UNIDENTIFIED PERSON FILE
Data Collection Entry Guide

Investigating Agency	Agency Case Number
Street Address	City, State and Zip
Telephone Number	FAX Number
Medical Examiner/Coroner	Medical Examiner/Coroner Case Number
Street Address	City, State, and ZIP
Telephone Number	FAX Number

Dental Data Checklist

9 Full Mouth Series of Radiographs Taken (See Page 3)

9 Panoramic Radiograph Taken (See Page 3)

9 Photographs of Oral Structures Taken (See Page 3)

9 Charting of Existing Dental Conditions (See Page 4)

9 LEADS/NCIC Dental Coding Sheet Completed (See Page 7)

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Medical Examiner/
Investigating Agency Case #_____   Coroner Case #_____

Dear Doctor:

Your assistance with the enclosed dental report is requested in order to collect information that will enable the identification of found human remains. The information contained in this packet is designed to gather information and provide documentation that may be crucial to the identification of the individual.

Since radiographs are the most widely used comparison medium for the dental identification of unidentified human remains, your experience and expertise in taking and reviewing radiographs plays an important role in the gathering of identification evidence. Guidelines for the specific radiographs that need to be taken are found on page 3 of this packet. Photographs, either conventional or digital, can also be helpful in the identification process as explained on page 3 of this packet.

Because radiographs are two dimensional, it is also important that a thorough visual examination be accomplished to record the specific condition of the dentition. A worksheet for your notes in regard to each tooth is also contained in this packet on page 4. Using this worksheet can enable you to combine the information obtained from the visual examination with the information observed in the radiographs to provide an accurate dental profile of those teeth that have been recovered.

Once the worksheet is completed, these notes can be easily converted to the LEADS/NCIC Unidentified Person Dental Coding Report found on page 7.

This packet was designed to facilitate the collection of dental data to be entered into the Law Enforcement Agencies Data System (LEADS) and 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 LEADS/NCIC Unidentified Person, Wanted Person, and Missing Person Files in order to generate a list of possible candidates. Completion of the LEADS/NCIC Dental Coding Form may take only a few minutes if the appropriate information has already been gathered from the remains.

Thank you for your careful completion of this report. Please be sure to retain all dental records for future comparison purposes. The original (or diagnostic copies) of radiographs, photographs and documentation should be distributed to the investigating agency and the Medical Examiner/Coroner of jurisdiction.

If you have any questions regarding the reporting of a condition or the collection of data, please contact the Illinois State Police LEADS Help Desk at 866/LEADS00 (866/532-3700).

Dental Radiograph Guidelines for Unidentified Remains

1. All periapical radiographs should show the complete crown and root tips with surrounding tissue. Avoid elongation and foreshortening as much as possible.

2. Radiographs should be taken of region even if teeth are missing.

3. Use DF-57 Kodak Size 2 Ultraspeed film or comparable double film packs. Ensure that chemical are fresh when developing films. Digital radiographs are also acceptable.

4. Use bisecting angle or parallel technique.

5. Obtain panoramic radiographs whenever possible. (Usually only possible in skeletal remains.)

6. Submit one set of original radiographs and completed charting to the Medical Examiner or Coroner of jurisdiction.

Upper right molar region	Upper right premolar region	Upper right canine region	Upper central incisor region	Upper left canine region	Upper left premolar region	Upper left molar region
Bitewing right molar region	Bitewing right molar region				Bitewing left molar region	Bitewing left molar region
Lower right molar region	Lower right premolar region	Lower right canine region	Lower central incisor region	Lower left canine region	Lower left premolar region	Lower left molar region

Guide to Full Mouth Radiographic Series
Recommended Dental Photographs

Photographs are occasionally used in the identification process. This can be done by comparing the alignment and shape of the visible teeth in an antemortem photograph to those same characteristics present in the recovered human remains. Photographic superimposition of the head over photographs of suspected identification candidates can also be useful. Multiple photographs, either conventional or digital are recommended. At a minimum, the following photographic views should be taken:

1. View of Anterior Teeth (canine to canine) showing incisal edges and alignment.

2. Frontal View of Head

3. Right and Left Lateral View of Head

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<u>DENTAL CONDITION WORKSHEET</u>

This chart should be filled out by a dentist following the complete visual examination of the dentition and review of the dental radiographs taken of the unidentified remains. 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 it 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 _____   17 _____

2 _____   18 _____

3 _____   19 _____

4 _____   20 _____

5 _____   21 _____

6 _____   22 _____

7 _____   23 _____

8 _____   24 _____

9 _____   25 _____

10 _____   26 _____

11 _____   27 _____

12 _____   28 _____

13 _____   29 _____

14 _____   30 _____

15 _____   31 _____

16 _____   32 _____

Additional Dental Information:

General Procedures for Coding the Report

Section 1:

- The Case # and LEADS # fields should be completed by the investigating agency.
- The Medical Examiner/Coroner Case #, Completed by, Date Completed, Email Address, Address, Telephone #, X-Rays Available, Dental Models Available, and Dental Photographs Available fields should be completed by the individual filling out the report.

Section 2:

- Tooth numbers are based on the Universal System. The corresponding Federation Dentaire Internationale System (FDI) numbering is depicted in parenthesis.
- Use all available dental evidence collected from the recovered human remains to code the most accurate dental profile.
- 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 Dental Codes and Descriptions on Page 6 of this packet prior to completing the Dental Characteristics Section of the LEADS/NCIC Unidentified Person Dental Report.

Section 3:

- Dental Codes. A more detailed explanation of these codes and their use is described on Page 6 of this packet.

Section 4:

- To be used for coding ALL or UNK.
  - If the ALL field is marked, LEADS/NCIC will automatically code all teeth as "V".
  - If the UNK field is marked, LEADS/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.*

Code	Description
/	Default code for Unidentified Persons. Typically used when the tooth is not recovered. Also used when a portion of the tooth is remaining it is impossible to determine if the clinical crown has been restored. *** Please note this code is used differently when coding dental characteristics for Missing Persons.***
V	Virgin. Tooth is present and unrestored. This includes unerupted teeth such as wisdom or deciduous teeth. *** Please note this code is used differently when coding dental characteristics for Missing 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. (Do not use "I")
D	Distal surface of the tooth has been restored.
F	Facial or Buccal surface of the tooth has been restored. (Do not use "B")
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.*

Code	Description
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.

Thank you for your careful completion of this report. Please be sure to retain all dental records for future comparison purposes.

If you have any questions regarding the reporting of a condition, please contact the Illinois State Police LEADS Help Desk at 866/LEADS00 (866/532-3700).

LEADS/NCIC Unidentified Person Dental Report

ME/Coroner Case#: _____   Case #: _____   LEADS #: _____

Completed by: _____   Date Completed: _____   Email Address: _____

Address: _____

Telephone #: _____   X-Rays Available? Q Yes Q No

Dental Models Available? Q Yes Q No   Dental Photographs Available? Q Yes Q No

SECTION 2   *DENTAL CHARACTERISTICS*

Upper Right	**Lower Left**
01 (18)_____	17 (38)_____
02 (17)_____	18 (37)_____
03 (16)_____	19 (36)_____
04 (15)_____	20 (35)_____
05 (14)_____	21 (34)_____
06 (13)_____	22 (33)_____
07 (12)_____	23 (32)_____
08 (11)_____	24 (31)_____

(Numbers in parenthesis represent FDI System.)

Upper Left	**Lower Right**
09 (21)_____	25 (41)_____
10 (22)_____	26 (42)_____
11 (23)_____	27 (43)_____
12 (24)_____	28 (44)_____
13 (25)_____	29 (45)_____
14 (26)_____	30 (46)_____
15 (27)_____	31 (47)_____
16 (28)_____	32 (48)_____

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 "/" is used differently for the Missing Person Dental Report)

SECTION 4   *DENTAL REMARKS*

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

_____

_____

_____