

NCIC Missing Person File Data Collection Entry Guide

**Working Draft Released For
Emergency Response 09/01/2005**

Attention Law Enforcement:

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INTRODUCTION

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

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

If you have questions regarding any information contained in this guide, please contact the **FBI Investigative and Operational Assistance Unit at (304) 625-3000**.

CATEGORIES FOR ENTRY INTO THE MISSING PERSON FILE

- Disability (EMD):** A person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.
- Endangered (EME):** A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.
(NOTE: Is a Child Abduction (CA) or an AMBER Alert (AA) flag appropriate?)
- Involuntary (EMI):** A person of any age who is missing under circumstances indicating that the disappearance may not have been voluntary, i.e., abduction or kidnaping.
(NOTE: Is a Child Abduction (CA) or an AMBER Alert (AA) flag appropriate?)
- Juvenile (EMJ):** A person under the age of 21 who is missing and does not meet any of the entry criteria set forth in 1, 2, 3, or 5.
- Catastrophe Victim (EMV):** A person of any age who is missing after a catastrophe.
- Other (EMO):** A person age 21 and older not meeting the criteria for entry in any other category who is missing and for whom there is a reasonable concern for his/her safety.

INSTRUCTIONS

NCIC Initial Entry Report: The initial report contains all information required for the initial NCIC Missing Person File entry. This report is completed by the investigating officer and entered into NCIC **immediately**.

Medical Information: The top portion of the Medical Information page should be completed by the parents/legal guardian/next of kin or investigation agency. The medical information should be completed by the missing person's physician, optician, and dentist. **This information should be promptly added to the initial NCIC entry.**

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

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

Miscellaneous Data: Additional data to consider when collecting information about the missing person. **This information should be promptly added to the initial NCIC entry.**

External Characteristics Body Diagrams: These sheets may be used to indicate precise location of scars, marks, tattoos, etc. **This information should be promptly added to the initial NCIC entry.**

Internal Characteristics Coding Sheet: This sheet may be used to describe additional physical characteristics that may not be readily visible, including surgeries, missing organs, etc. **This information should be promptly added to the initial NCIC entry.**

Coding Dental Characteristics: This section may be used to code dental characteristics for missing or wanted individuals. Coding worksheets, reports, and information is included in this section. **This information should be promptly added to the initial NCIC entry.**

**NCIC Missing Person File
Data Collection Entry Guide**

Agency Case # _____

NCIC Initial Entry Report

Message Key (MKE) (See definitions on page #2) <input type="checkbox"/> Disability (EMD) <input type="checkbox"/> Endangered (EME) <input type="checkbox"/> Involuntary (EMI) <input type="checkbox"/> Juvenile (EMJ) <input type="checkbox"/> Victim (EMV) <input type="checkbox"/> Caution				Date _____	
Reporting Agency (ORI) _____				Sex (SEX) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)	
Name of Missing Person (NAM) _____				Sex (SEX) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)	
Race (RAC) <input type="checkbox"/> Asian or Pacific Islander (A) <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> Unknown (U) <input type="checkbox"/> American Indian/Alaskan Native (I)		Date of Birth (DOB) _____		Place of Birth (POB) _____	
Date of Emancipation (DOE) _____		Height (HGT) _____		Weight (WGT) _____	
FBI Number (FBI) _____		Scars, Marks, Tattoos, and other Characteristics (SMT) (See Checklist)		Eye Color (EYE) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Maroon (MAR) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Pink (PNK) <input type="checkbox"/> White (WHT) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Unknown (UNK) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> Blond/Strawberry (BLN)	
Other Identifying Numbers (MNU) _____				Hair Color (HAI)	
Social Security Number (SOC) _____				Hair Color (HAI)	
Operator's License Number (OLN) _____				Hair Color (HAI)	
Operator's License State (OLS) Expiration (OLY) _____		Skin Tone (SKN) <input type="checkbox"/> Albino (ALB) <input type="checkbox"/> Dk. Brown (DBR) <input type="checkbox"/> Lt. Brown (LBR) <input type="checkbox"/> Olive (OLV) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Fair (FAR) <input type="checkbox"/> Medium (MED) <input type="checkbox"/> Ruddy (RUD) <input type="checkbox"/> Dark (DRK) <input type="checkbox"/> Light (LGT) <input type="checkbox"/> Medium Brown (MBR) <input type="checkbox"/> Yellow (YEL)		Date of Last Contact (DLC) _____	
Originating Agency Case Number (OCA) _____		Fingerprint Classification (FPC) <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		License Plate Number (LIC) _____	
State (LIS) _____		Year Expires (LIY) _____		License Plate Type (LIT) _____	
Vehicle Identification Number (VIN) _____		Year (VYR) _____		Make (VMA) _____	
Model (VMO) _____		Style (VST) _____		Color (VCO) _____	
Does the missing person have corrected vision? (SMT) <input type="checkbox"/> Yes <input type="checkbox"/> Glasses <input type="checkbox"/> Con Lenses <input type="checkbox"/> No		Has the missing person ever donated blood? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blood Type (BLT) <input type="checkbox"/> A Positive (APOS) <input type="checkbox"/> B Unknown (BUNK) <input type="checkbox"/> O Negative (ONEG) <input type="checkbox"/> A Negative (ANEG) <input type="checkbox"/> AB Positive (ABPOS) <input type="checkbox"/> O Unknown (OUNK) <input type="checkbox"/> A Unknown (AUNK) <input type="checkbox"/> AB Negative (ABNEG) <input type="checkbox"/> B Positive (BPOS) <input type="checkbox"/> AB Unknown (ABUNK) <input type="checkbox"/> B Negative (BNEG) <input type="checkbox"/> O Positive (OPOS)	

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Agency Case # _____

Has the missing person ever been fingerprinted? <input type="checkbox"/> Yes, by whom? _____ <input type="checkbox"/> No	Footprints available? (FPA) <input type="checkbox"/> Yes <input type="checkbox"/> No	Body X-Rays? (BXR) <input type="checkbox"/> Full (F) <input type="checkbox"/> None (N) <input type="checkbox"/> Partial (P)	Circumcision? (CRC) <input type="checkbox"/> Was <input type="checkbox"/> Was Not <input type="checkbox"/> Unknown	Corrective Vision Prescription (VRX):
Jewelry Type (JWT) <i>SEE CHECKLIST</i>	Aliases			Reporting Agency Telephone Number
Jewelry Description (JWL) <i>SEE CHECKLIST</i>				
Reporting Officer		Complainant's Name		
Complainant's Address			Complainant's Telephone Number	
Relationship of Complainant to Missing Person	Missing Person's Address		NCIC Number (NIC)	
Missing Person's Occupation (MIS)			Places Missing Person Frequented (MIS)	
Close friends/relatives			Possible destination (MIS)	
Investigating Officer and Telephone Number (MIS)				
Complainant's Signature			Date	

MEDICAL INFORMATION

Missing or Wanted Person's Name

Date of Birth

Date of Last Contact

Investigating Agency

Agency Telephone #

Investigating Officer

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

Medical

Are body X-rays available? ☐ Yes ☐ No If yes, where _____.
Please obtain X-rays and release them to the parent, legal guardian, or next of kin.

Name of Medical Doctor

Blood Type (Including RH Factor if known)

Street Address

City, State, Zip

Telephone Number

Optic

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

Type of Frames: _____ Prescription: **Right Eye** _____ **Left Eye** _____

Name of Optician, Optometrist, or Ophthalmologist

Street Address

City, State, Zip

Telephone Number

Dental

Name of Medical Doctor

Street Address

City, State, Zip

Telephone Number

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Missing or Wanted Person's Name

Date of Birth

Date of Last Contact

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

Signature of Parent/Legal Guardian/Next of Kin

Date

Printed Name

Relationship

Street Address

Telephone Number

City, State, Zip

PERSONAL DESCRIPTORS

SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS

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

Artificial (ART) Body Parts and Aids

EYES

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

EARS

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

TEETH

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

LARYNX

- ☐ Artificial Larynx (ART LARYNX)

SHOULDER

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

BREAST

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

ARMS

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

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

LEGS

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

WALKING AIDS

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

BRACES

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

Deafness

- | | |
|--|---|
| <input type="checkbox"/> Deaf, one ear, nonspecific (DEAF EAR) | <input type="checkbox"/> Deaf, left and right ears (DEAF) |
| <input type="checkbox"/> Deaf, left ear (DEAF L EAR) | <input type="checkbox"/> Deaf-mute (DEAF MUTE) |
| <input type="checkbox"/> Deaf, right ear (DEAF R EAR) | |

Deformities

EARS

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

FACE

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

CHEST

- ☐ Extra breast, nonspecific (EXTR BRST)
- ☐ Extra left breast (EXTR LBRST)
- ☐ Extra right breast (EXTR RBRST)
- ☐ Extra center breast (EXTR CBRST)
- ☐ Extra nipple, nonspecific (EXTR NIP)
- ☐ Extra nipple, left (EXTR L NIP)
- ☐ Extra nipple, right (EXTR R NIP)
- ☐ Extra nipple, center (EXTR C NIP)

BACK

- ☐ Humpbacked (HUMPBACKED)
- ☐ Extra vertebra(e), nonspecific (EXTR VRT)
- ☐ Extra cervical vertebra(e) (EXTR C VRT)
- ☐ Extra lumbar vertebra(e) (EXTR L VRT)

ARMS

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

LEGS

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

Eye Disorders

- | | |
|---|---|
| <input type="checkbox"/> Blind, one eye, nonspecific (BLND EYE) | <input type="checkbox"/> Cataract, left eye (CATA L EYE) |
| <input type="checkbox"/> Blind, left eye (BLND L EYE) | <input type="checkbox"/> Cataract, right eye (CATA R EYE) |
| <input type="checkbox"/> Blind, right eye (BLND R EYE) | <input type="checkbox"/> Glaucoma (GLAUCOMA) |
| <input type="checkbox"/> Blind, both eyes (BLIND) | |
| <input type="checkbox"/> Cross-eyed (CROSSEYED) | |
| <input type="checkbox"/> Cataract, nonspecific (CATARACT) | |

Fractured Bones - FRESH (FRC)

HEAD

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

NECK

- ☐ Neck (FRC NECK)

SHOULDER

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

TORSO

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

ARMS

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

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

PELVIS

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

HIPS

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

LEGS

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

Fractured Bones - HEALED (HFR)

HEAD

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

NECK

- ☐ Neck (HFR NECK)

SHOULDER

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

TORSO

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

ARMS

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

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

PELVIS

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

HIPS

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

LEGS

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

Medical Devices

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

- ☐ Tube in left ear (TUBE L EAR)
- ☐ Tube in right ear (TUBE R EAR)
- ☐ Vascular prosthesis (VASC PROTH)
- ☐ Shunt, arterial vascular (SHUNT ART)

**NCIC Missing Person File
Data Collection Entry Guide**

Agency Case # _____

- ☐ Cardiac pacemaker (CARD PACEM)
- ☐ Intrauterine device (IUD)
- ☐ Penile implant (IMPL PENIS)
- ☐ Colostomy appliances (COLOST APP)
- ☐ Orthopedic nail or pin (ORTH NAIL)
- ☐ Orthopedic plate (ORTH PLATE)

- ☐ Orthopedic screw (ORTH SCREW)
- ☐ Staples (STAPLES)
- ☐ Wire sutures (WIRE SUTUR)

Missing Body Parts/Organs (MISS)

HEAD

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

VERTEBRA(E)

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

ARMS

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

TORSO

- ☐ Breast, nonspecific (MISS BRST)
- ☐ Breasts (MISS BRSTS)
- ☐ Left breast (MISS LBRST)

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

LEGS

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

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HEAD

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

SHOULDERS

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

ARMS

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

- ☐ Finger(s), right hand (MOLE R FGR)

TORSO

- ☐ Chest (MOLE CHEST)
- ☐ Breast, nonspecific (MOLE BRST)
- ☐ Left breast (MOLE LBRST)
- ☐ Right breast (MOLE RBRST)
- ☐ Abdomen (MOLE ABDOM)
- ☐ Back (MOLE BACK)

HIPS

- ☐ Buttocks, nonspecific (MOLE BUTTK)
- ☐ Left buttock (MOLE L BUT)
- ☐ Right buttock (MOLE R BUT)
- ☐ Hip, nonspecific (MOLE HIP)
- ☐ Left hip (MOLE L HIP)
- ☐ Right hip (MOLE R HIP)
- ☐ Penis (MOLE PENIS)
- ☐ Groin area (MOLE GROIN)

LEGS

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

For entering agency information:

** Be specific about the location, if possible.

Needle ("Track") Marks (NM)

HIPS

- ☐ Shoulder, nonspecific (NM SHLD)

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- ☐ Left shoulder (NM L SHLD)
- ☐ Right shoulder (NM R SHLD)

ARMS

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

HIPS

- ☐ Groin (NM GROIN)
- ☐ Penis (NM PENIS)
- ☐ Buttock, nonspecific (NM BUTTK)
- ☐ Left buttock (NM L BUTTK)
- ☐ Right buttock (NM R BUTTK)

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

LEGS

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

Other Physical Characteristics

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

For entering agency information:

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** Miscellaneous Field should indicate what the individual was at birth and what they are at the time the record is entered into NCIC.
For example, born male but had surgery and is now a female.

Scars

HEAD

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

SHOULDERS

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

ARMS

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

- ☐ Finger(s), right hand (SC R FGR)

TORSO

- ☐ Chest (SC CHEST)
- ☐ Breast, nonspecific (SC BREAST)
- ☐ Left breast (SC L BRST)
- ☐ Right breast (SC R BRST)
- ☐ Abdomen (SC ABDOM)
- ☐ Back (SC BACK)

HIPS

- ☐ Buttocks, nonspecific (SC BUTTK)
- ☐ Left buttock (SC L BUTTK)
- ☐ Right buttock (SC R BUTTK)
- ☐ Hip, nonspecific (SC HIP)
- ☐ Left hip (SC L HIP)
- ☐ Right hip (SC R HIP)
- ☐ Penis (SC PENIS)
- ☐ Groin (SC GROIN)

LEGS

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

For entering agency information:

** Be specific about scar location, if possible.

Skin Discoloration (including birthmarks) (DISC)

HEAD

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

SHOULDERS

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

ARMS

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

- ☐ Finger(s), right hand (DISC R FGR)

TORSO

- ☐ Chest (DISC CHEST)
- ☐ Breast, nonspecific (DISC BRST)
- ☐ Left breast (DISC L BRS)
- ☐ Right breast (DISC R BRS)
- ☐ Abdomen (DISC ABDOM)
- ☐ Back (DISC BACK)

HIPS

- ☐ Buttocks, nonspecific (DISC BUTTK)
- ☐ Left buttock (DISC L BUT)
- ☐ Right buttock (DISC R BUT)
- ☐ Hip, nonspecific (DISC HIP)
- ☐ Left hip (DISC L HIP)
- ☐ Right hip (DISC R HIP)
- ☐ Penis (DISC PENIS)
- ☐ Groin (DISC GROIN)

LEGS

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

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For entering agency information:

** Be specific about skin discoloration/birthmark location, if possible.

Tattoos (TAT)

HEAD

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

SHOULDERS

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

ARMS

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

- ☐ Finger(s), left hand (TAT L FGR)
- ☐ Finger(s), right hand (TAT R FGR)

CHEST

- ☐ Chest (TAT CHEST)
- ☐ Breast (TAT BREAST)
- ☐ Left breast (TAT L BRST)
- ☐ Right breast (TAT R BRST)

ABDOMEN

- ☐ Abdomen (TAT ABDOM)

BACK

- ☐ Back (TAT BACK)

HIPS

- ☐ Buttocks (TAT BUTTK)
- ☐ Left buttock (TAT L BUTK)
- ☐ Right buttock (TAT R BUTK)
- ☐ Hip, nonspecific (TAT HIP)
- ☐ Left hip (TAT L HIP)
- ☐ Right hip (TAT R HIP)
- ☐ Penis (TAT PENIS)
- ☐ Groin area (TAT GROIN)

LEGS

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

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- ☐ Toe(s), left foot (TAT L TOE)
- ☐ Toe(s), right foot (TAT R TOE)

- ☐ Full body*** (TAT FLBODY)

FULL BODY

For entering agency information:

** Use the Miscellaneous Field to further describe the location of the tattoo.

*** Use only when the entire body - arms, legs, chest, and back are covered with tattoos.

Removed Tattoos (RTAT)

HEAD

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

SHOULDERS

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

ARMS

- ☐ Arm, nonspecific (RTAT ARM)
- ☐ Left arm** (RTAT L ARM)
- ☐ Right arm** (RTAT R ARM)
- ☐ Upper left arm (RTAT ULARM)
- ☐ Upper right arm (RTAT URARM)
- ☐ Forearm, nonspecific (RTAT FARM)
- ☐ Left forearm (RTAT LFARM)
- ☐ Right forearm (RTAT RFARM)
- ☐ Elbow, nonspecific (RTAT ELBOW)
- ☐ Left elbow (RTAT L ELB)
- ☐ Right elbow (RTAT R ELB)
- ☐ Wrist, nonspecific (RTAT WRS)

- ☐ Left wrist (RTAT LWRS)
- ☐ Right wrist (RTAT RWRS)
- ☐ Hand, nonspecific (RTAT HAND)
- ☐ Left hand (RTAT L HND)
- ☐ Right hand (RTAT R HND)
- ☐ Finger, nonspecific (RTAT FNGR)
- ☐ Left finger(s) (RTAT L FGR)
- ☐ Right finger(s) (RTAT R FGR)

TORSO

- ☐ Chest (RTAT CHEST)
- ☐ Breast (RTAT BRST)
- ☐ Left breast (RTAT LBRST)
- ☐ Right breast (RTAT RBRST)
- ☐ Abdomen (RTAT ABDM)
- ☐ Back (RTAT BACK)

HIPS

- ☐ Buttocks (RTAT BUTTK)
- ☐ Left buttock (RTAT LBUTK)
- ☐ Right buttock (RTAT RBUTK)
- ☐ Hip, nonspecific (RTAT HIP)
- ☐ Left hip (RTAT L HIP)
- ☐ Right hip (RTAT R HIP)
- ☐ Penis (RTAT PENIS)
- ☐ Groin area (RTAT GROIN)

LEGS

- ☐ Leg, nonspecific** (RTAT LEG)
- ☐ Left leg** (RTAT L LEG)
- ☐ Right leg** (RTAT R LEG)
- ☐ Thigh, nonspecific (RTAT THGH)
- ☐ Left thigh (RTAT LTHGH)
- ☐ Right thigh (RTAT RTHGH)
- ☐ Knee, nonspecific (RTAT KNEE)
- ☐ Left knee (RTAT LKNEE)
- ☐ Right knee (RTAT RKNEE)
- ☐ Calf, nonspecific (RTAT CALF)

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- ☐ Left calf (RTAT LCALF)
- ☐ Right calf (RTAT RCALF)
- ☐ Ankle, nonspecific (RTAT ANKL)
- ☐ Left ankle (RTAT LANKL)
- ☐ Right ankle (RTAT RANKL)
- ☐ Foot, nonspecific (RTAT FOOT)
- ☐ Left foot (RTAT LFOOT)
- ☐ Right foot (RTAT RFOOT)
- ☐ Toe(s), nonspecific (RTAT TOE)

- ☐ Toe(s), left foot (RTAT L TOE)
- ☐ Toe(s), right foot (RTAT R TOE)

FULL BODY

- ☐ Full body (RTAT FLBOD)

For entering agency information:

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

Medical Conditions and Diseases (MC)

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

For entering agency information:

** Identify other medical disorders/conditions not listed above in the Miscellaneous Field.

Therapeutic Drugs (TD)

- | | |
|---|--|
| <input type="checkbox"/> Analgesics - pain relievers (includes Darvon, Acetaminophen, Aspirin, etc.) (TD ANALGES) | <input type="checkbox"/> Anticonvulsants - seizure medicines (includes Dilantin, Mysoline, Phenobarbital, etc.) (TD ACONVUL) |
| <input type="checkbox"/> Antibiotics (TD ANBTCS) | |

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- | | |
|--|--|
| <input type="checkbox"/> Antidepressants - mood lifters (includes Amitriptylene, Elavil, Prozac, Norpramine, Triavil, Zoloft, etc.) (TD ADEPRES) | <input type="checkbox"/> HYPNOTI |
| <input type="checkbox"/> Anti-inflammatory medication (TD ANTINFL) | <input type="checkbox"/> Insulin (TD INSULIN) |
| <input type="checkbox"/> Bronchial dilators (includes inhalers) (TD BRNCHDL) | <input type="checkbox"/> Ritalin (TD RITALIN) |
| <input type="checkbox"/> Cardiac - heart medications (includes Digitalis, Digoxin, etc.) (TD CARDIAC) | <input type="checkbox"/> Tranquilizers (includes Valium, Thorazine, Stellazine, etc.) (TD TRANQUI) |
| <input type="checkbox"/> Hypnotics - sleeping aids (includes Barbiturates, Chloral Hydrate, Glutethemide, etc.) (TD | <input type="checkbox"/> Other therapeutic medications** (TD OTHER) |

For entering agency information:

** Identify other therapeutic medications not listed above in the Miscellaneous Field.

Drugs of Abuse (DA)

- | | |
|--|---|
| <input type="checkbox"/> Alcohol (DA ALCOHOL) | <input type="checkbox"/> Paint (includes thinner) (DA PAINT) |
| <input type="checkbox"/> Amphetamines (includes stimulants, speed, etc.) (DA AMPHETA) | <input type="checkbox"/> Ritalin (DA RITALIN) |
| <input type="checkbox"/> Barbiturates (DA BARBITU) | <input type="checkbox"/> Rohypnol (brand name for Flunitrazepam. Also referred to as "rophies", "roofies", "ruffies", and "roche". (DA ROHYPNL) |
| <input type="checkbox"/> Cocaine (includes crack) (DA COCAINE) | <input type="checkbox"/> Other drugs of abuse** (DA OTHER) |
| <input type="checkbox"/> Glue (DA GLUE) | |
| <input type="checkbox"/> Hallucinogens (DA HALLUCI) | |
| <input type="checkbox"/> Marijuana (DA MARIJUA) | |
| <input type="checkbox"/> Narcotics (includes Heroin, Morphine, Dilaudid, Methadone) (DA NARCOTI) | |

For entering agency information:

** Identify other drugs of abuse not listed above in the Miscellaneous Field.

JEWELRY TYPE (JWT)

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

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Jewelry Type	Description of item
<input type="checkbox"/> Ankle bracelet (AB) (includes ankle	
<input type="checkbox"/> Backpack (BK)	
<input type="checkbox"/> Belt buckle (BB)	
<input type="checkbox"/> Broach or pin (BP)	
<input type="checkbox"/> Cigarette lighter, holder, or case (CL)	
<input type="checkbox"/> Comb (includes hair combs and	
<input type="checkbox"/> Cuff links (CU)	
<input type="checkbox"/> Earrings (ER) (includes clasp,	
<input type="checkbox"/> Key chain (KC)	
<input type="checkbox"/> Money clip (MC)	
<input type="checkbox"/> Necklace (NE) (includes necklaces	
<input type="checkbox"/> Pocket knife (PK)	
<input type="checkbox"/> Pocket watch chain (fob) or vest	
<input type="checkbox"/> Tie chain, clasp, or tack (TC)	
<input type="checkbox"/> Wallet or purse (WP)	
<input type="checkbox"/> Watch (WA) (includes wrist, pocket	
<input type="checkbox"/> Wrist bracelets having pendants (WB)	

MISCELLANEOUS DATA

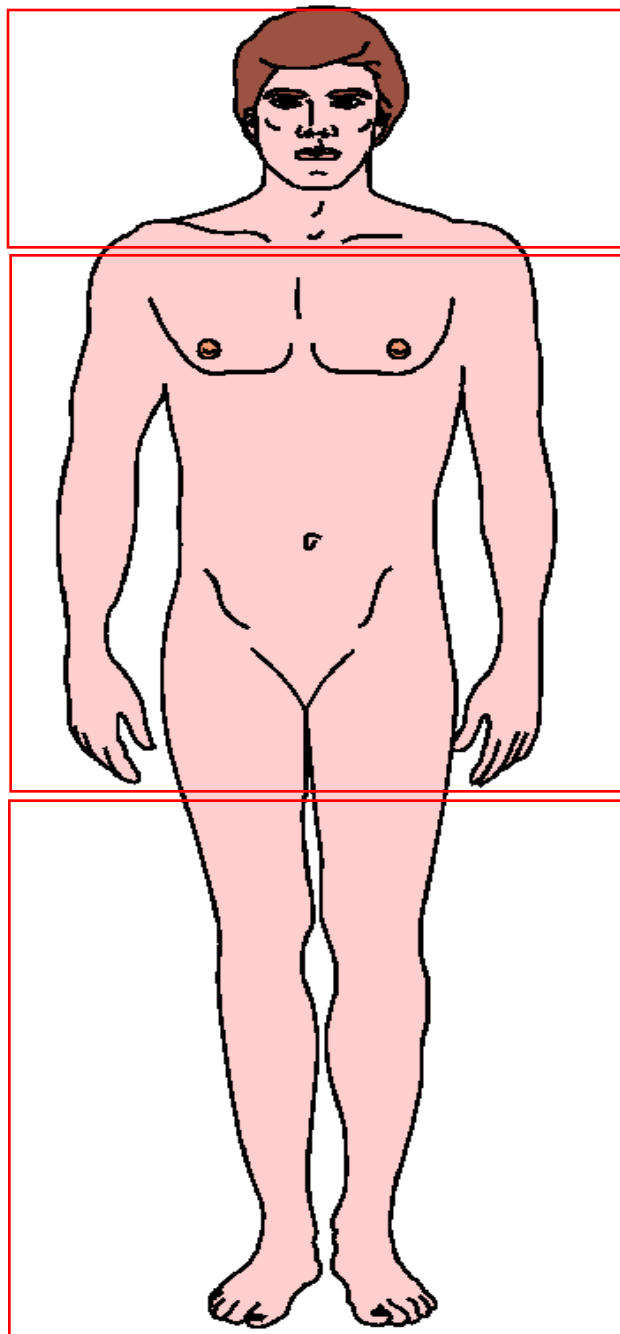
Miscellaneous data regarding the missing person may be added. This information may include any of the following:

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

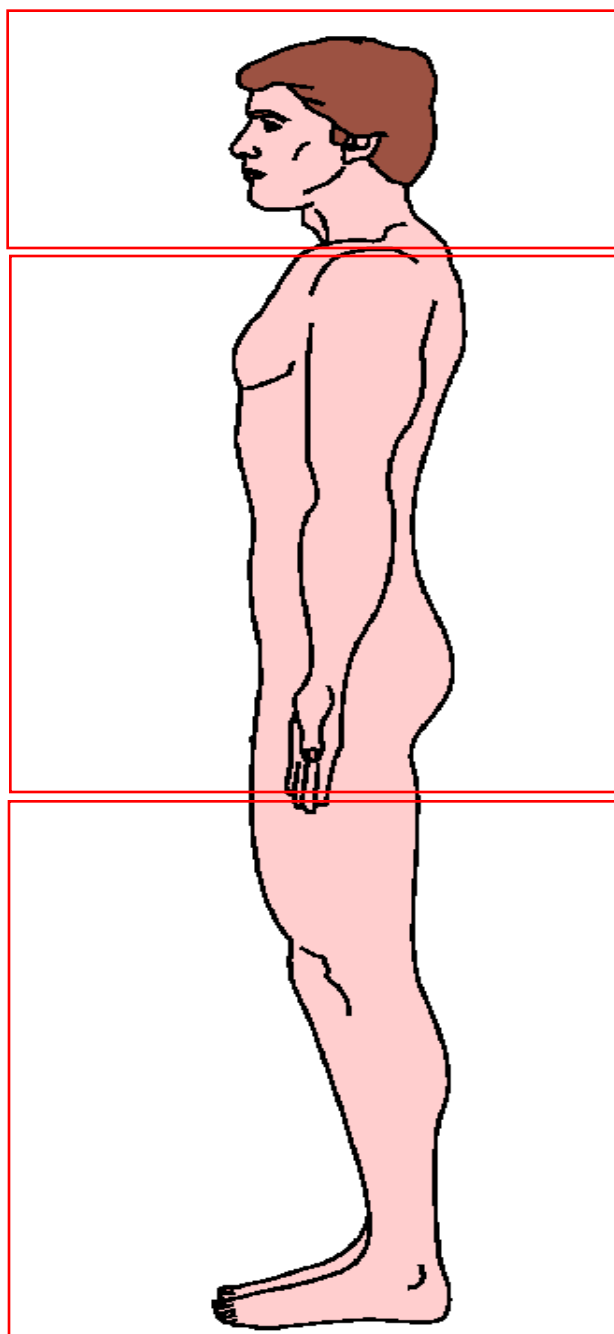
External Characteristics Body Diagram

Please indicate scars, marks, tattoos, etc. directly on the images below.

View instructions at bottom of page



Front



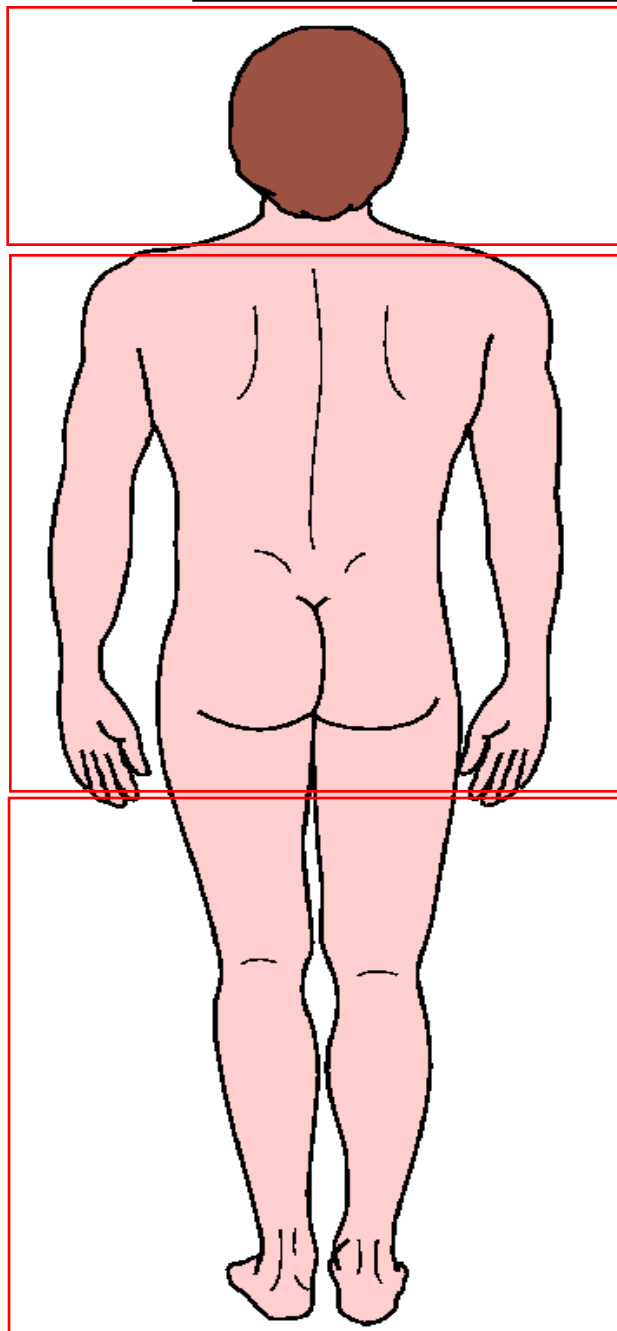
Left Side

1) Activate any box by clicking within that field. 2) Highlight example text and insert appropriate descriptor. 3) To position descriptor over body part; manipulate with space-bar or backspace-key (side-to-side), or the enter-key to add or delete line spaces (up & down).

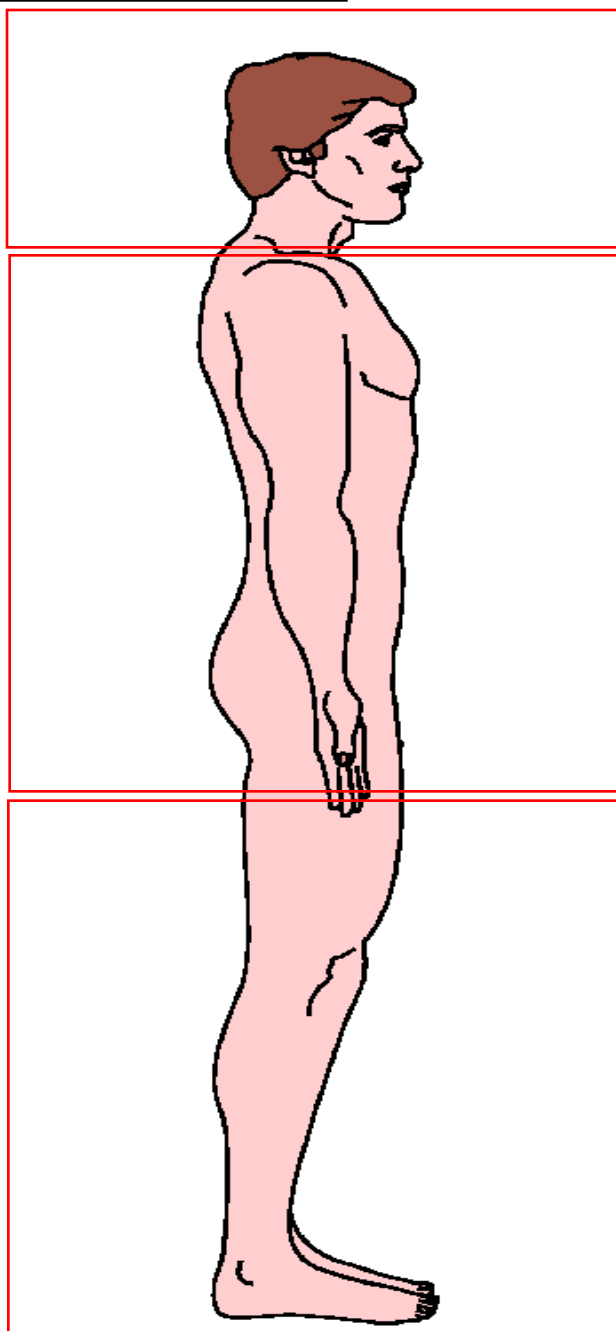
External Characteristics Body Diagram

Please indicate scars, marks, tattoos, etc. directly on the images below.

View instructions at bottom of page



Back



Right Side

1) Activate any box by clicking within that field. 2) Highlight example text and insert appropriate descriptor. 3) To position descriptor over body part; manipulate with space-bar or backspace-key (side-to-side), or the enter-key to add or delete line spaces (up & down).

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CODING DENTAL CHARACTERISTICS

Dear Doctor:

Since it is believed that you have treated the patient named on the preceding page, your assistance with the enclosed dental report is requested. Your careful attention to the information requested in the dental report may aid in the identification of your patient who has been reported missing or wanted.

A worksheet for your notes in regard to each tooth is contained in this packet on page 27. Using this worksheet can enable you to combine the information shown in the dental records and radiographs to provide an accurate dental profile. Once the worksheet is completed, these notes can easily be converted to the NCIC Missing Person Dental Report found on page 28.

This report was designed to facilitate the collection of dental data to be entered into the National Crime Information Center (NCIC). This dental data will serve as a "pointer system" for matching dental characteristics of individuals with records stored in the NCIC Wanted Person, Missing Person, and Unidentified Person Files. The coding rules explained in this document have been formulated to launch comparison routines that are used to develop a candidate list of potential matching records maintained in NCIC.

Careful examination of all available dental records will ensure a dental profile that will provide key information used in the identification process. Completion of the dental report should not take more than a few minutes under most circumstances.

If you have any questions regarding the reporting of a condition, please contact the **FBI Investigative and Operational Assistance Unit at 304/625-3000**.

Dental Data Checklist

- ° All dental information has been collected and reviewed (including, but not limited to all original radiographs, treatment records, dental photographs, dental models, etc.)
- ° Photographs showing missing persons teeth have been collected from family and/or friends. Dental records and photographs collected have been given to:
 - ° Law Enforcement Agency
 - ° Medical Examiner
- ° NCIC Dental Coding Sheet Completed
- ° Missing person record removed from NCIC if located

DENTAL CONDITION WORKSHEET

This chart should be filled out by a dentist following the complete review of all available dental records and radiographs. The numbering of the teeth follows the format of the Universal numbering system with tooth #1 being the upper right third molar, tooth #16 being the upper left third molar, tooth #17 being the lower left third molar and tooth #32 being the lower right third molar. The description of the restorations present should include the surfaces involved (M, O, D, F, L), the restorative material used (amalgam, gold, porcelain, composite, temporary cement, etc.) and any other conditions that may be observed (endodontic treatment, pin retention, orthodontic brackets or bands, etc.). Do not leave any tooth numbers blank. If the tooth has no restorations note is as "virgin" or "present, no restoration". Other significant dental information can be noted at the bottom of this chart or on an attached sheet of paper.

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

Additional Dental Information:

NCIC Missing Person Dental Report

SECTION 1

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

Completed by: _____ Date Completed: _____

Address: _____

Telephone #: _____ Email Address: _____

X-Rays Available? ☐ Yes ☐ No

Dental Models Available? ☐ Yes ☐ No

Dental Photographs Available? ☐ Yes ☐ No

SECTION 2

DENTAL CHARACTERISTICS

Upper Right

01 (18) _____
02 (17) _____
03 (16) _____
04 (15) _____
05 (14) _____
06 (13) _____
07 (12) _____
08 (11) _____

Upper Left

09 (21) _____
10 (22) _____
11 (23) _____
12 (24) _____
13 (25) _____
14 (26) _____
15 (27) _____
16 (28) _____

(Numbers in parenthesis
represent FDI System.)

Lower Right

32 (48) _____
31 (47) _____
30 (46) _____
29 (45) _____
28 (44) _____
27 (43) _____
26 (42) _____
25 (41) _____

Lower Left

24 (31) _____
23 (32) _____
22 (33) _____
21 (34) _____
20 (35) _____
19 (36) _____
18 (37) _____
17 (38) _____

SECTION 3

DENTAL CODES

X = Tooth has been removed or did not develop

V = Tooth is unrestored or no information (Default Code)

M = Mesial Surface Restored

O = Occlusal/Incisal Surface Restored

D = Distal Surface Restored

F = Facial or Buccal Surface Restored

L = Lingual Surface Restored

C = Lab Processed or Prefabricated Restoration

R = Endodontic Treatment

/ = Tooth present but clinical crown missing (i.e. fractured)*

(*The code "V" and "/" is used differently for the Unidentified Person Dental Report)

SECTION 4

DENTAL REMARKS

☐ **ALL** (All 32 teeth are present and unrestored)

☐ **UNK** (No dental information available)

General Procedures for Coding the Report

Section 1:

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

Section 2:

- **IF NO DENTAL INFORMATION IS AVAILABLE, GO DIRECTLY TO SECTION 4 AND CHECK THE UNK BOX. IF THERE IS NO DENTAL INFORMATION AVAILABLE, DO NOT ENTER ANY CODES IN THE TOOTH FIELDS IN SECTION 2.**
- **IF ALL 32 TEETH ARE PRESENT WITH NO RESTORATIONS, GO DIRECTLY TO SECTION 4 AND CHECK THE ALL BOX.**
- Tooth numbers are based on the Universal System. The corresponding Federation Dentaire Internationale System (FDI) numbering is depicted in parenthesis.
- Use all available dental records to capture the most recent condition of each tooth. A review of written treatment records is a must as x-rays are often taken prior to treatment and may not reflect the most recent condition of the teeth.
- Enter the appropriate code(s) next to the corresponding tooth number, 01 thru 32, on the dental report.
- Each tooth must have one or more codes entered except when ALL or UNK is used (see Section 4).
- Review pages 30 thru 35 prior to completing the Dental Characteristics Section of the dental report.

Section 3:

- Dental Codes. A more detailed explanation of these codes and their use is described on pages 30 thru 35.

Section 4:

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

Dental Codes and Descriptions

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

<u>Code</u>	<u>Description</u>
V	Virgin. Default code for Missing Persons. Tooth is present or assumed to be present and unrestored. This includes unerupted teeth such as wisdom or deciduous teeth. If no information is available for a particular tooth this code should be used as it is assumed that all teeth are present (erupted or unerupted) and unrestored when they develop. This code is also used when a tooth has been restored but it is impossible to determine which surface has been restored (most common example of this is the location of a pit type filling on molars when it is impossible to determine whether the filling is on the facial or lingual surface). *** Please note this code is used differently when coding dental characteristics for Unidentified Persons.***
/	A portion of the tooth is remaining and treatment has probably been accomplished on the tooth but it is impossible to determine which surfaces have been restored. This code is most frequently used when a tooth has had an endodontic procedure accomplished and the clinical crown has fractured off. This code is seldom used in coding missing persons dental information. *** Please note this code is used differently when coding dental characteristics for Unidentified Persons.***
X	Missing. Tooth has been extracted or is congenitally missing.
M	Mesial surface of the tooth has been restored.
O	Occlusal or Incisal surface of the tooth has been restored. (<u>Do not use "I"</u>)
D	Distal surface of the tooth has been restored.
F	Facial or Buccal surface of the tooth has been restored. (<u>Do not use "B"</u>)
L	Lingual surface of the tooth has been restored.

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

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

Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
No Records Regarding the Condition of Some Teeth	The default code for missing person dental records is "V". If no information is available for a particular tooth or teeth, it is assumed that they developed and were unrestored.	<p>The only records received for analysis are bitewing type x-rays. There is no information concerning the anterior teeth and the wisdom teeth. The appropriate code entries for these teeth are:</p> <p>01V 32V</p> <p>06V 27V</p> <p>07V 26V</p> <p>08V 25V</p> <p>09V 24V</p> <p>10V 23V</p> <p>11V 22V</p> <p>16V 17V</p>
Multiple Restorations on One Tooth Surface	Only <u>one</u> surface code is entered for a particular surface on a specific tooth regardless of the number of restorations on that particular surface.	Tooth #28 has two occlusal pit restorations, the appropriate code entry is: 28O .

Deciduous Teeth	<p>Deciduous teeth are coded in the same manner as permanent teeth. Unerrupted teeth are coded as V. When the available dental records are in the mixed dentition phase, the examiner must establish the likelihood of the deciduous tooth being exfoliated and replaced by the permanent tooth during the time interval between the date of the last dental record (written/radiograph) and the date the individual went missing. <u>For the purposes of NCIC coding, the general rule is: Unless there is evidence to the contrary, it is assumed that all deciduous teeth will be replaced by permanent teeth at 11+ years of age.</u> When in doubt, use the default "V" code.</p>	<p>#1: The most recent available dental records are of the individual at 7 years of age and indicate an MOD restoration on a lower right second deciduous molar. The individual went missing at 9 years of age. The tooth should be coded as: 29MOD</p> <p>#2: The most recent available dental records are of the individual at 9 years of age and indicate an MOD restoration on a lower right second deciduous molar. The radiographs show evidence of a permanent successor. The individual went missing at 16 years of age. The tooth should be coded as: 29V</p> <p>#3: The most recent available dental records are of the individual at 10 years of age and indicate an MOD restoration on a lower right second deciduous molar. The radiographs clearly show no evidence of a permanent successor. The individual went missing at 16 years of age. The tooth should be coded as: 29MOD</p>
Fixed Dental Bridge	<p>The important feature is that the tooth has been extracted.</p>	<p>Tooth #8 has been extracted and replaced with a fixed bridge. Teeth #7 and #9 are the abutment teeth and restored with full coverage porcelain to metal crowns. The teeth should be coded as:</p> <p>07MODFLC</p> <p>08X</p> <p>09MODFLC</p>
Dental Implant	<p>The important feature is that the tooth has been extracted.</p>	<p>Tooth #8 has been extracted and replaced by a dental implant. The tooth should be coded as:</p> <p>Dental Report, Section 2 - 08X</p> <p>Dental Report, Section 4 - Implant 08</p>

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Removable Dentures	All teeth that are replaced by a complete or partial denture are coded as "X" in Section 2 of the dental report, and the appropriate notation should be made in Section 4.	"Complete Maxillary Denture", "Complete Mandibular Denture", "Partial Maxillary Denture", and/or "Partial Mandibular Denture."
Overdenture Teeth	All missing teeth are coded with "X". For the purposes of NCIC coding, the overdenture teeth are assumed to have endodontic treatment and some sort of cast coping.	Teeth #6 and #11 are overdenture teeth for a complete maxillary denture. These teeth should be coded as: Section 2 - Missing teeth coded "X" 06MODFLCR 11MODFLCR Section 4 - Complete Maxillary Denture, Overdenture 06, Overdenture 11
Orthodontic Appliances (Active and Passive)	All teeth are coded for their dental characteristics and a notation should be made in Section 4 of the dental report.	Section 4 - "Orthodontic Appliance"
Pit and Fissure Sealants	Pit and fissure sealants are not considered restorations for the purposes of NCIC coding.	All teeth that have pit and fissure sealants are coded as "V" .
Facial or Lingual Restoration	Sometimes it is impossible to distinguish if a restoration is on the facial or lingual surface. Review the written records to help determine the position or extent of the restorations observed on the x-rays. If it is impossible to determine which surface contains the restoration, the appropriate NCIC code is "V" . Otherwise, code <u>only</u> the restored surfaces that can be reasonably identified.	#1: A pit restoration is observed on tooth #19. It is impossible to determine whether it is on the facial or the lingual surface. The tooth should be coded as: 19V #2: A restoration is observed on tooth #14. It appears to be an Occlusal restoration that extends either to the facial or lingual surface, but the extension location cannot be determined. The tooth should be coded as: 14O

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Missing Premolars (Bicuspid)	Determining which premolars were extracted may be difficult, particularly following completion of orthodontic treatment. Careful examination of the radiographs and written treatment records is often helpful in making this determination. For the purposes of NCIC coding, <u>if it is impossible to determine</u> which premolars were extracted, the appropriate code is "V".	<u>If it is impossible to determine</u> which premolars were extracted, the appropriate code is "V".
Anterior Composite Restoration	The coding of restored surfaces on anterior teeth should be conservative when interpreting dental records for a missing person.	A small mesial restoration is observed radiographically for tooth #8. The written records indicate a mesiolingual restoration was placed on the tooth. The tooth should be coded as: 08M
Extent of Large Restorations	Coding surfaces on restorations that appear to be quite extensive on x-rays can be difficult. A review of written treatment records may clarify the actual surfaces that have been restored. Code <u>only</u> the surfaces that show evidence of being restored.	X-rays indicate a large build up type restoration on tooth #19. The written dental records do not indicate which surfaces have been restored. The radiographs, however, indicate obvious restorations on the mesial, occlusal, and distal surfaces. The tooth should be coded as: 19MOD

If you have any questions regarding the reporting of a condition, please contact the **FBI Investigative and Operational Assistance Unit at 304/625-3000**.

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