Forensic Case Information

COLLECTION ID/CASE #:_____ **I.D. NAME:**_____

CURATOR/ADDRESS:_____ **MEANS OF I.D.:**_____

RECORDER:_____ **DATE:**_____ **POSITIVE IDENTIFICATION?**____ **DATE:**_____

----------GENERAL INFORMATION (Pages 3-6)----------

		Source			Source
1. SEX:	_____	_____	7. DATE OF BIRTH:	_____	_____
2. RACE:	_____	_____	8. PLACE OF BIRTH:	_____	_____
3. AGE:	_____	_____	9. OCCUPATION:	_____	_____
4. STATURE:	_____	_____	10. BLOOD TYPES:	_____	_____
5. WEIGHT:	_____	_____	11. BIRTHS:	_____	_____
6. HANDEDNESS	_____	_____	12. PREGNANCIES:	_____	_____

13. DATE REPORTED MISSING: _____
14. DATE OF DISCOVERY: _____
15. DATE OF DEATH: _____
16. TIME SINCE DEATH: _____
17. MANNER OF DEATH: _____
18. DEPOSIT/EXPOSURE:_____
_____
_____
19. DEPTH IN CM (if buried): _____
20. EST. PERIOD OF DECAY: _____

21. NATURE OF REMAINS:_____

22. PLACE OF DISCOVERY (Area):_____

23. STATE:_____ 24. COUNTY:_____ 25. MUNICIPALITY:_____

26. MEDICAL HISTORY:_____

_____

27. CONGENITAL MALFORMATIONS:_____

_____

28. DENTAL RECORDS (specify):_____

_____

29. BONE LESIONS (Antemortem):_____

_____

30. PERIMORTEM INJURIES:_____

_____

31. ADDITIONAL COMMENTS: _____

_____

_____

_____

_____

Forensic Inventory

COLLECTION ID/CASE #:_____ **CURATOR/ADDRESS:**_____

----------SKELETAL INVENTORY (Page 7)----------

32. INVENTORY: **Codes:** 1 - present complete; 2 - present fragmentary; 3 - absent (postmortem); 4 - antemortem loss; 5 - unerupted (dentition); 6 - congenitally missing

Cranium:_____

	Left:		Right:		Left:		Right:
Frontal:		_____		Maxilla:	_____		_____
Parietal:	_____		_____	Nasal:	_____		_____
Occipital:		_____		Ethmoid:		_____	
Temporal:	_____		_____	Lacrimal:	_____		_____
Zygomatic:	_____		_____	Vomer:		_____	
Palate:	_____		_____	Sphenoid:		_____	

Mandible:_____

	Left:		Right:		Left:		Right:
Body:	_____		_____	Ramus:	_____		_____

Dentition:_____

	Left:		Right:		Left:		Right:
Max. I1:	_____		_____	Mand. I1:	_____		_____
Max. I2:	_____		_____	Mand. I2:	_____		_____
Max. C:	_____		_____	Mand. C:	_____		_____
Max. P1:	_____		_____	Mand. P1:	_____		_____
Max. P2:	_____		_____	Mand. P2:	_____		_____
Max. M1:	_____		_____	Mand. M1:	_____		_____
Max. M2:	_____		_____	Mand. M2:	_____		_____
Max. M3:	_____		_____	Mand. M3:	_____		_____

Postcranium:_____

	Left:		Right:		Left:		Right:
Hyoid:		_____		Thoracic 1-12 (count)		_____	
Clavicle:	_____		_____	Lumbar 1-5 (count):		_____	
Scapula:	_____		_____	Sacrum:		_____	
Humerus:	_____		_____	Ilium:	_____		_____
Radius:	_____		_____	Pubis:	_____		_____
Ulna:	_____		_____	Ischium:	_____		_____
Hand:	_____		_____	Femur:	_____		_____
Manubrium:		_____		Patella:	_____		_____
Sternal Body:		_____		Tibia:	_____		_____
Ribs:	_____		_____	Fibula:	_____		_____
Atlas:		_____		Calcaneus:	_____		_____
Axis:		_____		Talus:	_____		_____
Cervical 3-7 (count):		_____		Foot:	_____		_____

----------RESEARCH MATERIALS----------

33. SKELETAL MATERIALS: _____

34. DENTAL CASTS: _____

35. HISTOLOGICAL SECTIONS: _____

36. RADIOGRAPHS/PHOTOS: _____

37. OTHER (hair, etc.): _____

Forensic Morphological Observations

COLLECTION ID/CASE #:_____ **CURATOR/ADDRESS:**_____

----------EPIPHYSEAL CLOSURE (Pages 8-9)----------

Codes: 1 - No Union 2 - Partial Union 3 - Complete Union

38. BASILAR SUTURE:	____	47. LUMB. VERT. RIM:	____	56. PROX. RADIUS:	____
39. MEDIAL CLAVICLE:	____	48. SACRUM (1/2):	____	57. DISTAL RADIUS:	____
40. ATLAS-ANTERIOR:	____	49. SACRUM (S2/3):	____	58. PROX. ULNA:	____
41. ATLAS-POSTERIOR:	____	50. SACRUM (3/4):	____	59. DISTAL ULNA:	____
42. AXIS-ANTERIOR:	____	51. INNOM. PRIM. ELEM.	____	60. FEMUR HEAD:	____
43. AXIS-POSTERIOR:	____	52. ISCH. TUBEROSITY:	____	61. GR. TROCH.	____
44. CERV. VERT. RIM:	____	53. ILIAC CREST (ANT 1/3):	____	62. DIST. FEMUR:	____
45. THOR. VERT. RIM:	____	54. PROX. HUMERUS:	____	63. PROX. TIBIA:	____
46. L5 BODY-ARCH:	____	55. MED. EPIC. HUM.:	____	64. DISTAL TIBIA:	____

----------CRANIAL SUTURE CLOSURE (Pages 10-12)----------

Ectocranial
0: open 1: up to 50% 2: >50% 3: obliterated

Endocranial
1: open 2: partial 3: obliterated

	L	R		L	R		
65. MIDLAMBDOID:	____	____	70. MIDCORONAL:	____	____	75. SAGITTAL:	____
66. LAMBDA:	____		71. PTERION:	____	____	76. LAMBDOID(L):	____
67. OBELION:	____		72. SPHENOFRONTAL:	____	____	77. LAMBDOID(R):	____
68. ANTERIOR SAGITTAL:	____		73. INF. SPHENOTEMP:	____	____	78.CORONAL(L):	____
69. BREGMA:	____		74. SUP. SPHENOTEMP:	____	____	79. CORONAL(R):	____

----------RIB END CHANGES (Pages 13-22)----------

	Left	Right
80. RIB NO.: _____	Phase: _____	Phase: _____

----------PELVIC CHANGES (Pages 23-45)----------

	Left	Right
81. TODD (1920)/(1921):	_____	_____
82. SUCHEY-BROOKS (Suchey and Katz 1986):	_____	_____
83. McKERN AND STEWART (1957):	I:____ II:____ III:____	I:____ II.____ III.____
84. GILBERT AND McKERN (1973):	I:____ II:____ III:____	I:____ II:____ III.____
85. AURICULAR SURFACE:	_____	_____
86. DORSAL PUBIC PITTING:	1. ABSENT: ____ 2. TRACE-SMALL: ____ 3. MODERATE-LARGE:____	1. ABSENT: ____ 2. TRACE-SMALL: ____ 3. MODERATE-LARGE:____

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Knoxville, TN 37996-0760

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Forensic Measurements

COLLECTION ID/CASE #:_____RECORDER:_____ DATE:_____

----------CRANIAL MEASUREMENTS (Pages 52-60)----------

		Left	Right
1. MAXIMUM LENGTH (g-op):	____		
2. MAXIMUM BREADTH (eu-eu):	____		
3. BIZYGOMATIC BREADTH (zy-zy):	____		
4. BASION-BREGMA (ba-b):	____		
5. CRANIAL BASE LENGTH (ba-n):	____		
6. BASION-PROSTHION L. (ba-pr):	____		
7. MAX.-ALVEOLAR BR. (ecm-ecm):	____		
8. MAX.-ALVEOLAR L. (pr-alv):	____		
9. BIAURICULAR BREADTH (AUB):	____		
10. UPPER FACIAL HGT. (n-pr):	____		
11. MIN. FRONTAL BR. (ft-ft):	____		
12. UPPER FACIAL BR. (fmt-fmt):	____		
13. NASAL HEIGHT (n-ns):	____		
14. NASAL BREADTH (al-al):	____		
15. ORBITAL BREADTH (d-ec):		____	____
16. ORBITAL HEIGHT (OBH):		____	____
17. BIORBITAL BR. (ec-ec):	____		
18. INTERORBITAL BR. (d-d):	____		
19. FRONTAL CHORD (n-b):	____		
20. PARIETAL CHORD (b-1):	____		
21. OCCIPITAL CHORD (l-o):	____		
22. FORAMEN MAGNUM L. (ba-o):	____		
23. FORAMEN MAGNUM BR (FOB):	____		
24. MASTOID LENGTH (MDH):		____	____
*25. BIASTERION BREADTH (ASB):	____		
*26. ZYGOMAXILLARY BREADTH (ZMB):	____		
*27. MID-ORBITAL WIDTH (MOW):	____		

* New additions

----------MANDIBULAR MEASUREMENTS (Pages 61-63)----------

	Left	Right
28. CHIN HEIGHT (gn-id):	____	
29. BODY HEIGHT at MENTAL FOR:	____	____
30. BODY THICKNESS at M. FOR:	____	____
31. BIGONIAL DIAMETER (go-go):	____	
32. BICONDYLAR BR. (cdl-cdl):	____	
33. MIN. RAMUS BREADTH:	____	____
34. MAX. RAMUS HEIGHT: *	____	
35. MAND. LENGTH: *	____	
36. MAND. ANGLE: *	____	

*Record only if mandibulometer is used.

----------POSTCRANIAL MEASUREMENTS (Pages 64-76)----------

CLAVICLE: Epiph. P/A:	Left	Right
37. MAXIMUM LENGTH:	____	____
38. SAGITTAL DIAM. at MIDSH:	____	____
39. VERTICAL DIAM. at MIDSH:	____	____

SCAPULA: Epiph. P/A:	Left	Right
40. HEIGHT:	____	____
41. BREADTH:	____	____

HUMERUS: Epiph. P/A:	Left	Right
42. MAXIMUM LENGTH:	____	____
43. EPICONDYLAR BREADTH:	____	____
44. MAX. VERT. DIAM. of HEAD:	____	____
45. MAX. DIAM. at MIDSHAFT:	____	____
46. MIN. DIAM. at MIDSHAFT:	____	____

RADIUS: Epiph. P/A:	Left	Right
47. MAXIMUM LENGTH:	____	____
48. SAGITTAL DIAM. at MIDSH:	____	____
49. TRANSV. DIAM. at MIDSH:	____	____

ULNA: Epiph. P/A:	Left	Right
50. MAXIMUM LENGTH:	____	____
51. DORSO-VOLAR DIAMETER:	____	____
52. TRANSVERSE DIAMETER:	____	____
53. PHYSIOLOGICAL LENGTH:	____	____
54. MIN. CIRCUMFERENCE:	____	____

SACRUM: No. Segments:	____
55. ANTERIOR HEIGHT:	____
56. ANTERIOR SURFACE BREADTH:	____
57. MAX. BREADTH (S-1)	____

INNOMINATE: Epiph. P/A:	Left	Right
58. HEIGHT:	____	____
59. ILIAC BREADTH:	____	____
60. PUBIS LENGTH:	____	____
61. ISCHIUM LENGTH:	____	____

FEMUR: Epiph. P/A:	Left	Right
62. MAXIMUM LENGTH:	____	____
63. BICONDYLAR LENGTH:	____	____
64. EPICONDYLAR BREADTH:	____	____
65. MAX. DIAM. of HEAD:	____	____
66. A-P SUBTROCH. DIAMETER:	____	____
67. TRANSV. SUBTROCH. DIAM:	____	____
68. A-P DIAM. MIDSH:	____	____
69. TRANVS. DIAM. MIDSH:	____	____
70. CIRCUMFERENCE MIDSH:	____	____

TIBIA: Epiph. P/A:	Left	Right
71. CONDYLO-MALLEOLAR LEN:	____	____
72. MAX. PROX. EPIPH. BR:	____	____
73. MAX. DIST. EPIPH. BR:	____	____
74. MAX. DIAM. NUTRIENT FOR:	____	____
75. TRANSV. DIAM. NUTR. FOR:	____	____
76. CIRCUM. AT NUTR. FOR:	____	____

FIBULA: Epiph. P/A:	Left	Right
77. MAXIMUM LENGTH:	____	____
78. MAX. DIAM. at MIDSHAFT:	____	____

CALCANEUS: Epiph. P/A:	Left	Right
79. MAXIMUM LENGTH:	____	____
80. MIDDLE BREADTH:	____	____