



NamUs

Unidentified Persons System

NamUs Unidentified Person Case Data Entry Form

I. Case Information Page

- **Case Number:** _____ **NCIC Number:** _____
- **Date Found:** _____
- **Disposition of Body** (current location of remains; cooler number, cemetery name, date of burial, etc.):

II. Demographics Page

- **Estimated Age** (check one):
 Fetus (pre-birth) Infant (newborn or baby)
 Preadolescent (child) Adolescent (teenager)
 Adult Cannot determine
Minimum Age: _____ **Maximum Age:** _____ (in years)
- **Race** (check one):
 White Black/African American Other
 Asian Native American Unsure
- **Ethnicity** (if applicable): Hispanic/Latino Other
Race/Ethnicity Notes: _____

- **Sex** (check one): Male Female Unsure
- **Weight:** (lbs) _____ (check one) Estimated Measured Cannot Estimate
- **Height:** (inches) _____ (check one) Estimated Measured Cannot Estimate
- **Body Parts Inventory** (check one):
 All parts recovered One or more limbs not recovered
 Torso not recovered One or both hands not recovered
 Head not recovered
- **Notes:** _____

- **Probable Year of Death:** Years _____ to _____
- **Estimated Postmortem Interval** (check one and/or insert number, leave blank if unsure):
 Minutes Hours Days
 Weeks Months Years

- **Body Condition** (check one):
 - Recognizable face
 - Not recognizable - Traumatic injury
 - Not recognizable - Decomposing/putrefaction
 - Not recognizable - Insect/animal activity
 - Not recognizable - Charred/burned
 - Not recognizable - Mummified
 - Not recognizable - Near complete or complete skeleton
 - Not recognizable - Partial skeletal parts only
 - Not recognizable - Partial remains with soft tissues

III. Circumstances Page

- **GPS Coordinates:** _____

- **Location Found**

Line 1: _____

Line 2: _____

City: _____

State: _____ **Zip code:** _____ **County:** _____

- **Autopsy Facility** (if other than county of discovery):

State: _____ **Agency:** _____

Email: _____

Notes: _____

- **Cause of Death:** _____

- **Manner of Death** (check one):

Pending Natural Accident
 Suicide Homicide Undetermined

- **Circumstances of Death:**

IV. Physical/Medical Page

- **Hair Color** (check one):

<input type="checkbox"/> Brown	<input type="checkbox"/> Black	<input type="checkbox"/> White
<input type="checkbox"/> Sandy	<input type="checkbox"/> Gray or Partially Gray	<input type="checkbox"/> Red/Auburn
<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Blonde/Strawberry
<input type="checkbox"/> Orange	<input type="checkbox"/> Pink	<input type="checkbox"/> Purple
<input type="checkbox"/> Unknown or Complete Bald		

- **Head Hair** (description): _____

- **Body Hair** (description): _____

- **Facial Hair** (description): _____

- **Left Eye Color and Right Eye Color** (check one for each eye):

Black	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Blue	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Brown	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Gray	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Green	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Hazel	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Maroon	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Pink	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Unknown or Missing	<input type="checkbox"/> Left	<input type="checkbox"/> Right			

- **Eye Description:** _____

- **Check here if you know of no other distinctive body features:** _____

- **Distinctive features as described below** (check any that apply):

<input type="checkbox"/> Amputations	<input type="checkbox"/> Deformities
<input type="checkbox"/> Scars and marks	<input type="checkbox"/> Tattoos
<input type="checkbox"/> Piercings	<input type="checkbox"/> Artificial body parts and aids
<input type="checkbox"/> Finger and toe nails	<input type="checkbox"/> Other distinctive physical characteristics

Description of each of the above:

- **Medical** (check any that apply):
 Medical implants Foreign objects Skeletal findings
 Organ absent Prior surgery Other medical findings

Description of each of the above:

V. Fingerprints Page

- **Options** (check one, explain below):
 Fingerprint information is currently not available
 Fingerprint information is available elsewhere
 Fingerprint information below
Fingerprint data for right hand (thumb first):

Fingerprint data for left hand (thumb first):
Scoring method: Henry NCIC IAFIS

Comments (if information is not available or is elsewhere, describe why/where):

VI. Clothing and Accessories Page

- **Options** (check one): No clothing or accessories
 Clothing and accessories are described below
- **Options** (check all that apply):
 Clothing on body Footwear Eyewear
 Clothing with body Jewelry Other items with body

Description of each of the above:

VII. Dental Page

- **Options** (check one, explain below):
 - Dental information / charting is currently not available
 - Dental information / charting is available and will be entered later
 - Dental information / charting below
 - **Options** (check all that apply):
 - X-rays available (dental films) Models available (dental casts)
 - Photographs available (dental photographs)
 - One or more teeth present Retainer
 - Baby/primary teeth present Root canal
 - Filling or crown present Upper jaw present
 - Removable dentures Upper jaw had no teeth during life
 - Cemented bridge Lower jaw present
 - Implants Lower jaw had no teeth during life
 - Braces
 - **NCIC dental codes available for entry?** Yes No (attach dental coding form)
- Comments** (if information is not available or is elsewhere, describe why/where):
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VIII. DNA Page

- **Options** (check one, explain below):
 - Sample is currently not available
 - Sample available - Not yet submitted
 - Samples submitted - Tests not complete
 - Complete - Insufficient DNA for profiling
 - Complete and entered below
- Type of profile available** (check either/both that apply):
 mtDNA nucDNA
- Laboratory Location** (check one):
 FBI NMPDD North Texas Other
- Sample Reference Number:** _____ **Lab ORI:** _____
- Comments** (if sample is not available, describe why; give name of lab if "other"):
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IX. Images Page

List of images to upload: _____

X. Documents Page

List of documents to upload: _____

XI. Police Information Page

- Title and first and last name of officer: _____

Jurisdiction: _____ ORI Number: _____

Agency: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Case number: _____ Date Reported: _____

- Title and first and last name of officer: _____

Jurisdiction: _____ ORI Number: _____

Agency: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Case number: _____ Date Reported: _____

- Notes: _____

- Circumstances: _____

XII. Notes for Activities Log: _____

