



Mass Fatality Incident Handbook Office of the Shelby County Coroner

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ADOPTED FROM :

NATIONAL ASSOCIATION OF MEDICAL EXAMINERS

STANDARD OPERATING PROCEDURES for MASS FATALITY MANAGEMENT 2010

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SECTION I

INTRODUCTION

I. DEFINITION OF MASS FATALITY

Traditionally, a mass fatality has been defined as any incident resulting in more decedents to be recovered and examined than can be managed in the local Coroner jurisdiction. The number of fatalities that a jurisdiction can handle should be determined *before* a disaster occurs.

More recently, the definition has been shifting to include any incident that results in or has the potential to result in the death of a certain number of individuals. For example, an explosion at a factory, if the potential for multiple deaths is present, should result in notification of the Coroner. The extent of implementation of the mass fatality response plan will be determined after an assessment of the number of fatalities and/or potential fatalities.

The Coroner is responsible for the medicolegal investigation of the incident, including human factor considerations (e.g., toxicology). A mass fatality incident does not diminish this responsibility. The Coroner is in charge of the documentation, examination, identification, recovery, disposition, and certification of all remains as well as morgue operations. Additional assistance from other organizations and agencies is subject to the discretion and approval of the Coroner.

II. EVALUATION

A. Jurisdictional responsibility should be determined at the onset. The local Coroner has the legal jurisdiction to conduct victim identification, determine cause and manner of death and certify death certificates. In mass fatality incidents no Federal authority can assume these responsibilities.

B. An evaluation team consisting at a minimum of the Coroner should proceed to the disaster site to assess needs to complete victim identification. The evaluation team should include an Operations Director and a Chief Investigator if they are part of the office. The scene should be secured and the safety issues assessed before clearance is given for the evaluation team to enter the incident site.

C. Evaluate:

1. Number of fatalities
2. Decedent population (open or closed)
3. Condition of remains
4. Accessibility of recovery site
5. Equipment and supplies needed for recovery, including refrigeration trucks
6. Biological, chemical or physical hazards
7. Need for incident morgue or temporary holding site

D. Select a site for temporary morgue if needed with estimate of number of personnel.

E. Select a site for Family Assistance Center with estimate of number of personnel.

F. DMORT or SMORT- The Disaster Mortuary Operational Response Teams and other State and Local Mass Fatality Response Teams can provide a multidisciplinary assistance team to aid in evaluation of the need for additional personnel and equipment. During an emergency response, these teams can work to support the local jurisdiction and provide support personnel and technical assistance to assist in the processing of the decedents.

III. SITES OF OPERATION

- A. Scene—decedent and initial evidence recovery. Also site of a holding area if needed.
- B. Temporary morgue if needed.
- C. Family Assistance Center
 - 1. Care of victims' families
 - 2. Acquisition of antemortem data
 - 3. Briefings for families
 - 4. Notification of positive identifications
- D. Coroner's office

SECTION II

NATIONAL INCIDENT MANAGEMENT SYSTEM

I. DEFINITION

The National Incident Management System (NIMS) is a set of concepts, principles and terminology designed to provide a unified approach for preparing and responding to incidents. The NIMS provides a framework for interoperability between and among federal, state and local governments as well as the private sector and nongovernmental agencies.

II. HOMELAND SECURITY PRESIDENTIAL DIRECTIVE (HSPD-5)

HSPD-5 was issued on February 28, 2003. It requires all Federal departments and agencies to adopt the NIMS. They must use it for domestic incident management and emergency prevention, preparedness, response and recovery. They also must make adoption of the NIMS by State and local organizations a condition for Federal preparedness assistance including, but not limited to, grants and contracts. The NIMS allows effective and efficient incident management by using a core set of concepts, doctrine, principles and terminology. It also provides standardization that improve interoperability among jurisdictions and personnel by using standardized organizational structures, requirements for processes and procedures and effective communication and information management.

III. NIMS COMPONENTS

A. Command and Management

- 1. Incident Command System**
- 2. Multiagency Coordination Systems**

- 3. Public Information Systems
- B. Preparedness
 - 1. Planning
 - 2. Training
 - 3. Exercises
 - 4. Personnel Qualification and Certification
 - 5. Equipment Acquisition and Certification
 - 6. Mutual Aid
 - 7. Publications Management
- C. Resource Management
- D. Communications and Information Management
 - 1. Incident Management Communications
 - 2. Information Management
- E. Support Technologies
- F. Ongoing Management and Maintenance

*Reference:

SECTION III

SCENE RESPONSIBILITIES

I. SEARCH AND RECOVERY OVERVIEW

The search for and recovery of remains and other pertinent materials from disaster sites requires a standardized approach to ensure that the location of materials within the scene is documented. Obviously, the search and recovery of human remains and evidence is secondary to life-saving operations.

The Coroner should develop a plan in conjunction with other emergency response personnel. A unified incident command or management system (ICS) will be instituted. This assures a unified command with a specific individual in charge through which all activities are coordinated.

II. INCIDENT ASSESSMENT: INITIAL EVALUATION OF SCENE and DETERMINATION OF EQUIPMENT and PERSONNEL NEEDS

The approach to recovery, as well as the recovery rate, may vary based on the scene conditions, the condition of the remains (intact bodies vs. extensive fragmentations), and the degree of interest in gathering information. The evaluation team should meet and proceed to the scene, as soon as possible.

Suggested Evaluation Team Members include:

-Coroner

-Deputy Coroner

Additional members may be added, as appropriate, for a given jurisdiction. For example, some jurisdictions may include representatives from the health department.

III. RESPONSIBILITIES OF EVALUATION TEAM

A number of factors need to be assessed to determine the best course of action regarding management of the mass fatality. Appendix A contains an Initial Incident Assessment and Scene Recovery Checklist. Items to evaluate include:

- Determine location of incident command post and contact the Incident Commander.
- Obtain estimated number of fatalities. As accurate estimate is critical in knowing which steps should be taken next, how many personnel are needed, whether a temporary morgue will be required.
- Determine whether the population is open or closed. An example of a closed population is an aircraft crash with a reliable manifest of individuals who were on the flight. Open population events require development of a list of possible victims based on missing person reports.
- Determine the condition of human remains (charred, fragmented). Extensive fragmentation will require a significant DNA effort.
- Evaluate the recovery rate. Although an event may result in 10s to 100s dead, it is possible the remains may be recovered at a very slow rate based on the event. The slow rate of recovery may minimize the needs for outside assistance.
- Identify scene hazards such as topography, structural collapse, chemical, biological, radiation and/or explosive hazards. Disaster sites are often hazardous. Site workers must understand the hazards and take steps to prevent injury or illness.
- Evaluate accessibility of the scene and equipment necessary to begin recovery operations.
- Determine need for assistance of additional medical Investigators or local mass fatality response teams if available.
- Determine need to contact the local Dental Identification Team, if available.

- Determine need to request assistance of SMORT and request SMORT as appropriate. It is possible to request certain components of SMORT such as only the Family Assistance Center Team or only forensic teams.
- Ensure all emergency responders/scene personnel are told to leave the remains of all deceased persons and personal effects undisturbed.
- Requisition needed equipment.

IV. SCENE SECURITY

Security at the scene of a mass fatality incident is critical to the success of the operation. The scene must be clearly delineated and access must be limited to individuals with a clear need to be present. Representatives from the media and individuals who are not officially members of the search and recovery teams must be kept out of the scene.

A. The scene access must be restricted to authorized personnel.

B. To establish scene security and control, first responders should:

1. Set up a security perimeter.
2. Establish staffed entry and exit points.

C. Restrict access into and out of the scene and secured areas:

1. Issue site specific identification.
2. Maintain and update access logs and databases.
3. Brief and debrief personnel when they enter or leave the staging areas.

D. Law enforcement should remove unauthorized personnel from the scene.

E. Request a no-fly zone over the scene.

F. Establish on-scene staging areas:

1. Parking areas for responder's vehicles.
2. A media staging area for releasing information to the public about the incident.
3. Locations for remains/evidence recovery personnel to check evidence, package the evidence, and document their findings.

V. EQUIPMENT AND MATERIALS POTENTIALLY REQUIRED AT THE SCENE AND THE ON-SCENE STAGING AREA

Establish an on scene staging area, proximate to the incident scene, and provide maximum security from public and media scrutiny. The remains and evidence processing teams can use the on-scene staging area to check documentation, maintain the chain of custody, and conduct potential triaged functions. It may be necessary to erect a large tent for the staging area.

EQUIPMENT LIST:

- Protective clothing: gloves, boots, coats, hard hats, rain suits, respirators, etc. as indicated by the situation.
- Body bags or other appropriate storage containers. The degree of dismemberment of the bodies may be so extensive that standard body bags are not appropriate. Heavy duty, thick, 1 to 2 gallon Ziploc type bags may be used.
- Refrigerated trucks with metal floors and walls. Assume 20 bodies per 40 foot trailer at 35 to 38°F.
- Tents and storage facilities.
- Screening materials to create visual barriers.
- Flags and spray paint for marking locations.
- Identification tags (plastic, Tyvek, metal or another waterproof material)
- Pens with Permanent Ink.
- Biohazard bags and boxes.
- Photography equipment.
- Gridding, laser survey, total station GPS systems.
- Communication devices such as radios and cell phones.
- Writing or computer equipment for log maintenance

VI. CONTAINMENT OF REMAINS (DECONTAMINATION EFFORTS)

If the threat of contaminated remains, personal effects, and other items of evidence exist, the Coroner and all supporting agencies must determine the best approach for mitigating the hazardous material agent while preserving all items of interest.

Little scientific data exists regarding whether human remains can be decontaminated.

Postmortem changes, fragmentation and burning alters the exposed surfaces.

Consequently, it may be difficult or impossible to know whether contaminated remains are safe for handling with standard personal protective equipment. Deaths due to certain infectious agents, such as smallpox, may result in remains that absolutely cannot be decontaminated and where universal precautions may not be adequate. In summary, the focus in some cases may need to be shifted to containment of the remains should examination be restricted to gathering limited information.

A. Determine the level of personal protective equipment necessary to complete the operations.

B. Determine the size and composition of the containment team, which may include hazardous materials technicians, forensic photographers, law enforcement, fire service professionals, medical examiner investigators, and medical support staff for the containment team.

C. If removal of personal effects and/or evidence is completed on the cleaning and containment line, all items should be documented in writing and with photography. Items removed from the remains will receive the same number as the remains and be packaged for safe handling.

D. If necessary, the cleaning and containment process can be repeated multiple times until the remains are safe to handle in the morgue. If the remains cannot be cleaned or contained, the Coroner will determine disposition of the remains.

E. The remains placed in the proper receptacle and forwarded to clean refrigerated area or incident morgue.

F. For unusual cases, If necessary, forensic examination of the remains may be completed on the cleaning and containment line.

VII. TEMPORARY HOLDING AT THE SCENE

The use of a temporary holding facility may need to be established depending on the incident. Remains will be held here until transported to the morgue or incident morgue.

A. Assign a unit leader to maintain the inventory of all remains being held at the temporary holding facility.

B. Use a permanent or semi permanent structure or refrigerated trucks for holding.

C. Procedure:

1. Remains removed from the disaster site will be placed into body bags or other appropriate containers.
2. Intact remains must always be placed in the supine position.
3. The bag will be marked with the site recovery number.
4. The bag will be placed into the temporary holding area and logged into the inventory system. The date and time should be included in this log.
5. Remains will not be stacked.
6. The inventory system log will include the time that the bag is removed from the temporary holding facility.

VIII. TRANSPORTATION OF REMAINS FROM THE SCENE TO THE MORGUE

A. Arrange for transfer to the incident morgue.

B. Provide professional and a dignified transportation.

C. Transportation may be provided by a professional funeral vehicle or in a refrigeration trailer. The mechanism for transport will vary with the incident.

D. Transportation logs with chain of custody are required. The log will include.

1. The assigned scene recovery number.
2. The number of remains being transported.
3. The license number of the transporting vehicle.
4. The name of the driver of the vehicle.
5. The signature of the driver accepting responsibility for the remains.
6. The date and time the vehicle leaves the incident site for the incident morgue.

E. Requirements for transfer include personnel to move the bodies into the transport vehicles, appropriately licensed drivers, and appropriate vehicles.

F. Procedures for transport:

1. The vehicle driver will be assigned the route and will proceed directly to the morgue without deviations from the assigned route.
2. Police escort may be arranged if indicated.
3. The transporter will confirm the incident morgue is able to receive the remains before leaving the temporary holding facility.
4. The transporter will transfer the remains to the incident morgue using standard chain of custody documentation.

IX. RECOVERY TEAMS

Recognize that for most transportation incidents, the FBI Evidence Response Teams will provide personnel and management for the search and recovery of human remains, personal effects, and accident related wreckage. The local jurisdiction may be asked to augment the FBI response, based on the details of the event. The Coroner will appoint a representative to work with the FBI in the recovery of the remains.

A. Appoint a body recovery team supervisor.

B. If the FBI is not involved, appoint recovery teams that include:

- Coroner Investigator
- Representatives from law-enforcement
- A scribe
- A photographer
- A forensic anthropologist and/or a forensic odontologist
- An evidence technician.

**NO REMAINS MAY BE MOVED UNTIL DIRECTION AND APPROVAL HAVE BEEN
GIVEN BY THE CORONER**

X. SEARCH and RECOVERY

The process of recovery of human remains and evidence should be supervised by individuals with experience in the process. It may be of benefit to contact surveyors as consultants. An overview of what should occur is contained in the NIJ Special Report, Mass Fatality Incidents: A Guide for Human Forensic Identification, June 2005.

The process, in summary involves:

- Obtaining overall scene photographs using both videotaping and standard photography.
- Include area landmarks in the overall photographs.
- Identify the borders of the scene and permanent landmarks
- Establish a primary reference point
- The scene should be divided into identifiable sections using a grid
- The measuring devices must be accurate.

- A. Individual items should be photographed in place (with photos that provide an overview of where the item is and close up photographs.) Include scales in all photographs of objects. An arrow indicating north is useful.
- B. All evidence should be marked with a stake, identifying numbers attached.
- C. Be careful to protect the hands if the potential to lose the epidermis and thereby limit the ability of the fingerprinting section to complete their evaluation.
- D. After removing the remains, photograph the areas from which evidence was recovered to document whether anything was under the remains.
- E. Do not remove any personal effects on or with the remains. Transport all personal effects on or with the remains to the morgue.
- F. When necessary, wrap the head before moving it to protect cranial and facial fragments and teeth.
- G. After the remains and evidence processing teams have cleared the area and before releasing the scene for public access, conduct a final shoulder-to-shoulder sweep search to locate any additional items.
- H. Place the recovered body or body part in the temporary holding facility.
- I. The Coroner should **not** process personal effects that are not attached to or on the body or body fragments.

XI. SEQUENTIAL NUMBERING AT THE SCENE

- A. Assign a scene recovery number. This number is different from the number assigned at the incident morgue. The numbering system must be simple and should avoid the use of consecutive letters and hyphens.
- B. For every body or body part recovered, an example of the number assigned is S-1, S-2, S-3, etc.

- C. If the event resulted in extensive dismemberment, anticipate thousands of body parts. A document attached to this number will include information indicating where the remains, personal effects, and evidence were recovered. All transfers of custody, (including the name of the recipient and the date and manner of transfer) are to be recorded.
- D. Be certain to include recovery location information.

XII. RECORDS OF RECOVERY AND DENOTING THE INCIDENT

- A. Record notes that may help with personal identification or scene reconstruction (e.g., generic descriptors, such as foot or shoe).
- B. Include documentation of the evidence collector (e.g., the collector's unique identifier and the date and time of recovery).
- C. Mark the outside of the primary bag or container and with the identifying number, the collector's unique identifier, and the date and time of collection. Use a permanent marker!
- D. Place the same identifying number on the inside of the primary bag or container.

Reference:

National Institute of Justice. (2005). *Mass Fatality Incidents: A Guide for Human Forensic Identification*

SECTION IV

INCIDENT MORGUE

I. SITE SELECTION

- A. Should be away from incident site
- B. Must be accessible
 - 1. Water/electricity source
 - 2. Space for refrigerated trailers
 - 3. Security concerns

II. STATIONS and PERSONNEL OVERVIEW

- A. Workstations may include (based on needs of the Coroner)
 - Personal Protective Equipment (PPE)
 - Triage
 - Admitting
 - Personal effects
 - Photography
 - Pathology
 - Anthropology
 - Odontology
 - Fingerprinting
 - DNA sample collection
 - Radiology

III. PERSONAL PROTECTIVE EQUIPMENT

- A. All personnel involved in handling of human remains must wear the following:
 - 1. Impervious gown or Tyvek-type suit
 - 2. Disposable head covering
 - 3. Disposable mask
 - 4. Eye protection
 - 5. Disposable shoe covers
 - 6. Disposable gloves—double gloving is recommended

- B. Complete PPE must be worn at all times when handling a decedent.
- C. No food, drink or chewing gum allowed in the morgue at any time.
- D. Eye wash stations should be readily accessible.

IV. TRIAGE STATION

- A. Consists of a pathologist, anthropologist and odontologist. May also include a fingerprint specialist.
- B. Separate human tissue from non-associated remains.
- C. Route material evidence to appropriated law enforcement agency.
- D. Identify stations where remains need to processed.
- E. Assigns a Disaster Victim Package (DVP) with all needed forms and routes remains to the admitting Station.

V. ADMITTING

- A. Assign a number to each set of remains. Use a simple system of whole numbers beginning with "1". Following identification, the Coroner can incorporate their office case numbers to account for decedent remains.
- B. Assign an escort, if enough personnel available, to escort the remains through the morgue stations. The escort is responsible for the collection and safe keeping of papers in the DVP. (APPENDIX C)

VI. PATHOLOGY --

- A. This station should consist of at least two Coroners. A forensic photographer should be available to assist.
- B. The Coroner should:
 - 1. Review radiographs
 - 2. Document clothing, personal effects and medical intervention if present

3. Document general physical characteristics
4. Document scars, tattoos and other unique identifiers
5. Document trauma
6. Document and recover, when appropriate, implanted medical devices and prostheses
7. Collect appropriate toxicology samples if warranted
8. Body diagrams will be completed and placed in the chart (APPENDIX C)
9. Package in clean body bag according to standards for transport to DFS Montgomery for autopsy.

VII. PHOTOGRAPHY/PERSONAL EFFECTS

No photography other than that related directly to photographing the decedents and personal effects unless permission is given by the Coroner. All photography will be digital.

- A. Full face, laterals of each side, chest and abdomen and back will be taken.
- B. The case number and reference scale must be in each photo.
- C. A photo log will be maintained.
- D. Photographs of all personal effects will be taken before removal in the pathology station.
- E. The digital images will be stored in electronic format with a backup such as a server.
- F. Copies may be printed for assistance in identification when requested by the Coroner.
- G. Personal effects will be cleaned of gross body fluids and placed in clear bags for easy identification.
- H. The bag will be clearly labeled with the case number.
- I. Personnel are not responsible for repair of personal effects.

- J. Personal effects will be documented on Personal Effects form and placed in the chart. (APPENDIX C)

VIII. RADIOLOGY - **AVAILABLE AT AUTOPSY**

It is recommended that all remains have full radiographs to insure that physical items are not missed during processing of the remains, that identifying features are noted, and that materials that may be dangerous to the examiners are found before the examination.

- A. Radiology should be established in an area of the morgue that is secluded from all other sections. It should contain a portable X-ray unit and portable lead walls.
- B. Personnel will consist of a radiology section leader and at least two additional radiology technicians. These may be autopsy technicians if the particular jurisdiction trains them to take radiographs.
- C. All personnel in this section will wear a dosimeter badge and appropriate lead protection including an apron and thyroid protector.
- D. The procedures are as follows:
 - 1. Radiograph all remains entering the morgue.
 - AP and laterals of head with a clear view of sinuses
 - AP of abdomen and chest
 - Extremities if scars are present, requested by the pathologists or deemed necessary by the Coroner
 - 2. Maintain a log of all radiographs taken to include date and time, case number and number of X-rays taken of each set of remains and initials of radiographer.
 - 3. Document unique identifiers on "Radiographic Findings" and place in chart. (APPENDIX C)

IX. ODONTOLOGY - AVAILABLE AT AUTOSPY

The odontology section is composed of several processes—antemortem findings, postmortem exam and comparison.

A. The dental section is composed of at least two forensic odontologists with trained support personnel to assist in documentation.

B. ANTEMORTEM

1. Antemortem records may need to be transcribed into standard format and nomenclature.
2. Non-digital images may need to be scanned and entered into standard format

C. POSTMORTEM

1. Craniofacial dissection must be approved in advance by the ME .
Craniofacial dissection will only be done if adequate information cannot be obtained without it.
2. All dental findings will be recorded in standard format and nomenclature.
Charting format will depend on whether computers are being used in the morgue area.
3. A complete radiographic survey should be recorded using digital intraoral sensors. Extraoral photographs may be used of practical and it will assist in identification.

D. COMPARISON

1. A dental comparison software program may be utilized.
2. Comparisons must be done in pairs to prevent errors.
3. Positive identification must be agreed upon by two forensic odontologists.

X. ANTHROPOLOGY - **AVAILABLE AT AUTOPSY**

Staffing of this section depends on the nature of the disaster.

A. A log will be maintained of all remains examined.

B. The remains will be evaluated for condition.

C. A biological profile will be completed to include:

1. Age at death
2. Sex
3. Race
4. Stature
5. Antemortem trauma or pathology
6. Anomalies or anatomic variations

7. Document prosthetic devices and remove if necessary to record serial numbers

D. Findings are to be documented on the appropriate forms and placed in the chart. (APPENDIX C)

XI. DNA SPECIMEN COLLECTION - **COLLECTED AT DFS MONTGOMERY**

A. DNA specimens should be collected from all sets of remains, including large fragments; the decision to perform the testing is a later consideration.

B. DNA specimen collection should be coordinated with the laboratory that will perform the testing.

C. Cross-contamination must be avoided; sterile disposable instruments should be used; a three-person technique is recommended:

1. Gloved person (pathologist or lab staff) removes the specimen sample from the human remains
2. Gloved person holds receiving container, closes and labels container
3. Ungloved person checks the label and documents specimen collection

D. Appropriate DNA specimens (two sources) should be taken, preferable from deep non-exposed sites:

1. Fresh bodies
 - i. Oral swabs/buccal scrapings
 - ii. Fresh blood (7 ml liquid blood in red top tube or dried bloodstain)
 2. Moderately decomposed, fragmented, or partially incinerated remains
 - i. Red muscle (10 grams)
 - ii. Rib cuttings (two inches)
 - iii. Brain, if not liquified (20 grams)
 - iv. Bladder lining scrapings, in the case of incinerated remains
 3. Severely decomposed remains
 - i. Long bones (either intact or 6 inches of hemi-shaft)
 - ii. Teeth (roots must be included)
- E. Specimens should be considered biohazardous, double bagged, kept refrigerated, and transported to the lab as soon as possible, with chain-of-custody documentation.

SECTION V

FAMILY ASSISTANCE CENTER

I. INTRODUCTION

In the aftermath of a catastrophic mass fatality, a fundamental and essential component of the care and management of the dead is the expeditious establishment of a Family Assistance Center (FAC). The establishment of a FAC is necessary to facilitate the exchange of information and to address the families' needs. It is recognized that in the some events, i.e. Pandemic Influenza, the establishment of a FAC may not be feasible requiring alternative measures to perform the functions discussed below. These alternatives are considered later.

The traditional FAC is a secure facility established as a centralized location to provide information about missing persons who may be victims of the disaster; a gathering point where information is exchanged in order to facilitate the body identification process and the reunification of next of kin; a location for the collection of DNA; and where spiritual and emotional support is provided for those awaiting information about their loved ones. Also, given the circumstances, additional supportive services such as housing information/referral, insurance, and legal assistance may be provided.

The local Coroner may be responsible for the establishment of the FAC. An exception to this responsibility is in a major aviation accident whereby the National Transportation Safety Board (NTSB) has oversight responsibility for the provision of services to the FAC. Air carriers are required to provide the actual FAC and to work with the American Red Cross to provide family support services.

II. FUNCTIONS

- A. Coordinates with the Coroner to implement the appropriate system to facilitate victim identification.
- B. Establish a command structure to manage the FAC staff.
- C. Provide trained interviewers for the family interview process
- D. Establish antemortem data acquisition and an entry plan for this information.
- E. Establish death notification procedures with the Coroner .
- F. Work with Federal partners if they are assigned to the FAC.
- G. Work with the Coroner to establish release of information.

III. SITE SELECTION

The type of mass fatality incident and number of fatalities will affect site selection. The FAC should not be close to the incident scene so as not to cause unnecessary prolonged exposure of the incident site to the family. The FAC should be able to reasonably and comfortably allow the staff to conduct their important and sensitive mission while meeting the multiple needs of the families.

IV INFRASTRUCTURE

The FAC must be able to accommodate the various needs of the staff and family who are providing services. The structure must offer adequate utilities including electrical power, telephone/cell phone, toilets, controlled heat and air conditioning, water, to be established.

- A. Reception and Registration

Families should be greeted and required to sign in. Family members should be given a badge or other means of identification so they can easily access the FAC through security. They will be required to leave contact information so that they can be contacted for or with additional information. If adequate personnel are available, an escort may be assigned to each family group to take care of their needs throughout their stay.

B. General Assembly Room

A large room with a public address system should be available so that updates on the search and recovery process can be given at least twice daily to family members by the Coroner or his or her designee. Activities in this room may require translator services, including sign language interpretation. In large cities, possible sources for translators include a local consulate, embassy, or the U.S. Department of State. Refreshments should be made available here. Local grocers, restaurants and vendors should be contacted for the possibility of donation of food and drinks. There should also be adequate toys and games for children that may accompany the families.

C. Interview Rooms

1. Personnel at the FAC will be assigned to collect accurate and detailed antemortem information from the families and friends of the victims. This information may be gathered by experienced death investigators or funeral directors who have been well briefed on the information they need to collect from the families. If funeral directors are providing this service, it is critical that they act as representatives of the Coroner and not as funeral directors. Funeral directors may be selected to perform this service for many reasons, including their training in collecting antemortem information and their experience in dealing with families in crisis. Two hours should be allowed for each interview, allowing 30 minutes between interviews to input data. Interviews can be

conducted via telephone for those families that cannot come in to the FAC. The DMORT VIP forms (APPENDIX D) are available for all offices to utilize at their discretion.

2. FAMILY REFERENCE SPECIMEN COLLECTIONS

- A. DNA specimens should be collected from all family members as soon as possible, to permit the creation of a database from which all victim remains testing will be compared.
- B. It is preferable to collect DNA specimens from as many family members (particularly parents and siblings) as possible; the lab will test the specimens that they require.
- C. A picture identification of the family member should be checked against the name of the individual presenting himself or herself for DNA specimen collection. A fingerprint may also be obtained.
- D. The true biological relation of the family member should be checked and documented on a pedigree chart (<http://massfatality.dna.gov/sampleforms/>). Stepparents and brothers-in-law and half-sisters should be distinguished from biologic parents and siblings. The possibility on undisclosed non-paternity should be considered.
- E. A form for signature should document the DNA specimen collection. This form should state that the DNA will only be used for human remains identification. The form should also state that any discovered non-paternity will not be revealed, assuming that is the policy.
- F. Oral swabs (buccal scraping) will suffice for the DNA collection, although tubes of blood or bloodstains from fingerpricks can also be used. The inside of the mouth (buccal mucosa) should be vigorously scrubbed (~20 strokes) to ensure an adequate specimen. The swab should then be thoroughly dried (~20 minutes). Alternatively, the DNA may be immediately transferred from the swab to a card. A second swab may be

collected as a backup specimen. Regardless, the oral swab may later be repeated, if necessary.

G. A booklet explaining the DNA collection and testing should be distributed to families (<http://www.ojp.usdoj.gov/nij/pubs-sum/209493.htm>, <http://www.ncjrs.gov/pdffiles1/nij/209493.pdf>).

H. Collections from family members at a distance can be accomplished in several ways:

- a. Oral swabs can be self collected and mailed to the lab.
- b. Local police can collect the DNA reference specimen from the family member.
- c. Private clinical laboratories can collect the DNA reference specimen from the family member.

I. Direct DNA reference specimens should also be collected:

- a. Toothbrushes
- b. Hairbrushes
- c. Biopsy specimens
- d. Hats
- e. Cigarette butts
- f. Chewed gum
- g. Locks of hair

J. Chain-of-custody should be documented.

3. Obtain contact information for the following:

- Physician
- Dentist
- Hospital admissions
- Fingerprints
- Photographs
- Military service

Dissuade family members from bringing in records. Set up an address for receipt of the records. A log will need to be maintained for all records collected.

D. Identification and Notification

1. Several small rooms should be available for families to identify personal effects and view photographs. This is where families will receive information that their loved ones have been identified. Psychological and religious personnel should be available at the family's request.
2. Staff conducting a death notification for a victim whose body is not intact must ask the family at the time of notification if they want to be informed about later identification of additional tissue and/or common tissue. Informing the family later about additional or common tissue without their consent may be upsetting to them once they have buried their loved one. Families may prefer to be notified only about the memorial service and burial of the common tissue. After the family members make their decision, staff should provide them with a written copy of their decision as a reference for what they agreed to at that time.

E. Treatment Room

A room should be set aside for minor medical treatment. An ambulance should be on standby at all times that the FAC is in operation.

V. SECURITY

Access to the FAC must be controlled so families and friends of the victims have privacy and are not overwhelmed by the press, photographers, and the public. Checkpoints may need to be established at entrances to the FAC and its parking lot. A badging or credentialing system must be implemented that gives family members and authorized workers easy access to the FAC.

VI. MEDIA REALTIONS

The Coroner should designate a public information officer to release information about the mass-fatality event. The press will have questions that only a representative of the Coroner's office can answer properly, including questions about the recovery operation, identifications, and condition of the bodies. Information must be released to the press **only** by the designated public information officer or the Coroner.

Family Assistance Center Considerations in the Event of a Pandemic Influenza Incident

The contagious aspect of a pandemic flu outbreak will prohibit many of the mass fatality management operational functions that include frequent human interaction. Social distancing will become the norm in all aspects of daily life. Therefore, a FAC is not feasible in meeting the needs of the surviving family members of the deceased. Furthermore, the fact that most deaths will occur in the home, hospital or other health care type of facility and bodies will have complete integrity, will make positive identification less difficult. Therefore, the in-person need to collect personal information and provide other services may be performed by distributing information out (pushed) to the public rather than needing to bring in people. Public information and education will be critical in this type of environment. "Virtual" family information centers may need to be established to provide information via newspaper, television, and radio media, telephone/call centers, and Internet. Timely and accurate information to the public regarding mortuary affairs, public health issues, and other concerns relative to a pandemic might include:

- General Information
- Financial assistance – resources, application/referral process
- Social security – access to death and disability benefits
- Legal assistance – insurance benefits, death-related concerns

- Health-safety issues regarding food, water, medications
- Individualized Information and Support
- Burial site
- Death certificate information
- Information regarding keeping the dead in home when the potential exists for a prolonged period before removal of the body

SECTION VI
IDENTIFICATION and DEATH CERTIFICATION

I. OVERVIEW

A. Identification of victims in mass disasters is one of the most important tasks when such events occur. Despite demands from survivors that remains be identified and returned to family members quickly, forensic scientists must ensure that strict forensic standards be adhered to in order to prevent errors.

B. In certain disasters, persons reported by family members as missing may actually be alive and well or alive and injured. Misidentification of living individuals can create major problems for those who are attempting to identify the dead. As such, forensic scientists may be called upon to confirm the identity of survivors suspected of being misidentified.

C. There are four (4) major responsibilities related to decedent identification and death certification:

1. Determination of positive identification
2. Notification of next-of-kin
3. Disposition of remains
4. Death certification

II. JURISDICTIONAL RESPONSIBILITY

A. With the exception listed in II.B., the final determination of the positive identification of a body or body part, the notification of the next-of-kin, and the official certification of death are the sole responsibility of the local Coroner in which the disaster occurs.

B. If the disaster occurs in a location that is an area of Exclusive Federal Jurisdiction, then the Federal government, via the Office of the Armed Forces Medical Examiner, maintains jurisdiction and is responsible for the final determination of positive identification, notification of next-of-kin, and certification of death.

C. If a Federal agency, such as the National Transportation Safety Board, is involved in the investigation of a mass disaster, or if the SMORT/DMORT is asked by local authorities to assist in the management of a mass disaster, the legal jurisdictional responsibilities *do not* transfer to DMORT or any other Federal agency. **The legal responsibilities regarding positive identification, notification of next-of-kin, and death certification remain with the local Coroner.**

III. IDENTIFICATION PROCESS

A. General Considerations

1. The positive identification of remains requires comparing postmortem information and antemortem data, with the goal of scientifically establishing the positive identity of every decedent, to the exclusion of all others.
2. The postmortem information is obtained via the cooperative efforts of members of the identification team (see below), typically in the morgue setting, where anatomic and other features are documented and scientific data/samples are collected. Examples of anatomic and other features include height, weight, other bodily features (eye color, hair color, surgical scars, tattoos, etc...), clothing, and jewelry. Examples of scientific data/samples include detailed dental examination and charting with X-rays, other X-rays, fingerprint collection, and blood/tissue collection for potential DNA testing.

3. The gathering of antemortem data can be very time-consuming. Collection of current and accurate data can be challenging. This is outlined in the section entitled "Family Assistance Center".

B. Four factors impact the processing of remains and identification of decedents:

1. The number of fatalities – The more fatalities, the greater the amount of time required and the more potential for error
2. Decedent population – "Open" (unknown number and presumed identity) or "closed" (relatively well-known presumptive number and identity)
3. Availability and quality of antemortem information –
 - a. Depends on decedent population and, in some cases, the survivors' willingness/ability to assist in obtaining such information
 - b. Condition of remains (complete or fragmentary; fresh or decomposed; burned or unburned)

C. Positive Identification

1. Definition of "Positive Identification"

- a. The term "positive identification" may mean different things to different persons or agencies. As such, it is wise to ensure that everyone involved in the process understands the meaning of the term as it is being used.
- b. In the most strict use of the term, "positive identification" implies that a scientific method of identification has been utilized. Examples include DNA, fingerprints, dental comparison, and x-ray comparison. It should be recognized that, depending on the specific circumstances of the case, certain of these "scientific" methods, most notably dental comparison and x-ray comparison, may involve a certain degree of subjectivity.
- c. Certain identifying features, such as unique tattoos and/or scars, the absence of limbs or digits, and/or the presence of implanted medical

devices with unique serial numbers, may be considered "non-scientific," yet, in reality, be so specific as to be comparable to or better than some of the scientific methods described above in establishing the identity of a decedent.

d. Other non-scientific identifying features, such as visual recognition and/or personal effects found on the body (jewelry, drivers license, clothing) should not be the sole criteria on which a positive identification is rendered. Having recognized this fact, occasional cases may occur in which no other means of identification are possible. The identification team (see C.3. below) may choose to render a "positive identification based on circumstance" in these cases.

e. Whenever the term "positive identification" is utilized, it should be followed by a description of the method(s) utilized to ensure identification (see C.2. below).

2. Designation of positive identification

a. Based on the number of fatalities, the condition of the remains, and the decedent population (open or closed), bodies (and parts) may be initially placed into one of two categories:

1) unidentified

2) presumptively (tentatively) identified based on non-scientific means

b. As antemortem information and postmortem findings are gathered, the goal is to ensure scientifically-proven positive identification (or as close to it as possible) for every decedent (and part).

c. When finalizing a positive identification, the identification team (see C.3. below) should note the method by which positive identification was made. Examples include:

1) Positive identification by fingerprint analysis

2) Positive identification by DNA comparison to living parents

3) Positive identification by dental x-ray comparison

4) Positive identification by multiple scientific means (x-ray comparison, fingerprints)

5) Positive identification by distinctive physical characteristics (amputation and tattoos)

6) Positive identification by visual recognition by family members (this is only on a case by case basis as determined by the forensic pathologist and only in conjunction with another method of identification)

7) Positive identification by circumstance (jewelry, driver's license)

IV. NOTIFICATION OF NEXT-OF-KIN

A. The legal responsibility regarding next-of-kin notification rests with the Medical Examiner/Coroner.

B. Notification should not occur until positive identification has been made.

C. Positive identification should be relayed to the FAC so that notification can be made to the next-of-kin.

V. DISPOSITION OF REMAINS

A. Depends, to an extent, on the condition of the body / parts. If a body is intact, release of the body to a funeral home may occur soon after notification of death.

B. In cases of fragmentation or commingling, several options exist regarding notification and final disposition of these parts.

1. Some families wish to be notified each time additional remains are identified.

2. Some prefer to wait until all remains have been identified.

3. Some families choose to have all currently-identified remains to be released to the funeral home at the time of official death notification.

4. Others choose to wait until all remains have been identified.

C. When fragments must be identified by DNA testing, secure, long-term cold storage is required for the tissue. Maintaining proper documentation and a "chain of custody" must occur.

D. Reassociation of remains refers to the process in which all fragments from a given individual are reassociated before release to the family. Certain guidelines must be followed when reassociating remains:

1. Remains should be reassociated one decedent at a time.
2. Remains from a particular decedent to be reassociated should be removed from the storage area and taken to a separate area for re-association
3. The appropriate documentation (Identification Summary Report, DNA lab reports, data forms, postmortem photographs) will be used to select the appropriately labeled remains for that decedent.
4. Remains should be examined to ensure that the physical characteristics are identical to those on the associated documentation
5. After review, all remains associated with the decedent should be placed in the appropriate container (casket, body bag, etc...)
6. The reassociated remains may then be returned to storage or embalmed (if the incident morgue provides embalming).
7. Before release, the remains should be sent to the identification documentation team.
8. The identification documentation team should conduct a final review of the identification before release. This shall include a review of identification methods, physical examination of reassociated remains, ensuring that the identification numbers associated with each remain are accounted for, and completion of signed and dated final identification form.

E. In closed population disaster scenes, it may be appropriate to collect and retain "common remains," a collection of all of the small, unidentifiable (except via DNA testing) remains (size to be determined after assessment of extent of fragmentation is made). Surviving family members may choose to cremate the

common remains with each family receiving an equal share of the cremains. Alternatively, they may choose, with approval of local authorities and if allowed by law, to bury the remains at a memorial site. In certain incidents, embalming may be provided at the incident morgue.

F. Casketing may be performed at certain sites.

G. If chosen by the family, cremation is an acceptable form of final disposition. This is typically performed by a local funeral home.

H. Funeral Home information should be obtained from the NOK when death notification occurs. Long-distance shipping of decedents can be arranged via the funeral home.

I. Transport of decedents from the morgue should be under the direction of licensed funeral directors. The burial-transit-cremation permit and other documentation must accompany the body. Documentation of body release is essential. Security/police escorts may be necessary, depending on the incident.

VI. DEATH CERTIFICATION

A. Death certificates are issued according to procedures normally in place and as directed by the local Coroner jurisdiction.

B. Death certification will include identification of decedent, cause of death, and manner of death.

C. The administrative or judicial issuance of death certificates in situations in which there is an absence of positive physical forensic scientific identification is a responsibility of the local Coroner in conjunction with local legal and public health authorities.

D. If no human remains are recovered, or scientific efforts for identification prove insufficient, a court-ordered certification of death may be sought.

SECTION VII

TRAINING & EXERCISES

- A. Exercise your plan; plan your exercise
 - 1. Consider contracting consultant
 - 2. Interface with local emergency management agency and exercise support team
 - 3. Is funding necessary?
 - i. Consider grant funding, state funding, piggy-back onto another exercise, etc.
- B. Determine scope and objectives of the exercise
 - 1. Generally limit the objectives to one, two, or three
 - i. Design measurables and indicators
 - ii. Include non-participant observers
 - 2. Overarching goals:
 - i. Train staff on roles and responsibilities
 - ii. Identify gaps in plan
 - iii. Maintain safety
- C. Determine participants, location, and schedule
 - 1. Participants
 - i. Within house
 - ii. Outside agencies
 - iii. Non-participant observers
 - iv. Guests
 - v. Exclusion of those covering routine (non-exercise) casework
 - 2. Location
 - i. On-site v off-site
 - ii. Consider disruption of activities at site
 - iii. Consider spectator issues
 - 3. Schedule
 - i. Deployment and set-up

- ii. Training and rehearsal
- iii. Live exercise
- iv. Hot wash, take-down, and clean-up

D. Types of exercises

- 1. Communication drills
 - i. Notification tree
 - ii. Interoperability of radio and computer systems
 - iii. Tests: Speed, Completeness, Backups
- 2. Tabletop exercises
 - i. Scenario-based
 - ii. Verbal run-through of operation
 - iii. Familiarization of faces
 - iv. Understandings of roles
 - v. Identification of gaps and issues
- 3. Limited training/exercise
 - i. Targeted focus: exercise one or few components of overall response
- 4. Full-scale exercise
 - i. Multi-site
 - ii. Multi-agency
 - iii. Multi-day

E. “Hot Wash” debriefing: discussion immediately following exercise focusing on what went wrong and what went right

F. After Action Report (AAR): formal report focusing on lessons learned

- 1. Should include assessment of achievement of objectives as quantified by measurables and indicators

APPENDIX A
INITIAL INCIDENT ASSESSMENT AND SCENE RECOVERY
CHECKLIST

Location of Incident: County: City/Twp:	Best Access Route:	Incident Command Post Identified: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, location:
Type of Incident: <input type="checkbox"/> Transportation <input type="checkbox"/> Natural <input type="checkbox"/> Criminal <input type="checkbox"/> Work site <input type="checkbox"/> Other:	Type of Transportation Incident: <input type="checkbox"/> Aircraft <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Other: Capacity: Number of Passengers: Carrier/Company: Aircraft Model:	

Incident Commander: Name: Agency:	Presiding Law Enforcement Agency: Name: Agency:
--	--

Contact #:	Contact #:
Identify County Emergency Management Director: Name: Agency: Contact #:	Identify County Emergency Planning Coordinator: Name: Agency: Contact #:
Identify Public Health Director: Name: Agency: Contact #:	Emergency Operations Center: Location: Contact numbers:

Scene Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scene Declared Safe
	Chemical Specify:	Biological Specify:	Radioactive Specify:	Incendiary Specify:	By: Time:

Field Safety	<input type="checkbox"/> Establish daily scene safety briefings
	<input type="checkbox"/> Request establishment of rest stations and food stations for scene workers.

	<input type="checkbox"/> Ascertain all scene workers are appropriately immunized (Tetanus, Hepatitis B, other immunizations, as deemed appropriate by Public Health)
--	--

Scene Access	<input type="checkbox"/> Paved <input type="checkbox"/> No special equipment needed	<input type="checkbox"/> Paved access nearby <input type="checkbox"/> Access by regular vehicles <input type="checkbox"/> 4WD needed	<input type="checkbox"/> Difficult terrain <input type="checkbox"/> Special access vehicles required	<input type="checkbox"/> Excavation equipment required <input type="checkbox"/> Road Commission assistance required
Estimated Fatalities	<input type="checkbox"/> >5, <25	<input type="checkbox"/> >25, <50	<input type="checkbox"/> >50, <100	Specify Estimate:
Estimated Survivors	<input type="checkbox"/> >5, <25	<input type="checkbox"/> >25, <50	<input type="checkbox"/> >50, <100	Specify Estimate:
Hospitals Where Survivors Taken	<u>Hospital #1:</u>		Hospital #2:	
	<u>Hospital #3:</u>		Hospital #4:	

Condition of Remains	<input type="checkbox"/> Intact bodies	<input type="checkbox"/> <50% dismembered	<input type="checkbox"/> >50% dismembered
	<input type="checkbox"/> Charred	<input type="checkbox"/> Significant decomposition	<input type="checkbox"/> Facial trauma

Scene Security	<input type="checkbox"/> Request law enforcement to maintain scene security.
	<input type="checkbox"/> Consider requesting the air space be secured.
	<input type="checkbox"/> Establish an Identification System to limit individuals allowed into and out of the scene.
	<input type="checkbox"/> Establish a log to record the number of workers at the scene
	<input type="checkbox"/> Inform all workers that personal cameras may not be brought into or used at the scene.

Temporary Holding	Is a temporary holding site needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Location of Temporary Holding Site:

	<input type="checkbox"/> Assign Temporary Holding Site Leader:
	<input type="checkbox"/> Record contact information for Temporary Holding Site Leader
	<input type="checkbox"/> Ascertain use of Log for all remains placed into temporary holding site
	<input type="checkbox"/> Ascertain remains will not be stacked during holding or transport
	<input type="checkbox"/> Ascertain the Temporary Storage will remain locked at all times when not in use.

Transport to Incident Morgue	Is transport to incident morgue needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Assign Transportation Leader: <input type="checkbox"/> Record contact information for Transportation Leader
	Transporters to be used: <input type="checkbox"/> Funeral Directors <input type="checkbox"/> Other (Describe):
	<input type="checkbox"/> Ascertain use of Chain of Custody for all remains being transported
	<input type="checkbox"/> Ascertain remains will not be stacked during holding or transport
	<input type="checkbox"/> Consider use of police escort for transports

Equipment and Supplies	<input type="checkbox"/> Request scene recovery equipment be delivered to the scene Record to whom request is made: Date/time:
	<input type="checkbox"/> Assign Equipment/Supply Officer <input type="checkbox"/> Record contact information for Equipment/Supply Officer:
	<input type="checkbox"/> Assign Scene Registrar to: <div style="margin-left: 40px;"> <input type="checkbox"/> Track used supplies <input type="checkbox"/> Assure replenishment of supplies <input type="checkbox"/> Record use of supplies for BILLING <input type="checkbox"/> Contact NDMS/DMORT for acquisition and recording mechanisms </div>

Search and Body Recovery	<input type="checkbox"/> Assign Body Recovery Team Supervisor: <input type="checkbox"/> Record contact information for Recovery Team Supervisor:
	<input type="checkbox"/> Meet with Recovery Team and Morgue Operations Supervisor to establish numbering system for remains recovered from the scene.

APPENDIX B

COMING SOON

APPENDIX C



VIP/DMORT Program Tracking Form

To be attached to the front of each Disaster Victim Packet

Incident _____

PM Case #

Body Bag # _____

Open Field # _____

RFID # _____

Presumptive _____

SSN _____ **DOB** _____

Last Name First Name

Person performing station function must check and sign below when completed.
"No" represents that this station function could not be performed.

Processing Station:	Rep Initial	Section Rep.	Signature
Admitting <input type="radio"/> Yes <input type="radio"/> No			
Personal Effects <input type="radio"/> Yes <input type="radio"/> No			
Photography <input type="radio"/> Yes <input type="radio"/> No			
Body Radiography <input type="radio"/> Yes <input type="radio"/> No			
Fingerprints <input type="radio"/> Yes <input type="radio"/> No			
Anthropology <input type="radio"/> Yes <input type="radio"/> No			
Pathology <input type="radio"/> Yes <input type="radio"/> No			
Embalming <input type="radio"/> Yes <input type="radio"/> No			
DNA <input type="radio"/> Yes <input type="radio"/> No			
Dental Examination <input type="radio"/> Yes <input type="radio"/> No			
Dental Photography <input type="radio"/> Yes <input type="radio"/> No			
Dental Radiology <input type="radio"/> Yes <input type="radio"/> No			
Exit Morgue <input type="radio"/> Yes <input type="radio"/> No			

Date of Pathology Exam _____

Trackers Name _____

After Processing Location _____

Identification Method

- ☐ Anthropology
- ☐ Radiographic
- ☐ Dental Records
- ☐ Fingerprints
- ☐ Pathology
- ☐ Personal Effects
- ☐ Photography
- ☐ DNA
- ☐ Field Case Notes

Comments

This bag produced bag #'s:

Photo's

Also included in this file:

Number of Dental Photos

Number of Personal Effects Photos

Number of Specimen Photos

Created

VIP Program Provided thru the DMORT System

PM Info #



VIP/DMORT Program

Examining Pathologist

Pathology

Incident

PM Case #

Pg 1 of 3

Date of Exam

Bag # Sex ☐ Male ☐ Female ☐ Unknown Condition of Remains

Est Race ☐ Caucasoid ☐ Asian ☐ Hispanic ☐ Negroid ☐ American Indian ☐ Unknown Est Race Other: Import Pictures

Build ☐ Gracile ☐ Robust ☐ Intermediate ☐ Indeterminate Height cm Inches Weight kg Pounds

Hair Color ☐ Auburn ☐ Black ☐ Salt & Pepper ☐ Blonde ☐ Gray ☐ White ☐ Brown ☐ Red ☐ Other Hair Length ☐ Short ☐ Long ☐ Bald ☐ Medium ☐ Shaved ☐ N/A

Hair Accessory ☐ Extension ☐ Hair Transplant ☐ Hair Piece ☐ Wig Hair Description ☐ Curly ☐ Straight ☐ Other ☐ Wavy ☐ N/A

Facial Hair ☐ Beard ☐ Beard & Moustache ☐ Moustache ☐ Clean Shaven ☐ Goatee

Facial Hair Color ☐ Blonde ☐ Brown ☐ Black ☐ Gray ☐ Red ☐ Salt & Pepper ☐ White

Facial Hair Type ☐ Clean Shaven ☐ Beard & Moustache ☐ Goatee ☐ Sideburns ☐ N/A ☐ Moustache ☐ Beard ☐ Stubble ☐ Lower Lip

Eye Eyes ☐ Blue ☐ Green ☐ Grey ☐ Missing R ☐ Glass R ☐ Cataract ☐ Brown ☐ Hazel ☐ Blind ☐ Missing L ☐ Glass L Optical ☐ Glasses ☐ Contacts

Nails Finger Nail Type ☐ Natural ☐ Artificial ☐ Unknown Length ☐ Extra Long ☐ Long ☐ Medium ☐ Short Fingernail Color Fingernails ☐ Bitten ☐ Decorated ☐ Mishapen ☐ N/A Toenail Color Toenails ☐ Decorated ☐ Mishapen ☐ Yellow/Fungus ☐ N/A

List manufacturer, serial numbers, and other identifying features:

Prosthetics

Teeth Present? ☐ Yes ☐ No Dentures Present: ☐ Yes ☐ No

Scars ☐ Scars (other than surgical) ☐ Birthmarks ☐ Deformities (non peri-mortem) ☐ Cardiac Description Scars Birthmarks Deformities Cardiac

Surgery ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive ☐ Appendectomy ☐ Caesarean ☐ Open Heart ☐ Tracheotomy ☐ Mastectomy ☐ Other Other Surgery Description



VIP/DMORT Program

Examining Pathologist _____

Pathology

Incident _____

Pg 2 of 3

Date of Exam _____

Bag # _____ Sex ☐ Male ☐ Female ☐ Unknown

Tattoo(s) ☐ Yes ☐ No ☐ Unknown Photos? ☐ Yes ☐ No

#	Location	Side	Tattoo Description

Body Piercing(s)? ☐ Yes ☐ No ☐ Unknown

#	Body Bag #	Location	Side	Quantity	Piercing Description

Objects In Body

Other Object In Body

- ☐ Pacemaker ☐ Prosthetic Devices ☐ Other
☐ Bullets ☐ Orthopedic devices

Wallet

Description _____

Contents _____

Purse

Description _____
Contents _____

Currency

Misc Items Found

Other Personal Effects



VIP/DMORT Program

Examining Pathologist _____

Pathology

Pg 3 of 3

Incident _____

Date of Exam _____

Bag # _____

Sex

☐ Male

☐ Female

☐ Unknown

Specimen Wt

Dimensions

Path Narrative:

Additional head and neck exam remarks:

Torso ☐ Viscera Identifiable

Torso Remarks

External Genitalia

☐ Male

☐ Uncircumcised

☐ Female

☐ Indeterminate

☐ Circumcised

Internal Genitalia

☐ Testis Left

☐ Testis Right

☐ Uterus

☐ Tubes Left

☐ Tubes Right

☐ Ovaries Left

☐ Ovaries Right

Extremity Remarks

Expanded Condition of Remains:

☐ Fresh

☐ Burned

☐ Cremains

☐ Specific Trauma

☐ Submerged (Grid #)

☐ Decomposing

☐ Charred

☐ Distinct Marks

☐ Floating (GPS)

☐ Scavenger Activity



VIP/DMORT Program

Person Making Inventory _____

Jewelry Inventory

Incident _____

PM Case # _____

Date of Exam _____

Body Bag # _____

#	Type	Band Material	Description	Inscription	A= Data not available B= Photo C=Other Info
	Make	Face Color			
WATCH					

#	Jewelry/Type	Material Color	Description	Inscription	A= Data not available B= Photo C= Other Info
	Style	Stone Color			
JEWELRY					

Use this Space for More Info Regarding Jewelry:



Person Making Inventory _____

VIP/DMORT Program
Clothing

Incident _____

PM Case # _____

Date of Exam _____

Body Bag # _____ Sex _____

CLOTHING INVENTORY:

A= Data not available
B= Photo
C= Further information
available

#	Clothing Items	Color	Description	Size

Dry Cleaning Marks Description	Laundry Marks Description

Wallet:

Description _____
Contents _____

Purse:

Description _____
Contents _____

Currency _____

Misc
Items
Found _____

Other
Personal
Effects _____



Examining Radiologist _____

**VIP/DMORT Program
Radiology**

Incident _____

PM Case # _____

Date of Exam _____

Bag # _____

Number of Images Taken: _____

Radiology Technician: _____

Radiologist Findings: Sex ☐ Male ☐ Unknown ☐ Female possible Est Age _____
☐ Female ☐ Male possible

Fractures: ☐ Cranium ☐ R Forearm ☐ L Hand ☐ L Upper Leg
☐ Mandible ☐ R Hand ☐ R Upper Leg ☐ L Lower Leg
☐ Torso ☐ L Upper Arm ☐ R Lower Leg ☐ L Foot
☐ R Upper Arm ☐ L Forearm ☐ R Foot

Detailed Description of Fractures

Other Radiology Findings (Prosthesis, surgery, etc.)

Reviewed by: _____

VIP Program Provided thru the DMORT System



Fingerprint Specialist

VIP/DMORT Program
Fingerprinting

Incident

PM Case #

Date of Exam

Body #

Examiner 1

Examiner 2

Condition of Hands

(Burned,
mutilated, etc)

Fingers Printed

(List Fingers
Printed)

If not printed
why?

Fingerprint
Exam Notes

Footprint available ? Footprint Location

☐ Yes ☐ No



Examining Anthropologist

VIP/DMORT Program

Anthropology

Pg 1 of 2

Incident

PM Case #

Date of Exam

Bag #

Anthropology Condition of Remains:

Anthropology estimated information in this area.

Estimate age

Age narrow
lowerAge narrow
upper95% Lower
limits:95% Upper
limits:

Anthro Sex

☐ Male☐ Unknown☐ Female possible☐ Female☐ Male possible

Race / Skeletal

☐ Caucasoid☐ Asian☐ Hispanic☐ Other☐ Negroid☐ American Indian☐ Unknown

Skeletal Robusticity

☐ Gracile☐ Robust☐ Intermediate☐ Indeterminate

Stature

(in Cm)

Missing Parts

☐ Intact Body☐ Cranium☐ Partial Cranium☐ Mandible☐ Partial Mandible☐ Torso☐ Partial Torso☐ R Upper Arm☐ Partial R Upper Arm☐ R Forearm☐ Partial R Forearm☐ R Hand☐ Partial R Hand☐ L Upper Arm☐ Partial L Upper Arm☐ L Forearm☐ Partial L Forearm☐ L Hand☐ Partial L Hand☐ R Upper Leg☐ Partial R Upper Leg☐ R Lower Leg☐ Partial R Lower Leg☐ R Foot☐ Partial R Foot☐ L Upper Leg☐ Partial L Upper Leg☐ L Lower Leg☐ Partial L Lower Leg☐ L Foot☐ Partial L FootUnique Skeletal Features
(Pathology, Healed Trauma, Non-metric Traits, Etc.)☐ Intact Body☐ Cranium☐ Partial Cranium☐ Mandible☐ Partial Mandible☐ Torso☐ Partial Torso☐ R Upper Arm☐ Partial R Upper Arm☐ R Forearm☐ Partial R Forearm☐ R Hand☐ Partial R Hand☐ L Upper Arm☐ Partial L Upper Arm☐ L Forearm☐ Partial L Forearm☐ L Hand☐ Partial L Hand☐ R Upper Leg☐ Partial R Upper Leg☐ R Lower Leg☐ Partial R Lower Leg☐ R Foot☐ Partial R Foot☐ L Upper Leg☐ Partial L Upper Leg☐ L Lower Leg☐ Partial L Lower Leg☐ L Foot☐ Partial L Foot

Anthro Sex

Based On

Anthro Age

Based On

Ancestry

based on

Stature

based on

Unique

Skeletal

Features

VIP/DMORT Program

Examining Anthropologist

Anthropology

Incident

Pg 2 of 2

Date of Exam _____

Bag # _____ Anthropology Condition of Remains: _____

Condition of Remains / Comments

Anthropology Report

[illegible]

Cause of Death


Manner of Death

Signature of Section Leader

VIP Program Provided thru the DMORT System

APPENDIX D

VIP FAC Interview Form

 VIP Personal Information Page 1 of 8																			
Last Name		/		/		First		/		Initial		Sex		If Female/Maiden Name		Age			
DOB		Race		Social Security # / Other		Birth City		State/Country		Birth Hospital									
<small>MM / DD / YYYY</small>																			
Address				Apt #		City				State		Zip							
County				Country		Inside City Limits				Religious Preference									
Education: level completed.				Elem/Second (0-12):				College				Degree Earned:							
Alias 1				Last		First		Middle		Alias 2				Last		First		Middle	
Phone (H)				Phone (W)				Phone (Cell)											
Marital Status		<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown										Wedding Date							
												<small>(MM / DD / YYYY)</small>							
Spouse		<input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown																	
		Last		Suffix		Maiden/Birth name		First		Middle									
Father		<input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown																	
		Last		Suffix		First		Middle											
Mother		<input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown																	
		Last		Maiden/Birth name		First		Middle											
Legal Next of Kin		<input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown																	
		Last		First		Middle						Home							
Address												Work							
City		State		Zip								On Site/Cell Phone							
Relationship:		<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Employer <input type="checkbox"/> Friend <input type="checkbox"/> Other																	
Permanent Contact																			
		<small>Please place name and contact info here.</small>																	
		<small>Please place other here.</small>																	
Contact 1	Last		/		First		/		Middle		/		Suffix						
	Address				City				State		Zip								
	Home Phone				Work Phone				Cell Phone				email						
	Date of Initial Contact				Type of Initial Contact														
Contact 2	Last		/		First		/		Middle		/		Suffix						
	Address				City				State		Zip								
	Home Phone				Work Phone				Cell Phone				email						
	Date of Initial Contact				Type of Initial Contact														
Contact 3	Last		/		First		/		Middle		/		Suffix						
	Address				City				State		Zip								
	Home Phone				Work Phone				Cell Phone				email						
	Date of Initial Contact				Type of Initial Contact														



VIP Personal Information

Page 2 of 8

Name _____ / _____ / _____
Last Suffix First Initial Age

Height: _____ Approx. Weight (Pounds): _____

Hair Color ☐ Auburn ☐ Brown ☐ Gray ☐ Salt & Pepper ☐ Other
☐ Blonde ☐ Black ☐ Red ☐ White Please place other here

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

Hair Accessory ☐ Extensions ☐ Hair Piece ☐ Hair Transplant ☐ Wig ☐ I

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

Facial Hair Type ☐ Clean Shaven ☐ Beard & Moustache ☐ Goatee ☐ Sideburns ☐ N/A
☐ Moustache ☐ Beard ☐ Stubble ☐ Lower Lip

Facial Hair Color ☐ Blonde ☐ Black ☐ Red ☐ White ☐ NA
☐ Brown ☐ Gray ☐ Salt & Pepper ☐ NA Facial Hair Notes _____

Eye Color ☐ Blue ☐ Green ☐ Gray ☐ Other ☐ Brown ☐ Hazel ☐ Black Color/Descrip: _____

Optical Lens ☐ Contacts ☐ Glasses ☐ Implants ☐ None Desc. _____

Eye Status ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract ☐ N/A

Fingernail Type ☐ Natural ☐ Artificial ☐ Unknown Length ☐ Extremely Long ☐ Long ☐ Medium ☐ Short

Fingernail Color _____ Description _____

Characteristics ☐ Bitten ☐ Decorated ☐ Misshapen ☐ Yellowed/Fungus ☐ N/A

Toenail Color _____ Toenail description _____

Characteristics ☐ Bitten ☐ Decorated ☐ Misshapen ☐ Yellowed/Fungus ☐ N/A

Body Piercing(s)? ☐ Yes ☐ No Photos? ☐ Yes ☐ No Photo Location _____

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
---	----------	------	----------	---	-------

1	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------

2	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------

3	_____	_____	_____	_____	_____
---	-------	-------	-------	-------	-------

Tattoo(s) ☐ Yes ☐ No Photos? ☐ Yes ☐ No Photo Location _____

#	Location	Side	AM_Tat_Description
---	----------	------	--------------------

1	_____	_____	_____
---	-------	-------	-------

2	_____	_____	_____
---	-------	-------	-------

3	_____	_____	_____
---	-------	-------	-------



VIP Personal Information

Page 3 of 8

Dental Info	Name	_____ / _____ / _____	Age	_____
		Last Suffix First Initial		
	Dentist	_____	<input type="checkbox"/> Info Listed <input type="checkbox"/> Unknown <input type="checkbox"/> I	<input type="checkbox"/> Dental Work <input type="checkbox"/> Partial
	Address	_____		<input type="checkbox"/> Dentures <input type="checkbox"/> Tooth Jewelry
		City _____ State _____ Zip _____	Phone 1 _____	<input type="checkbox"/> Both <input type="checkbox"/> Braces
Additional Dental Information/2nd Dentist: _____				

Physician Info	Physician	_____	Practice Name	_____
		Last First		
	Address	_____	Physician Type	_____
	Address 2	_____	Seen for	_____
	City	_____ State _____ Zip _____	Records Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone 1	_____ Phone 2 _____	Records Obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email		_____		

Medical Radiographs? Physician(s) _____

☐ Yes ☐ No ☐ Unknown Address _____

Medical Radiographs Location	Potential Type of Radiographs - and dates taken if known
_____	_____
_____	_____
_____	_____

Old Fractures: ☐ Yes ☐ No Description: _____

Objects in Body: ☐ Pacemaker ☐ Bullets ☐ Implants ☐ Needles ☐ Shrapnel ☐ Other _____

Please place other objects here

Surgery ☐ Gall Bladder ☐ Tracheotomy ☐ Caesarean ☐ Reconstructive ☐ Other _____

☐ Appendectomy ☐ Laparotomy ☐ Mastectomy ☐ Open heart

Please place other surgery here

Diabetic? ☐ Yes ☐ No ☐ Unknown If Female / pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown

Unique Characteristics _____

Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics

☐ Yes ☐ No

Prosthetic Location/Description

Prosthetic(s) _____

☐ Yes ☐ No

Additional Information



VIP Personal Information

Page 4 of 8

Name _____ / _____ / _____
Last Suffix First Initial Age

Group Status: ☐ Alone ☐ Group Group Type: _____ Fam/Grp Name: _____
Family, Church Group, Sports, Military If Family Group, list names here

Last seen with _____

Last location victim was seen _____

Military Service ☐ Yes ☐ No ☐ Unknown

Military DNA Taken: ☐ Yes ☐ No ☐ Unknown

Country _____

Service #: _____

Approximate Service Date _____

Military Branch _____

Ever Finger Printed: ☐ Yes ☐ No

Immigration Status _____

Resident Alien Card (Green Card) ☐ Yes ☐ No

☐ Fingerprints ☐ Footprints

Ever been
Arrested _____

Arrested By: _____

Print
located _____

Usual Occupation: _____ Type of Business _____

Employer _____ Phone _____

Employer Address _____

Please list last employer if retired. Additional employers enter in additional data section

List memberships: Clubs, Fraternities, etc.

Additional Data



VIP Personal Information

Page 5 of 8

Name _____ / _____ / _____ / _____ / _____ Last Suffix First Initial Age						
WATCH:	#	Type/ Make	Band Material/ Color	Description	Inscription Photo Available	
	1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gold color is denoted by yellow, silver color is denoted by white					
JEWELRY:	#	Jewelry/ Type/style	Material Color/ Stone Color	Size / Where Worn/ Frequently Worn?	Description	Inscription Photo Available
	1			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	2			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	3			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	4			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	5			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	6			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	7			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	8			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	9			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Commonly Carried Personal Effects						
Cell phone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Cell phone type: _____ Service provider: _____						
Cell phone number _____ Cell phone description _____						



VIP Personal Information

Page 6 of 8

Name _____ / _____ / _____				
Last		Suffix	First	Initial
Age				
#	Clothing Items	Color	Description	Size
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

CLOTHING:

Wallet: Description _____
Contents _____

Purse: Description _____
Contents _____

Pockets: _____
Contents Left _____
Contents Right _____



VIP Personal Information

Page 7 of 8

Name _____ / _____ / _____
Last Suffix First Initial Sex

Potential Living Biological Donors

All Biological Relatives of Missing Individual—Mother/Father/Spouse/Sister/Brother/Children/Uncle/Aunt/Cousin

1	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
2	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
3	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
4	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
5	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
6	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
7	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
8	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3

Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone that 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 Personal Information

Page 8 of 8

Name _____ / _____ / _____
Last First Middle

Interview_Location _____ Interview_Date _____ Interview_Time _____
(MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____
First Last

Interviewing_Organization _____

Interviewer Home Information

Interviewer Address: _____
Street, City State, Zip

Interviewer home phone: _____

Interviewer cell phone: _____

Interviewer work phone: _____

Interviewer On-Site Information

Interviewer on-site address _____
Street, Hotel, Room #

Interviewer on-site phone: _____

Interviewer on-site cell: _____

Reviewer Info:

Reviewer Name _____

Reviewer Signature _____

Reviewing agency _____

APPENDIX E

Family and/or Donor Reference Collection Form

(Each donor needs to fill in a separate form and submit a separate sample for each missing person.)

Missing Individual Information

Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	Sex (circle) M F
The missing person has been known by the following additional names (include maiden name)		Date of Birth Year ____ Month ____ Day ____		Social Security Number or citizenship (if not a U.S. citizen) _____

Donor Information

Last Name	Suffix (Jr., Sr.)	First Name	Middle Name
Telephone numbers (in order of preference) 1st: (____) _____ 2nd: (____) _____ 3rd: (____) _____			
Home Street Address _____ _____			
City	State	ZIP	Country
Date of Birth Year ____ Month ____ Day ____	Sex (circle) M F	E-mail address (please print) _____	

I am providing a family reference sample, as I am the missing individual's _____
(e.g., mother, father, sister, son)

Please circle your relationship to the missing individual:

The diagram illustrates a family tree centered on a **Missing Individual** (represented by a circle). The tree branches out to show various family members:

- Maternal Grandmother** and **Maternal Grandfather** are connected to the **Biological Mother**.
- Paternal Grandmother** and **Paternal Grandfather** are connected to the **Biological Father**.
- The **Biological Mother** is connected to **Stepfather**, **Half Sister**, **Half Brother**, and **Sister**.
- The **Biological Father** is connected to **Stepmother**, **Half Sister**, **Half Brother**, and **Brother**.
- The **Missing Individual** is connected to **Spouse #1** and **Spouse #2**.
- Spouse #1** is connected to **Daughter** and **Son**.
- Spouse #2** is connected to **Daughter** and **Son**.

Other: (please specify) _____ (e.g., grandchild, friend, roommate)

Name of Missing Individual: _____
(Last, First, Middle, Suffix)

Please note:

- If there is a possibility that there may be someone else's DNA on a personal item, it is helpful to submit a biological sample from the person(s) who might have also used the item (reference sample). Please refer to the **Sample Family and/or Donor Reference Collection Form**.
- Items submitted should be directly attributable to the missing individual.
 - Biological samples suitable for testing include:
 - Bloodstain cards (e.g., newborn screening cards [Guthrie cards] or cards obtained from other repositories).
 - Oral swabs (e.g., from home DNA identification kits).
 - Blood stored for elective surgery.
 - Pathology samples (e.g., biopsy samples, PAP smears).
 - Extracted teeth (baby/wisdom).
 - Hair samples.
 - Personal items that might contain the missing individual's DNA include:
 - Used toothbrushes.
 - Used shavers/razors.
 - Unwashed undergarments and other suitable clothing items.
 - Used personal hygiene items (e.g., feminine sanitary napkins).
 - Other personally handled or used items (consult the testing laboratory for specific criteria).

I, _____ hereby grant permission to
(Please print or type name of submitter)

extract and type DNA from the items listed on page 1 for the purpose of assisting in the identification of a missing person. I understand that in the testing process the item may become damaged or destroyed and may not be returned.

(Signature of submitter) (Date)

The items were received on _____ at _____
(Date) (Collection location)

(Collection address)

Sample(s) received by _____
(For testing agency use only)

Personal Items Submission Form

Missing Individual Information

Last Name	Suffix (Jr., Sr.)	First Name:	Middle Name	Sex (circle) M F
The missing person is/has been known by the following additional names (include maiden name)		Date of Birth Year: _____ Month: ____ Day: ____		Social Security Number ____-____-____

Submitter Information

Last Name	Suffix (Jr., Sr.)	First Name	Middle Name
Telephone numbers (in order of preference) 1st: () 2nd: () 3rd: ()			
Home Street Address		City	State
Country	ZIP Code	E-mail address	

I am providing a reference sample from the missing individual.
 I am the missing individual's _____.
 (e.g., mother, father, sister, son, roommate)

Please list the personal items below:

Item Number	Item Description	Other Possible DNA Sources on Item. Please Explain.
0	<i>Example: Pink toothbrush with white handle</i>	<i>My husband and I may have used the same toothbrush</i>
1		
2		
3		
4		
5		
6		

Name of Missing Individual: _____
(Last, First, Middle, Suffix)

Please note:

- If personal items of the missing individual are being submitted for analysis, a biological reference sample from the spouse, domestic partner, or full-time roommate is useful even if no biological relationship exists. Please refer to the **Personal Items Submission Form** when submitting personal items.
- The biological parents and biological children are the best comparison samples for identification through kinship. If these samples are unavailable, samples from other biological relatives may be submitted.
- If a child provides a sample for parental identification, the child's other biological parent should also provide a sample.
- For identification through kinship analysis:
 - o Full siblings are preferable over half siblings.
 - o Grandparents should provide a sample only if the mother or father cannot provide a sample.
 - o Grandchildren should provide a sample only if their parent, who is related to the missing individual (as a son or daughter), is unavailable.
- The laboratory will assess the samples provided. The most appropriate sample(s) will be used to identify the missing individual. The family may be contacted if additional samples are needed.

I am also a relative of the following other missing individuals: _____

I, _____ hereby grant permission to extract and type
(Please print or type name of donor)

my DNA for the purpose of assisting in the identification of a missing person.

(Signature of donor or guardian if donor is a minor)

(Date)

The sample was collected on _____ at _____
(Date) (Collection location)

(Collection address)

Sample was collected by (if self-collected indicate "self") _____

APPENDIX F
IDENTIFICATION SUMMARY REPORT

Date: _____

Case Reference Number(s): _____

has been identified as

Name: _____ D.O.B. _____

Positive identification results from scientific analysis and comparison of antemortem and postmortem data. The specific forensic science discipline(s) involved certify the identification by signing below. Supporting identification documents accompany this form.

	Print Name	Signature
Pathology	_____	_____
Odontology	_____	_____
Anthropology	_____	_____
Fingerprints	_____	_____
DNA	_____	_____

Was a DNA analysis requested? ___ YES ___ NO

Has DNA analysis been completed? ___ YES ___ NO

Does DNA result concur with this identification? ___ YES ___ NO

For Medical Examiner/Coroner only:

To the best of my knowledge and after careful review of all evidence presented, I certify the above identification.

Signed _____ Date _____ Time _____

Print Name _____

Jurisdiction _____

APPENDIX G

JOB DESCRIPTIONS

COMMAND STAFF

Commander

Description of Duties

- Establishes and maintains liaison with Coroner DOH/ESF-8, and ICS Commander to identify needs and services.
- Assigns and supervises:
 - o Deputy Commander
 - o Operations Section Chief
 - o Planning Section Chief
 - o Logistics Section Chief
 - o Administration and Finance Section Chief
 - o Safety Officer
 - o Official Photographer
 - o Behavioral Health Officer
 - o Chaplain
- Develops and implements the Incident Action Plan (IAC).
- Ensures proper and timely setup and activation of the Administrative Command Post (ACP),
 - o Search and Recovery Transport Staging Area,
 - o Morgue Operations Center (MOC),

- o Victim Antemortem Data Center (VAMDC),
 - o Identification Center (IDC),
 - o Information Resources Center (IRC), and
 - o other areas of operation as applicable.
- Ensures that supplies and support necessary to accomplish mission objectives and activities are available.
 - Assigns Branch and Unit Leaders and provides direction and control.
 - Interacts with the the coordination of Team staffing rotation and resupply requirements.
 - Attends briefings with Coroner and ensures all Team personnel are kept informed of mission objectives and status changes.
 - Ensures the completion of all required reports and maintenance of records
 - Prepares the deployment After Action Review.

Upon Activation

Collect as much data as can be obtained about the type, location, and timeframe of the mission and communicate ICD

Coordinate potential activation.

Activate Team readiness notification system to identify personnel ready for deployment.

Ensure information on site conditions, prevailing environmental issues, and necessary resource requirements is obtained for DOH/ESF-8.

Determine the specific personal gear required for incident area climate and location.

Brief Regional Team leaders on:

- Current situation status,
- Schedule for events if full activation occurs,
- Mobilization timetable, if full activation occurs,
- Types of assistance likely to be needed, and
- Appropriate personal gear and equipment required for the specific disaster area climate and location.

Receive formal activation notice from DOH/ESF-8.

Ensure that assigned Unit Leaders are adequately briefed on and understand the following:

- Staging area,
- Individual, Unit, and Team performance expectations, and
- Methods for establishing and changing Team priorities.

Ensure all personnel review applicable position descriptions.

Discuss and coordinate anticipated logistical requirements with the Unit Leaders.

Maintain ongoing communications with DOH/ESF-8.

On-site Operations

Contact District Medical Examiner and ICS Commander and receive an initial briefing to include:

- Incident Situation Report (SITREP).
- Team objectives and assignment (scope of mission)
- Operational work periods.
- Team support layout and requirements (e.g., ACP, MOC, VAMDC, IDC, IRC),
- Communications procedures,

- Procedures for requesting supplies and equipment if through local EOC.
- Team member medical treatment resources and evacuation procedures, and
- Site hazards and personal safety precautions.

With Planning Section Chief, develop and implement the Incident Action Plan (IAC).

Ensure an initial full Team briefing for all arriving personnel is conducted to include:

- Team organizational structure,
- Chain of command,
- Centers layout and requirements,
- Latest event information,
- Environmental conditions,
- Media issues and procedures,
- Communications procedures,
- Disaster Team Code of Conduct,
- Operational work periods,
- Team medical treatment and evacuation procedures,
- Process for requesting supplies and equipment,
- Site hazards and personal safety precautions, and
- Other information provided by the Unit Leaders or Team specialists.

Identify local and DOH/ESF-8 reporting requirements:

- To whom.

- Type of information to be reported.
- Reporting schedule.
- Means of reporting.

Ensure that Section Chiefs develop a process to determine an overall operational assessment process

that includes:

- Functional requirements and immediate needs,
- Work schedules for extended operations,
- Rest and rotation periods for personnel, and
- Adequacy of support facilities.

Evaluate the capability of resources to complete the assignment. Order additional resources if needed.

Monitor on-site coordination between the functions within the Team, other responders, local officials, and the DOH/ESF-8.

Conduct regular Team meetings and daily briefings.

Evaluate on-going Team operational performance in meeting established objectives to include:

- Effectiveness of overall Team operations,
- Assessment of equipment shortages and needs,
- Assurance of health and welfare needs of personnel
- Assessment of fatigue in personnel,
- Assessment of signs of EISS in personnel, and

- Adherence to established procedures.

Ensure demobilizing Section/Unit Leaders are debriefed.

Review the status of the current Team assignment and advise the local official(s) and DOH/ESF-8 whether continued effort is necessary and advisable.

Ensure the development of a Demobilization Plan to include transition of Team duties to Medical Examiner

procured local assistance.

Before the receipt of the demobilization order, provide an estimate to the DOH/ESF-8 of the personnel hours necessary for equipment cleanup/rehab of DPMU.

Deputy Commander

Description of Duties

- May be assigned any of the duties of the Commander and may serve as Acting Commander during operational periods.

On-site Operations

Contact Commander and receive an initial briefing to include:

- Incident Action Plan (IAC).
- Areas of responsibility.
- Incident Situation Report (SITREP).
- Team objectives and assignment.
- Operational work periods.
- Team support layout and requirements (e.g., ACP, MOC, VAMDC, IDC, IRC),

- Communications procedures,
- Procedures for requesting supplies and equipment
- Team member medical treatment resources and evacuation procedures, and
- Site hazards and personal safety precautions

Liaison Officer

Description of Duties

- Serves as a contact point for Agency Representatives.
- Assists in establishing and coordinating interagency contacts.
- Monitors incident operations to identify current or potential inter-organizational problems.
- Coordinates activities of visiting dignitaries.

On-site Operations

Participate in planning meetings, providing current resource status, including limitations and capability

of assisting agency resources.

Maintain a list of assisting and cooperating agencies and Agency Representatives.

Monitor check-in sheets daily to ensure that all Agency Representatives are identified.

Information Officer

Description of Duties

- Develop material for use in media briefings.
- Informs media and conducts media briefings if requested by Medical Examiner.
- Arranges for tours and other interviews or briefings that may be required.

On-site Operations

Participate in planning meetings, providing media information that may be useful to incident planning.

Obtain Medical Examiner approval of media releases.

Maintain current information summaries and/or displays on the incident and provide information on the status of the incident to assigned personnel.

Safety Officer

Description of Duties

- Develops measures for ensuring personnel health and safety.
- Coordinates with Command Staff regarding emergency response personnel health and safety issues.
- Investigates and reports injuries and treatments in accordance with Worker Compensation guidelines.
- Monitors safety procedures in all working environments
- Stops and/or prevents unsafe acts.

On-site Operations

Assist Command staff with daily briefings regarding safety issues.

Assist in developing the Medical Plan for the IAP

Monitor safety procedures at the disaster site environment including:

- Proper usage of personal protective equipment (PPE).
- Hydration and fatigue conditions
- Sunburn protection
- Insect activity (mosquito)

Monitor safety procedures in the morgue environment including:

- Proper usage of personal protective equipment (PPE),
- Control and disposal of contaminated biomedical waste,
- Shielding procedures and monitoring of radiation in the X-Ray and Odontology Sections, and
- Proper use and disposal of hazardous chemicals.

Monitor safety procedures in the VAMDC DNA Team environment including:

- Proper usage of personal protective equipment (PPE),
- Proper handling of biological specimens collected from families, and
- Control and disposal of contaminated biomedical waste.

Coordinate members' medical assistance with medical provider designated by ESF-8 or ICS.

Investigate and report injuries, illnesses, and treatments in accordance with Worker Compensation

guidelines.

Maintain a log of all injuries, illnesses, and treatments of members.