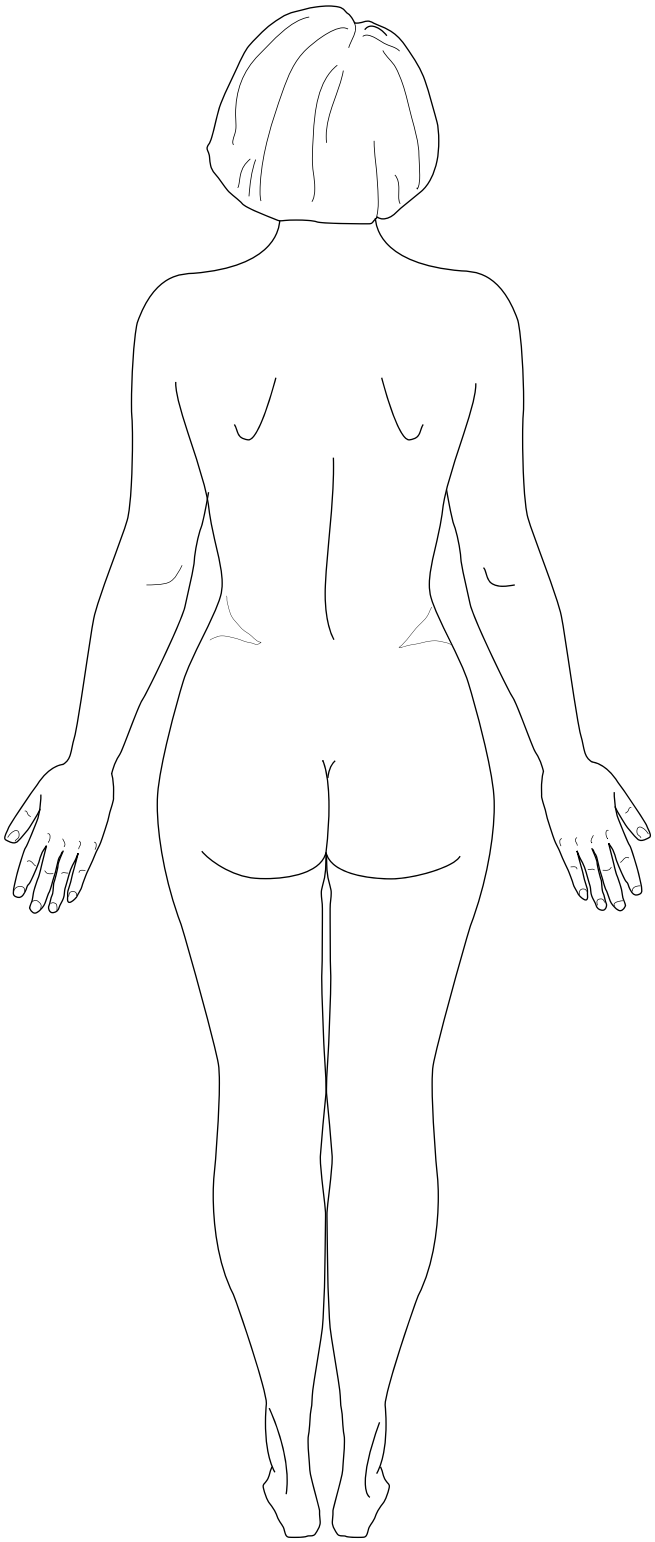


Left Side

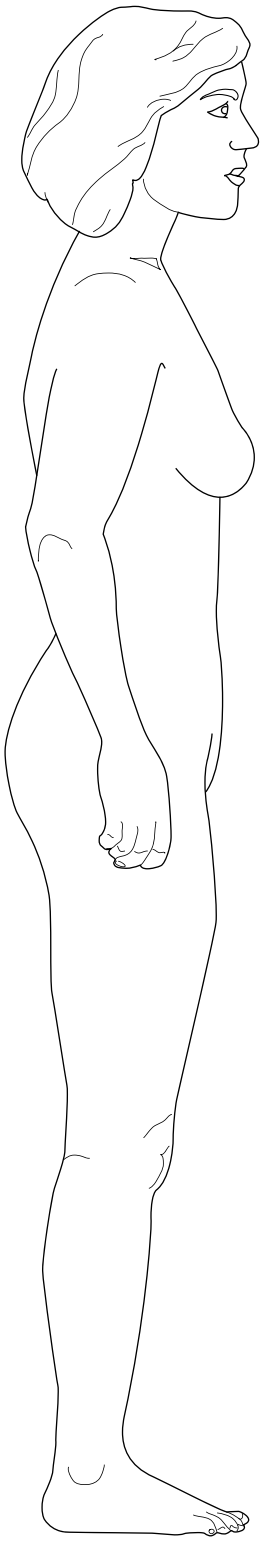
Agency Case #_____

Female External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



Back



Right Side

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Internal Characteristics Coding Sheet

This sheet may be used by the next of kin or physician to list or describe additional characteristics that may not be readily visible, such as surgical procedures and missing organs. Information documented on this sheet should be coded by the NCIC operator and added to the missing person record.

Images

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

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

Mugshot: Only one mugshot may be entered per record.

Signature: Only one signature may be entered per record.

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

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CODING DENTAL CHARACTERISTICS

Letter to Dentist

Dear Doctor:

Because it is believed that you have treated the subject of this report, your assistance with the enclosed dental report is requested. Your careful attention to the information requested in the dental report may aid in the identification of the person who has been reported missing.

A worksheet for your notes in regard to each tooth is contained in this packet. Using this worksheet will enable you to combine the information shown in the dental records and radiographs to provide an accurate dental profile. Once you have completed the worksheet, you may use these notes to easily transfer the information to the National Crime Information Center (NCIC) Missing Person Dental Report.

This report is designed to facilitate the collection of dental data to be entered into the NCIC, which will compare these dental data to dental characteristics stored in the NCIC Unidentified Person File to develop a candidate list of potential matching records.

Your careful examination of all available dental records will ensure you create a dental profile that will provide key information used in the identification process. Under most circumstances, it should not take you more than a few minutes to complete this report.

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

Dental Data Checklist

(to be completed by dentist)

- ☐ All dental information has been collected and reviewed (including, but not limited to all original radiographs, treatment records, dental photographs, and dental models).
- ☐ Photographs showing missing persons teeth have been collected from family and/or friends.
- ☐ Dental records and photographs collected have been given to the investigating agency.
- ☐ Completed Dental Condition Worksheet. (See page 29.)
- ☐ Completed NCIC Missing Person Dental Report. (See page 30.)

Agency Case #_____

DENTAL CONDITION WORKSHEET

(to be completed by dentist)

You should fill out this chart following your complete review of all available dental records and radiographs. You should number the teeth following the format of the Universal numbering system with tooth #1 being the upper right third molar, tooth #16 being the upper left third molar, tooth #17 being the lower left third molar and tooth #32 being the lower right third molar. In your descriptions of the restorations present, you should include the surfaces involved (M, O, D , F, L), the restorative material used, such as amalgam, gold, porcelain, composite, temporary cement and any other conditions that may be observed such as endodontic treatment, pin retention, orthodontic brackets or bands. You must not leave any tooth numbers blank. If the tooth has no restorations, note it as "virgin" or "present, no restoration." Note other significant dental information at the bottom of this chart or on an additional sheet of paper, which you should attach to this worksheet.

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

Additional Dental Information:

Agency Case #_____

NCIC Missing Person Dental Report

SECTION 1

Patient's Name: _____ Age at Disappearance: _____ NCIC #: _____

Completed by: _____ Date Completed: _____

Address: _____

Telephone #: _____ Email Address: _____

X-Rays Available? ☐ Yes ☐ No Dental Models Available? ☐ Yes ☐ No Dental Photographs Available? ☐ Yes ☐ No

SECTION 2

DENTAL CHARACTERISTICS

Upper Right

01 (18)_____
02 (17)_____
03 (16)_____
04 (15)_____(A)
05 (14)_____(B)
06 (13)_____(C)
07 (12)_____(D)
08 (11)_____(E)

Upper Left

09 (21)_____(F)
10 (22)_____(G)
11 (23)_____(H)
12 (24)_____(I)
13 (25)_____(J)
14 (26)_____
15 (27)_____
16 (28)_____

(Numbers in parentheses represent FDI System.)

(Letters in parentheses represent deciduous dentition.)

Lower Right

32 (48)_____
31 (47)_____
30 (46)_____
29 (45)_____(T)
28 (44)_____(S)
27 (43)_____(R)
26 (42)_____(Q)
25 (41)_____(P)

Lower Left

24 (31)_____(O)
23 (32)_____(N)
22 (33)_____(M)
21 (34)_____(L)
20 (35)_____(K)
19 (36)_____
18 (37)_____
17 (38)_____

SECTION 3

DENTAL CODES

X = Tooth has been removed or did not develop
V = Tooth is unrestored or no information (Default Code)
M = Mesial Surface Restored
O = Occlusal/Incisal Surface Restored
D = Distal Surface Restored
F = Facial or Buccal Surface Restored
L = Lingual Surface Restored
C = Lab Processed or Prefabricated Restoration
R = Endodontic Treatment
/ = Tooth present but clinical crown missing (i.e., fractured)*

(*The codes V and / are used differently in the Missing Person Dental Report than in the Unidentified Person Dental Report.)

SECTION 4

DENTAL REMARKS

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

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General Procedures for Coding the Report

(to be completed by dentist)

Section 1:

- Complete the Patient's Name field as reflected in the dental records.
- The Age at Disappearance and NCIC # fields should be completed by the investigating agency.
- The Completed by, Date Completed, Address, Telephone #, Email Address, X-Rays Available, Dental Models Available, and Dental Photographs Available fields should be completed by the individual filling out the dental report.

Section 2:

- **If no dental information is available,** go directly to Section 4 and check the UNK box. Do not enter any codes in the tooth fields.
- **If all 32 teeth are present with no restorations,** go directly to Section 4 and check the ALL box.
- Review pages 32–36 prior to completing the Dental Characteristics Section of the dental report.
- Tooth numbers are based on the Universal System. The corresponding Federation Dentaire Internationale (FDI) System numbering is depicted in parenthesis.
- Use all available dental evidence to capture the most accurate dental profile.
- Enter the appropriate code(s) next to the corresponding tooth number, 01–32, on the dental report.
- Each tooth must have one or more codes entered except when ALL or UNK is used in Section 4.

Section 3:

- Dental Codes. A more detailed explanation of these codes and their use is provided on page 32.

Section 4:

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

Dental Codes and Descriptions

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

Code	Description
V	Virgin. Default code for Missing Persons. Tooth is present or assumed to be present and unrestored. This includes unerupted teeth, such as wisdom or deciduous teeth. If no information is available for a particular tooth, this code should be used as it is assumed that all teeth are present (erupted or unerupted) and unrestored when they develop. This code is also used when a tooth has been restored but it is impossible to determine which surface has been restored (most common example of this is the location of a pit type filling on molars when it is impossible to determine whether the filling is on the facial or lingual surface). **Note: This code is used differently when coding dental characteristics for Unidentified Persons.**
/	A portion of the tooth is remaining and treatment has probably been accomplished on the tooth but it is impossible to determine which surfaces have been restored. This code is most frequently used when a tooth has had an endodontic procedure accomplished and the clinical crown has fractured off. This code is seldom used in coding missing persons dental information. **Note: This code is used differently when coding dental characteristics for Unidentified Persons.**
X	Missing. Tooth has been extracted or is congenitally missing.
M	Mesial surface of the tooth has been restored.
O	Occlusal or Incisal surface of the tooth has been restored.
D	Distal surface of the tooth has been restored.
F	Facial or Buccal surface of the tooth has been restored.
L	Lingual surface of the tooth has been restored.

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

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

Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
No Records Regarding the Condition of Some Teeth	The default code for missing person dental records is V. If no information is available for a particular tooth or teeth, it is assumed that they developed and were unrestored.	The only records received for analysis are bitewing-type X-rays. There is no information concerning the anterior teeth and the wisdom teeth. The appropriate code entries for these teeth are: 01V 32V 06V 27V 07V 26V 08V 25V 09V 24V 10V 23V 11V 22V 16V 17V
Multiple Restorations on One Tooth Surface	Only **one** surface code is entered for a particular surface on a specific tooth regardless of the number of restorations on that particular surface.	Tooth #28 has two occlusal pit restorations, the appropriate code entry: **28O**.
Deciduous Teeth	Deciduous teeth are coded in the same manner as permanent teeth. When the available dental records are in the mixed dentition phase, the examiner must establish the likelihood of the deciduous tooth being exfoliated and replaced by the permanent tooth during the time interval between the date of the last dental record (written/radiograph) and the date the individual went missing. **For the purposes of NCIC coding, the general rule is: Unless there is evidence to the contrary, it is assumed that all deciduous teeth will be replaced by permanent teeth at 11+ years of age.** When in doubt, use the default V code.	#1: The most recent available dental records are of the individual at 7 years of age and indicate a MOD restoration on the lower right second deciduous molar. The individual went missing at 9 years of age. The tooth should be coded: **29MOD** #2: The most recent available dental records are of the individual at 9 years of age and indicate a MOD restoration on the lower right second deciduous molar. The radiographs show evidence of a permanent successor. The individual went missing at 16 years of age. The tooth should be coded: **29V** #3: The most recent available dental records are of the individual at 10 years of age and indicate a MOD restoration on the lower right second deciduous molar. The radiographs clearly show no evidence of a permanent successor. The individual went missing at 16 years of age. The tooth should be coded: **29MOD**

Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
Fixed Dental Bridge	The important feature is that the tooth has been extracted.	Tooth #8 has been extracted and replaced with a fixed bridge. Teeth #7 and #9 are the abutment teeth and restored with full coverage porcelain to metal crowns. The teeth should be coded: **07MODFLC** **08X** **09MODFLC**
Dental Implant	The important feature is that the tooth has been extracted.	Tooth #8 has been extracted and replaced by a dental implant. The tooth should be coded: Dental Report, Section 2 - **08X** Dental Report, Section 4 - **Implant 08**
Removable Dentures	All teeth that are replaced by a complete or partial denture are coded as X in Section 2 of the dental report, and the appropriate notation should be made in Section 4.	**"Complete Maxillary Denture",** **"Complete Mandibular Denture",** **"Partial Maxillary Denture",** and/or **"Partial Mandibular Denture."**
Overdenture Teeth	All missing teeth are coded with X. For the purposes of NCIC coding, the overdenture teeth are assumed to have endodontic treatment and some sort of cast coping.	Teeth #6 and #11 are overdenture teeth for a complete maxillary denture. These teeth should be coded: Section 2 - Missing teeth coded **X** **06MODFLCR** **11MODFLCR** Section 4 - **Complete Maxillary Denture, Overdenture 06, Overdenture 11**
Orthodontic Appliances (Active and Passive)	All teeth are coded for their dental characteristics and a notation should be made in Section 4 of the dental report	Section 4 - **"Orthodontic Appliance"**
Pit and Fissure Sealants	Pit and fissure sealants are not considered restorations for the purposes of NCIC coding.	All teeth that have pit and fissure sealants are coded **V**.

Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
Facial or Lingual Restoration	Sometimes it is impossible to distinguish if a restoration is on the facial or lingual surface. Review the written records to help determine the position or extent of the restorations observed on the x-rays. If it is impossible to determine which surface contains the restoration, the appropriate NCIC code is **V**. Otherwise, code only the restored surfaces that can be reasonably identified.	#1: A pit restoration is observed on tooth #19. It is impossible to determine whether it is on the facial or the lingual surface. The tooth should be coded: **19V** #2: A restoration is observed on tooth #14. It appears to be an Occlusal restoration that extends either to the facial or lingual surface, but the extension location cannot be determined. The tooth should be coded: **14O**
Missing Premolars (Bicuspids)	Determining which premolars were extracted may be difficult, particularly following completion of orthodontic treatment. Careful examination of the radiographs and written treatment records is often helpful in making this determination. For the purposes of NCIC coding, **if it is impossible to determine** which premolars were extracted, the appropriate code is **V**.	**If it is impossible to determine** which premolars were extracted, the appropriate code is **V**.
Anterior Composite Restoration	The coding of restored surfaces on anterior teeth should be conservative when interpreting dental records for a missing person.	A small mesial restoration is observed radiographically for tooth #8. The written records indicate a mesiolingual restoration was placed on the tooth. The tooth should be coded: **08M**
Extent of Large Restorations	Coding surfaces on restorations that appear to be quite extensive on x-rays can be difficult. A review of written treatment records may clarify the actual surfaces that have been restored. Code **only** the surfaces that show evidence of being restored.	X-rays indicate a large build up type restoration on tooth #19. The written dental records do not indicate which surfaces have been restored. The radiographs, however, indicate obvious restorations on the mesial, occlusal, and distal surfaces. The tooth should be coded: **19MOD**

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Entry Rules for NCIC Dental Characteristics

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

1. The DCH Field requires that a code or series of codes be entered for each tooth. The tooth number (01–32) must be followed by option A, B, or C:

   A. One special character /, or one special character / followed by R.
   B. One alphabetic character M, O, D, F, L, X, V.
   C. Two to seven alphabetic characters M, O, D, F, L, C, and R.

2. Any combination of M, O, D, F, L should be entered in the sequence of M, O, D, F, L.

3. The R character should follow any combination of M, O, D, F, L, C or the / character.

4. The C character should follow any combination of M, O, D, F, or L.

5. The only character that should be used with / is the R character.

6. The characters V and X should not be used with any combination of characters.

7. The characters M, O, D, F, L, C, R, /, V, and X may be used only once per numeric.

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

Thank you for your careful completion of this report. Please be sure to retain all dental records on the missing person for future comparisons, or if you desire, you may release the records to the parent(s) and/or investigating agency. The family and friends of your patient are extremely grateful for your assistance.