Place of disaster: _____ **PM No:** _____

Nature of disaster: _____

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

BODY DESCRIPTION (external)

			a	b	c
402	**State of the body**	*Complete* 1 ☐ *Incomplete* 2 ☐			
404	**Specific details**	No: 1 *Scars* 2 *Piercings* 3 *Tattoos*			
	Head and neck				
	01 Head				
	02 Neck				
	Torso				
	03 Torso front				
	04 Torso back				
	05 Genitalia				
	06 Buttocks				
	Upper limbs				
	07 Right upper arm				
	08 Left upper arm				
	09 Right forearm				
	10 Left forearm				
	11 Right hand	No: 4 *Skin marks* 5 *Malformations* 6 *Amputations*			
	12 Left hand				
	Lower limbs				
	13 Right thigh				
	14 Left thigh				
	15 Right knee				
	16 Left knee				
	17 Right lower leg				
	18 Left lower leg				
	19 Right foot				
	20 Left foot				
408	**Height**	*Min* _____ *cm* / *Max* _____ *cm* ; *Min* _____ *ft* _____ *in* / *Max* _____ *ft* _____ *in*			
412	**Weight**	*Min* _____ *kg* / *Max* _____ *kg* ; *Min* _____ *lb* / *Max* _____ *lb*			
416	**Build**	*Slight* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐			
420	**Hair of the head**				
	01 Type	*Natural* 1 ☐ *Extensions* 2 ☐ *Hairpiece* 3 ☐ *Wig* 4 ☐ *Implanted* 5 ☐			
	02 Length	*Short <6 cm / 2.4 in* 1 ☐ *Medium <12 cm / 4.7 in* 2 ☐ *Long >12 cm / 4.7 in* 3 ☐ *Shaved* 4 ☐			
	03 Dyed colour	*None/unknown* 1 ☐ *Streaked* 2 ☐ *Blond* 3 ☐ *Brown* 4 ☐ *Black* 5 ☐ *Red* 6 ☐ *Grey* 7 ☐ *White* 8 ☐ *Mixed grey* 9 ☐ *Other (specify):* 10 ☐ _____			
	04 Natural colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ _____			
	05 Baldness	*Partial* 1 ☐ *Total* 2 ☐ *Forehead* 3 ☐ *Sides* 4 ☐ *Tonsure* 5 ☐			
	06 Distinctive feature(s)	*Describe (and use page Sup. Info. (700's) for details):* _____			

Registered by Duty Title : Name : Address : Phone / Email :

Signature / Date