

FELAKET KURBANLARININ KİMLİKLENDİRİLMESİ (DVI)

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- **Kimliklendirme:**

Yaşayan veya ölü bir insanın tanınmasında, tanımlanmasında ve diğer insanlardan ayırt edilmesinde etkin olan özelliklerin ortaya konulması

- **Felaket kurbanlarının kimliklendirilmesi (Disaster Victim Identification) :**

Felaketlerde yaşamlar sona erdiğinde yapılması gereken tüm çalışmalar

- İnanlık hakkı

- Yasal

- Dini

- Sosyal ve Kültürel boyutlar

- Uluslararası hukuksal boyut



Neden Gerekli?

- Geride kalan yakınlarına kimliđi dođru olarak belirlenmiř cesedi teslim etmek
- Dini inanıřlarına uygun tren yapmalarına olanak sađlamak
- Kiřinin lmnn resmiyet kazanması (Kayıp?)
- Vasiyetlerin yerine getirilmesi
- Sigortaların denmesi
- Miras paylařımı
- Varlıklarının satılması





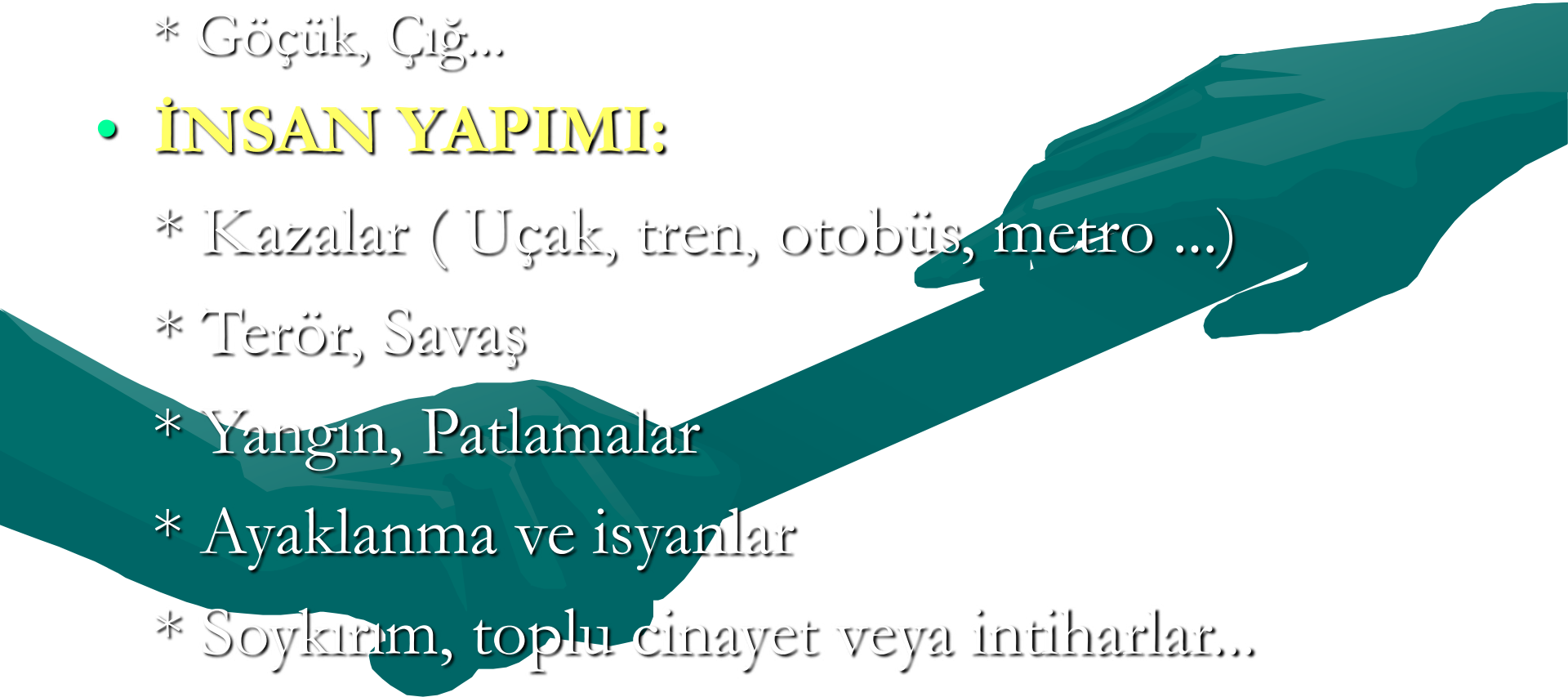
Felaketler:

- **DOĞAL:**

- * Deprem, Tsunami
- * Fırtına, Kasırga, Hortum, Sel
- * Göçük, Çığ...

- **İNSAN YAPIMI:**

- * Kazalar (Uçak, tren, otobüs, metro ...)
- * Terör, Savaş
- * Yangın, Patlamalar
- * Ayaklanma ve isyanlar
- * Soykırım, toplu cinayet veya intiharlar...

























- **Açık Felaketler:**

Ölen kişilerin kimlikleri ile ilgili veri olmayan

- **Kapalı Felaketler:**

Genel olarak ölenlerin kimlik bilgileri
önceden bilinen (Yolcu Listesi...)



Felaketlerde kimlik tespiti neden daha zor?

- Ölen kişi sayısı çok fazla
- Cesetler genellikle ileri derecede deforme, bazen parçalara ayrılmış halde
- Cesetler genelde oldukça geniş bir alana yayılmış
- Çalışanlar çoğunlukla insan hayatını kurtarmaya odaklanmış...

ÇÖZÜM: Multidisipliner ve Organize bir ekip
Uluslararası standartlara uygun ve planlı çalışma

















- 1942'de aralarında 2 FBI görevlisinin de olduđu 25 kiřiyi taşıyan uçak düşer.
- FBI sorumluları, kendilerine ait eşyayı almak ve yardımı organize etmek için kaza alanına gittiklerinde tam bir karmaşanın yaşandığını, kendileri de dahil olmak üzere, kimsenin ne yapılacağını bilmediğini görürler.
- En büyük sorun ölenlerin kimlik tespitinde yaşanır.
- Yolculardan sadece sekizinin kimlikleri parmak izi ile belirlenebilir.
- Bu kaza, Felaket Kurbanlarını Kimliklendirme - Disaster Victim Identification (DVI) - ekiplerinin kurulmasını sağlayan olaydır.

İdeal bir DVI ekibinde kimler olmalıdır?

- **Ekip sorumlusu:** Araştırma, kontrol, organizasyon ve koordinasyon çalışmaları
- **İletişim sorumlusu:** Medya, akrabalar ve halk, AM ve PM birimleri arasında bilgi aktarımını
- **Kimlik Tespit sorumlusu:** Tüm birimlerde toplanan bilgilerin bir araya getirilmesi ve değerlendirilmesi

- **Teşhis uzmanları:**

Adli patolog

Adli odontolog

Adli antropolog

Adli tıp uzmanı

Adli DNA uzmanı

Psikolog



- Interpol üyesi tüm ülkelerde kimlik tespitinin standart yöntemlerle yapılması için 1968 yılında ilk DVI formları
- Özellikle 1980 yılından itibaren düzenlenen toplantılarda formlar geliştirilmiş, üye ülkelerin işbirliği ile DVI ekipleri organize çalışmalar gerçekleştirmişlerdir.

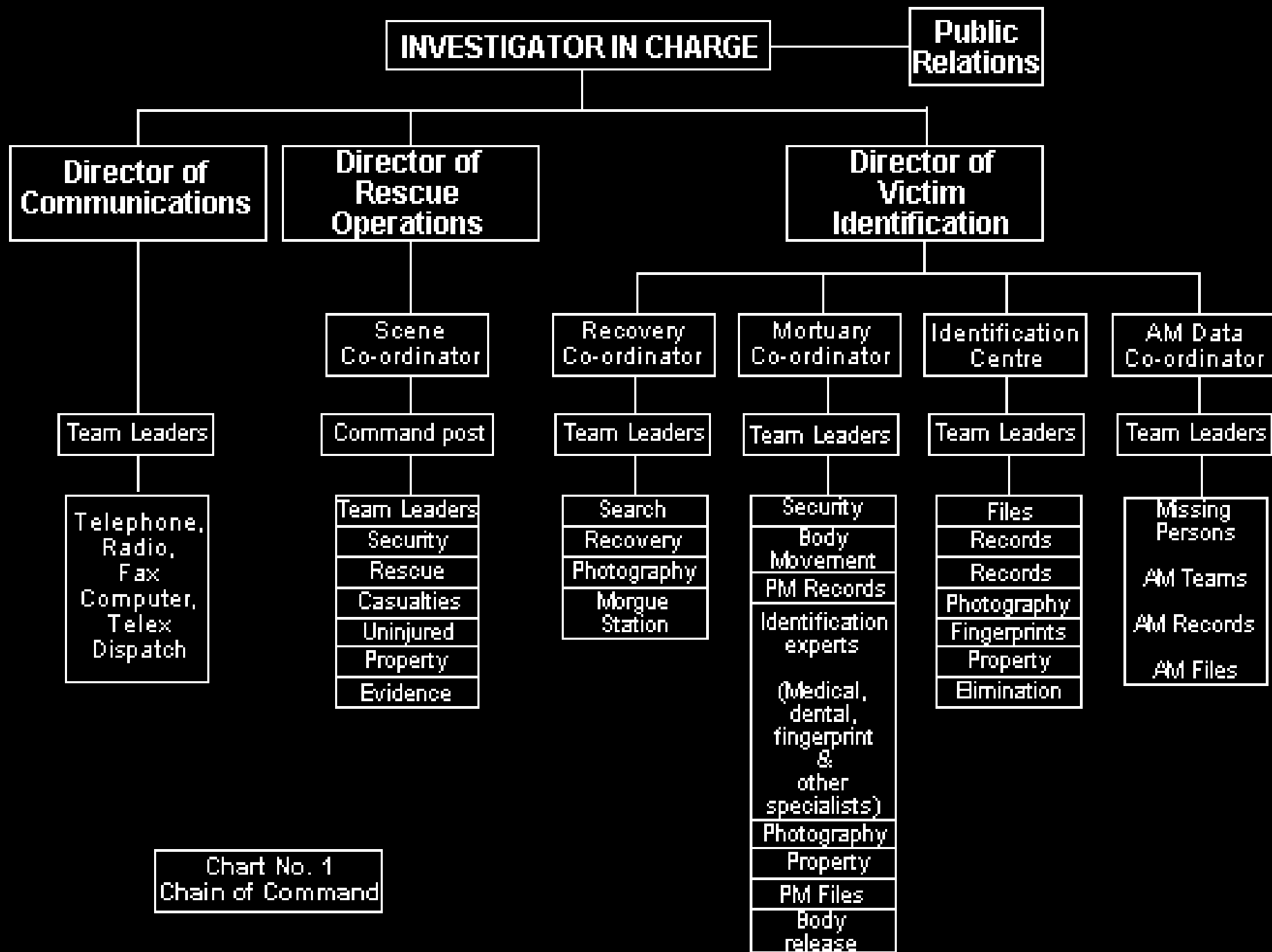


Chart No. 1
Chain of Command

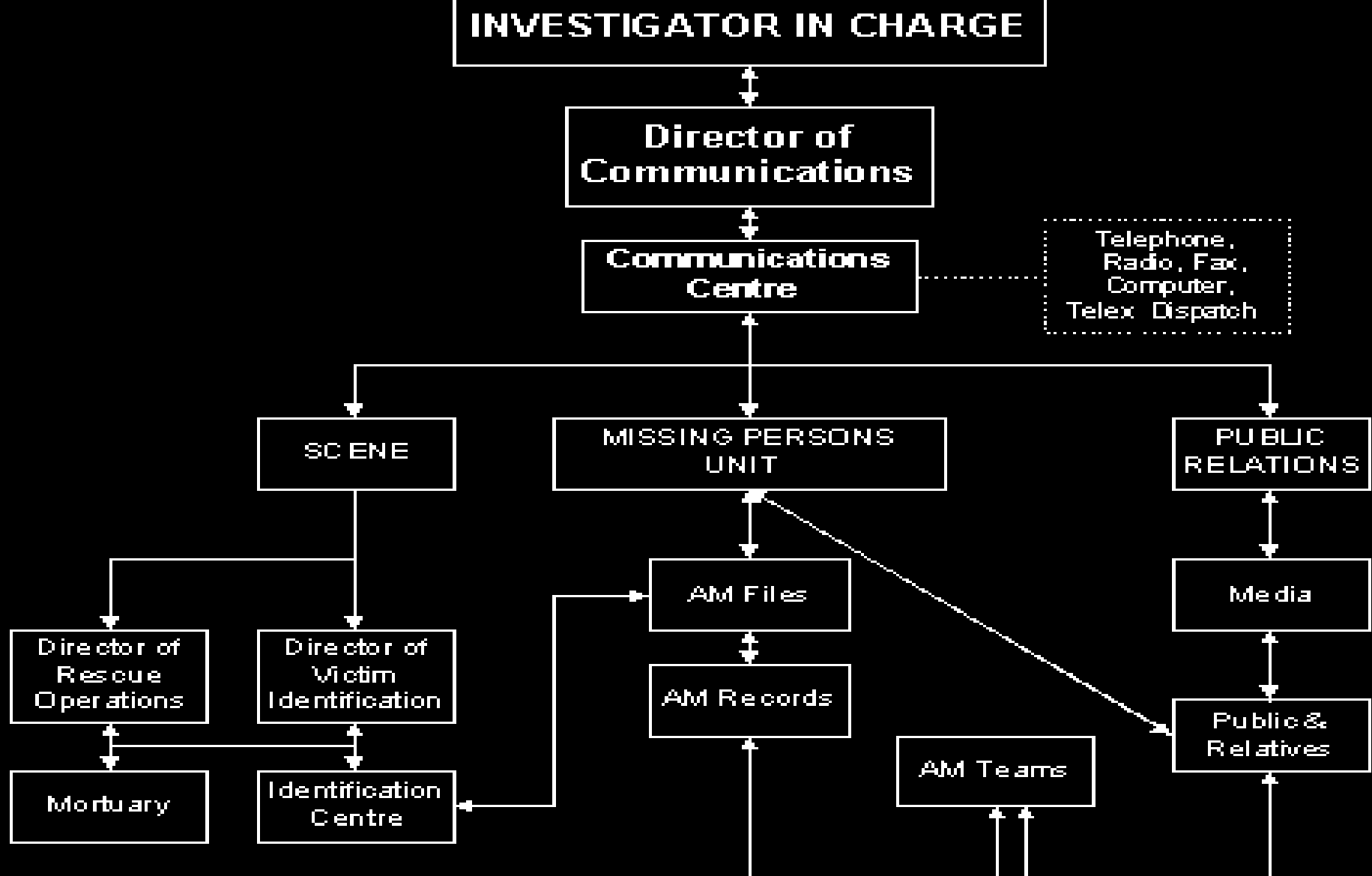


Chart No. 2
Communications: Flow of information

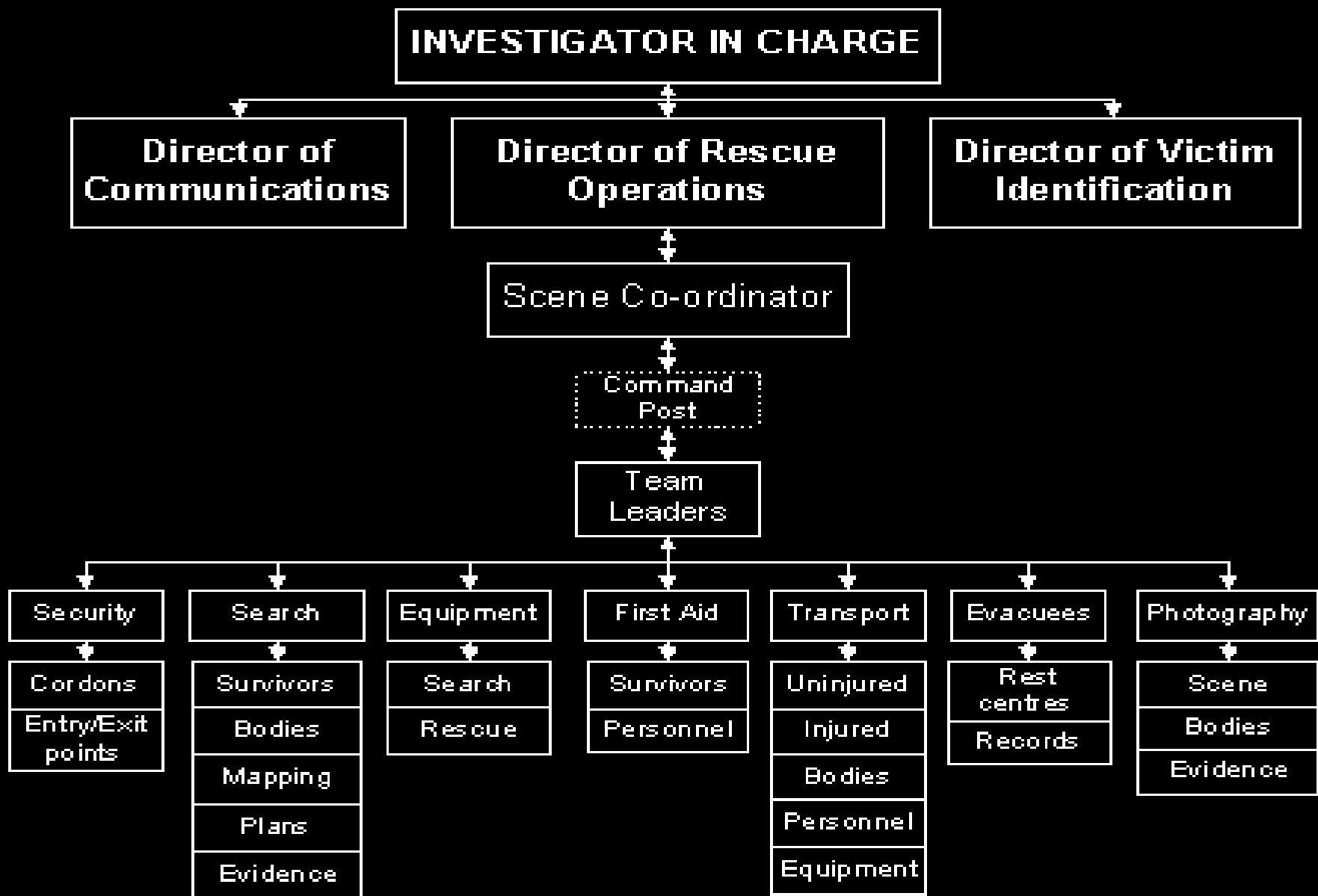


Chart No. 3
Rescue Operations

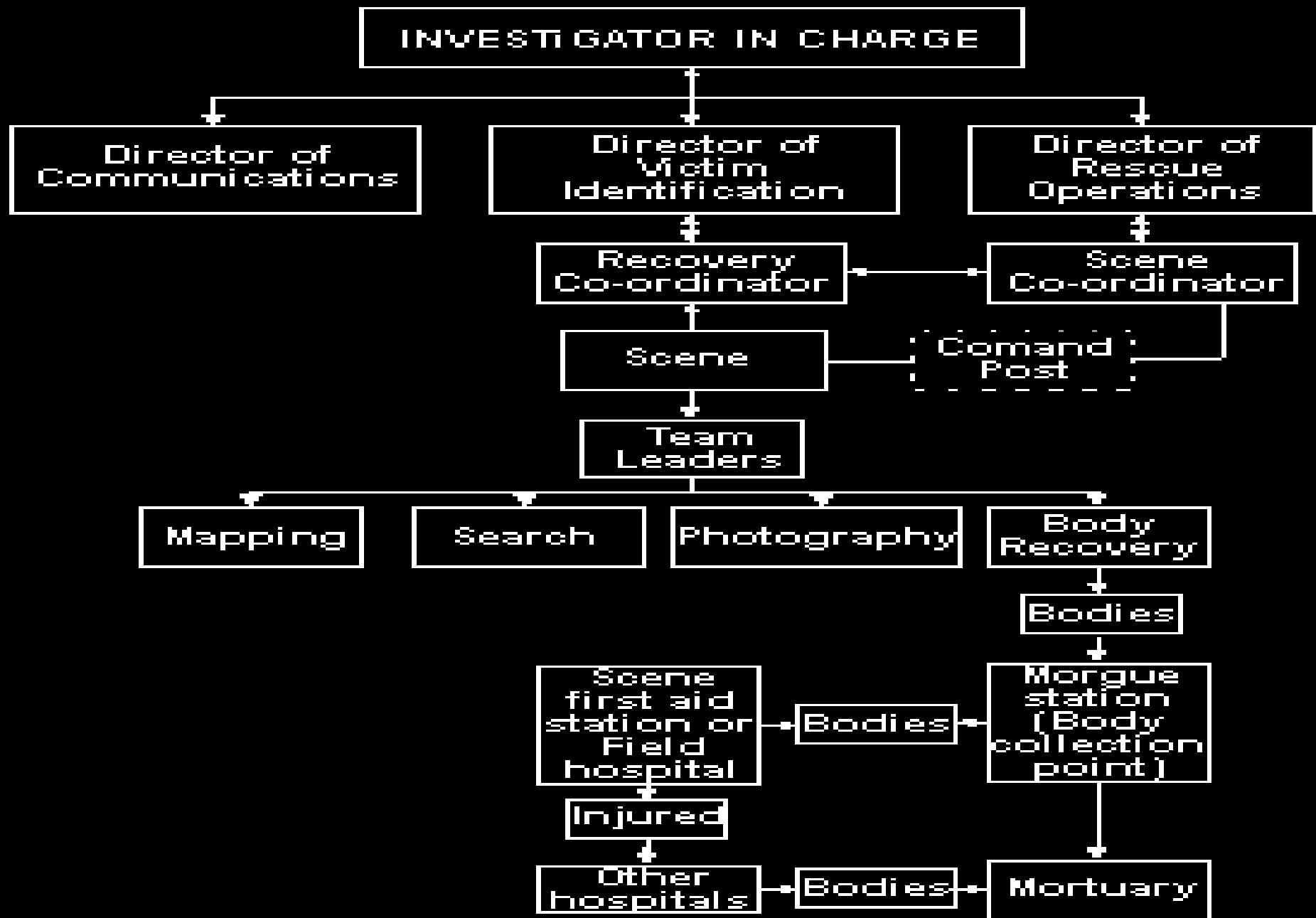


Chart No.4
Body Recovery

DIRECTOR OF VICTIM IDENTIFICATION

MORTUARY CO-ORDINATOR

Team Leaders

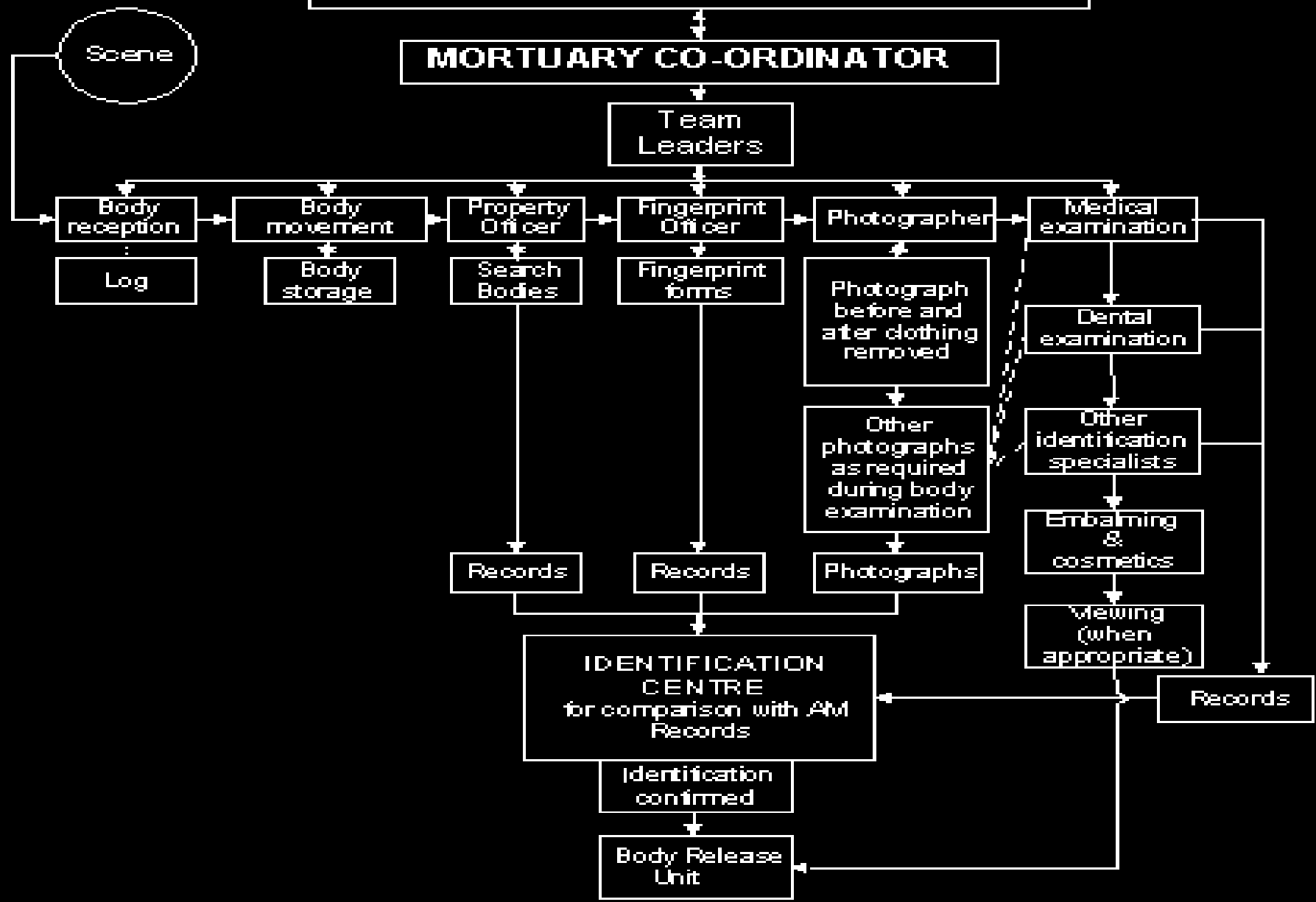


Chart No. 5
Mortuary Branch

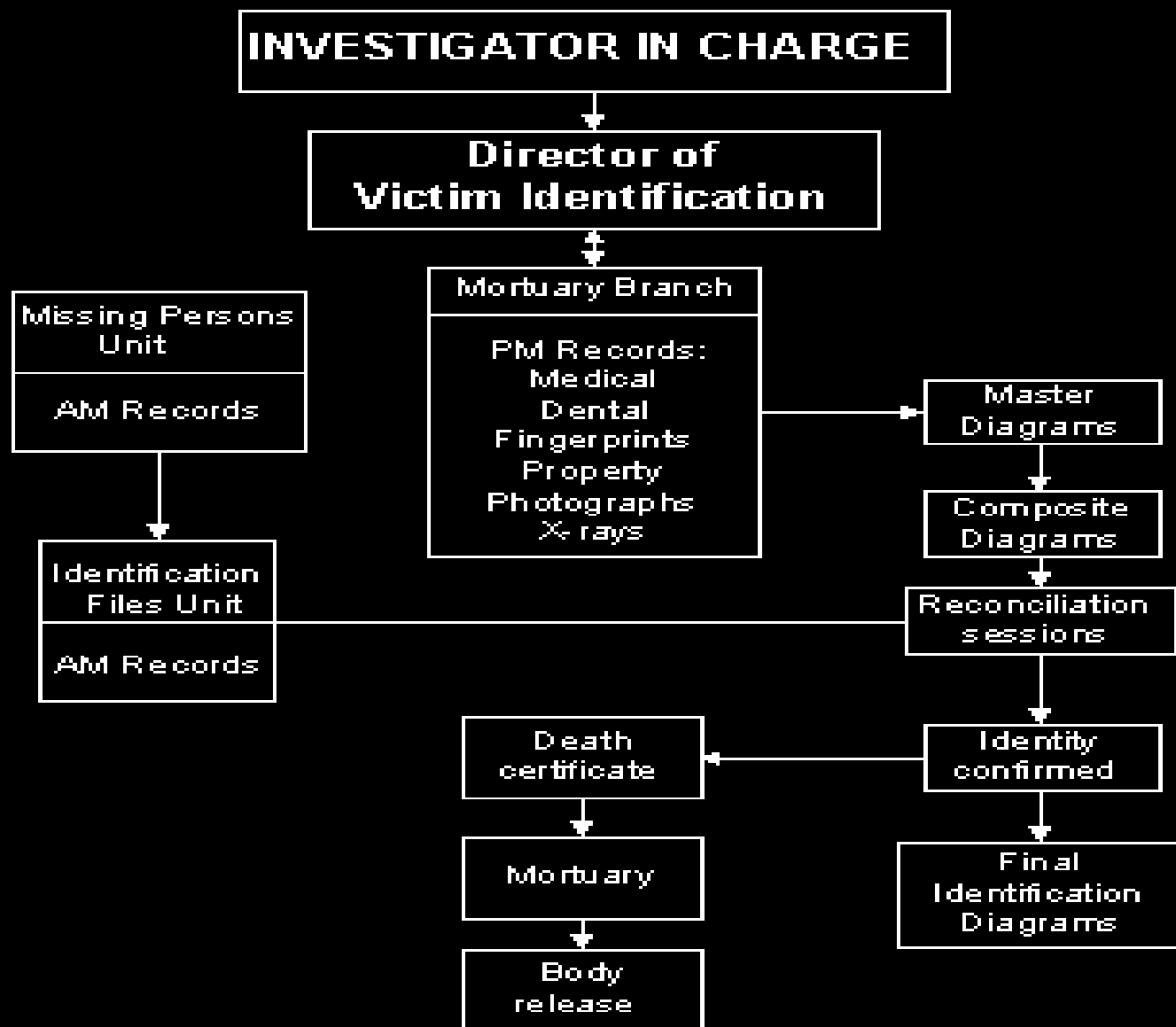
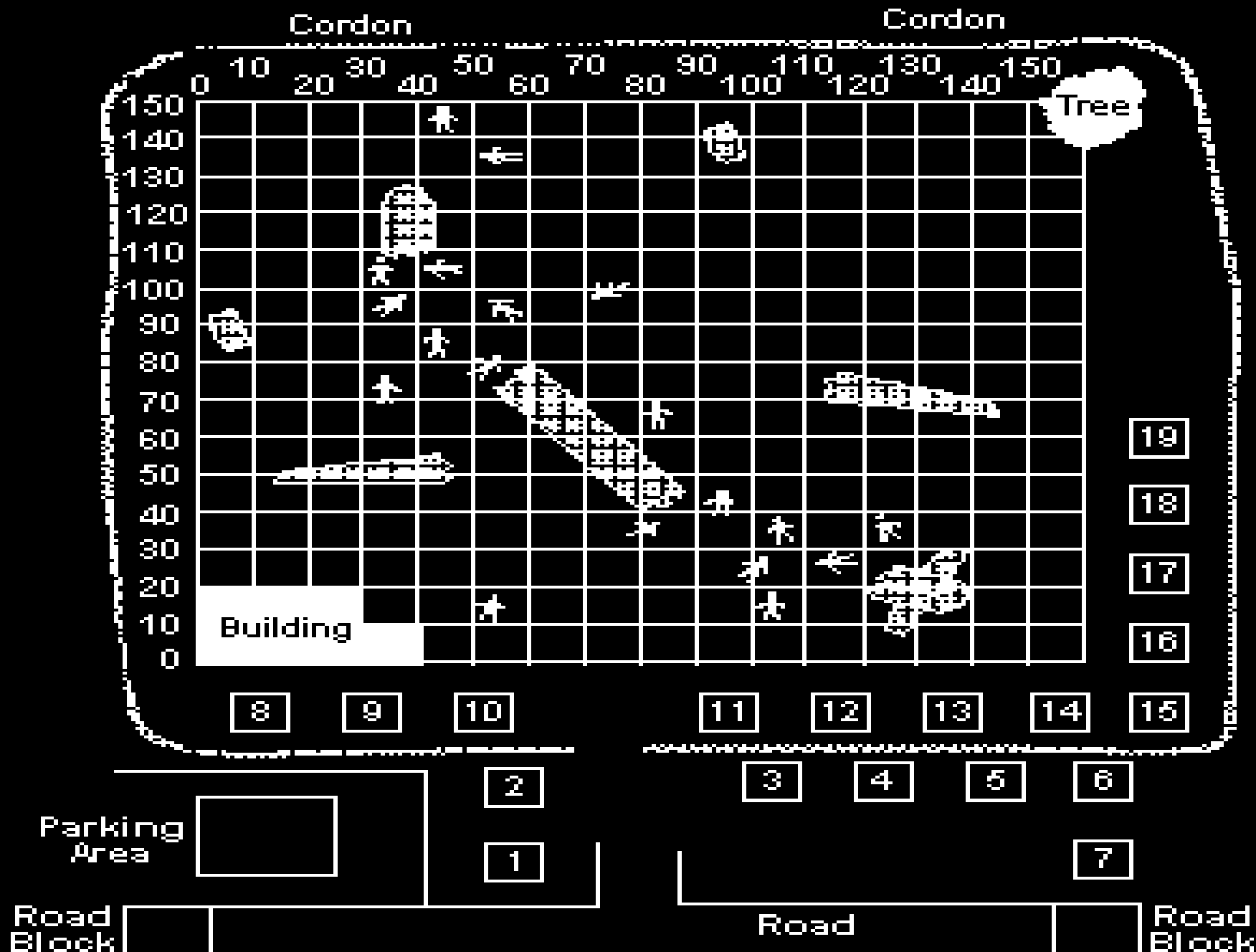


Chart No. 6
Identification Centre Flow Chart

Figure 1. Example of a grid overlaid on aircraft crash scene

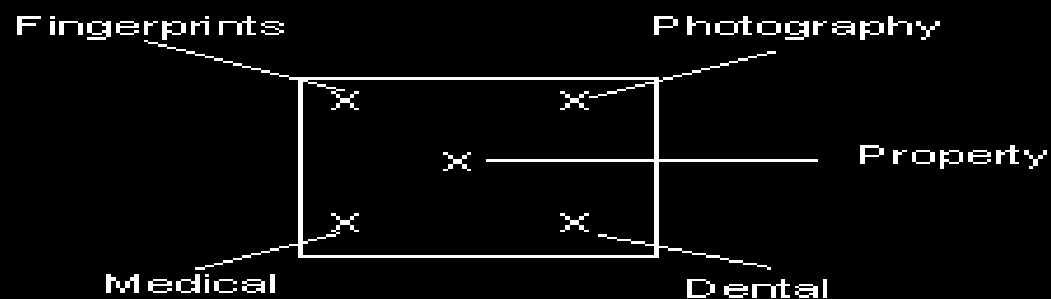


PART	Sex Group	Male	Block	Specialist Section: MEDICAL									
	Race Group	white		02	03	07	13	19	26	27	38	41	51
	Age Group	15-70											
		Age :											
A	Brown	B.	31	X	-	-	X	-	-	-	X	-	-
	Dupres	A.	52	X	-	X	-	-	X	-	-	-	-
	Forest	R.	17	-	-	-	X	-	-	X	-	-	X
	Herman	R.	29	-	X	-	-	-	X	-	-	X	-
	Johanson	P.	48	-	X	-	-	O	-	-	X	-	-
	Limon	R.	66	X	-	X	X	X	X	X	-	-	X
	Neville	C	58	-	X	-	-	X	-	-	-	X	-
	Pierot	P.	51	-	-	X	-	-	-	X	-	-	X
	Reville	T.	22	-	-	-	-	X	-	X	X	-	-
	Smith	A.	37	X	-	X	-	X	-	-	X	-	-

- X Elimination
- Positive Identification
- O Uncertain

Figure 2
 Standard Elimination Diagram
 showing findings of Medical Section

Sex Group Female			COMPOSITEDIAGRAM Female/white/under 15 yrs														
Race Group white			Body Numbers														
Age Group under 15																	
Age			05			06			08			10			18		
Green	A	12	X	X		-	-	-	-	X	-	X	X	X	-	-	-
			X	X	X	X		X	-	-	-	-	X	-	-	-	-
Davies	R	14	X	-	-	-	-	X	X	X		-	-	-	-	X	-
			X	-	X	-	-	-	-	-	-	X	X	-	-	X	-
Kudashi	R	10	-	-	-	-	-	-	X	-	-	X	X	X	X	-	-
			X	-	-	-	X	-	-	-	X	-	X	X	-	-	-
Van Meer	R	8	X	-	-	X	-	X	-	X	-	X	X	X	X	-	-
			X	-	-	X	-	-	-	X	-	-	X	X	X	-	X
Saltzer	P	13	-	-	X	X	X		-	X	-	X	-	-	○	○	○
			-	-	-	-	-	-	-	X	-	-	-	X	○	○	○



Eliminated by fingerprints, medical & dental findings - photography & dental uncertain

Identification agreed by all expert groups

Figure 3
Part of master table for marking findings

	Sex Group <u>Male</u> <u>white</u> <u>15-70</u>		Block 1		Specialist Section: Medical							Block 2		Specialist Section: Medical				
	Age Group	Age	02	03	07	13	19	26	27	38	41	51	05	17	18	22	31	36
Part A	Brown	B. 31	x	-	-	x	-	-	-	x	-	-	-	x	x	-	-	-
	Dupres	A. 52	x	-	x	-	-	x	-	-	-	-	x	x	-	-	-	x
	Forest	R. 17	-	-	-	x	-	-	x	-	-	x	-	-	-	-	x	-
	Herman	R. 29	-	x	-	-	-	x	-	-	x	-	-	x	-	x	-	x
	Johanson	P. 48	-	x	-	-	x	-	-	x	-	-	-	-	-	x	-	x
	Limon	R. 66	x	-	x	x	x	x	-	-	-	x	-	-	x	-	-	-
	Neville	C. 58	-	x	-	-	x	-	-	-	x	-	x	-	-	-	x	-
	Pierot	P. 51	-	-	x	-	-	-	x	-	-	x	-	-	-	x	-	-
	Reville	T. 22	-	-	-	-	x	-	x	x	-	-	-	-	x	-	-	x
	Smith	A. 37	x	-	x	-	x	-	-	x	-	-	-	x	-	-	x	-
Part B	Jackson	B. 44	-	-	-	x	-	-	-	x	-	-	x	x	-	-	-	-
	Sunara	S. 19	-	-	x	-	-	-	x	-	-	-	-	-	-	x	-	-
	Goldblum	A. 31	-	-	-	-	-	x	x	x	-	-	-	-	-	-	x	-
	Sanchez	V. 28	-	-	-	x	-	-	-	-	x	-	-	-	x	-	-	x
	Mcarez	F. 56	x	-	-	-	x	-	-	-	-	-	-	x	-	-	-	-
	Tomas	D. 39	-	-	x	-	-	-	x	-	-	-	x	x	-	-	-	-
	Carter	R. 27	-	-	-	-	x	x	-	-	-	x	-	-	-	x	-	-

Figure 4
ID Medical Section Master Chart
(reduced)

Interpol Listing of countries, where a national DVI-Team is settled (Stand 2000):

National DVI-Unit		
Country	Computerized ID-system	Training Courses
Argentina	In the process	Yes
Australia		
Belgium	Yes	Yes
Bosnia-Herzegovina		
Canada	Yes	Yes
Colombia	Yes	Yes
Denmark	Yes	No
Finland	Yes	Yes
Germany	Yes	Yes
Hong Kong	Yes	Yes
Iceland	No	
Israel	Yes	Yes
Kenya	No	Yes

Luxembourg	No	Yes
Malta		
Netherlands	Yes	No
New Zealand	No	Yes
Norway	Yes	Yes
Peru	No	Yes
Russia	Yes	Yes
Spain	Yes	Yes
Sweden	In the process	No
Switzerland	Yes	Yes
Thailand	No	
U.K.		
U.S.A.		No

National DVI-Unit	
Azerbadjan	Ireland
Bermuda	Kuwait
Botswana	Mozambique
Brunei	Slovakia
Cyprus	South Africa
Ghana	Yemen
Guinea Bissau	Zimbabwe
India	

A kind of National DVI-Unit

Armenia	Portugal
Belarus	Principality of Liechtenstein (Vertrag mit der Schweiz)
Chile	Romania
Fiji	Saudi Arabia
France	Singapore
Greece	Slovenia
Jordan	Syria
Latvia	Turkey
Panama	Ukraine

- Kimliklendirme;

Antemortem ve Postmortem bilgilerin karşılaştırılması ile yapılır

* **Antemortem Bilgiler:** Resmi kayıtlardan, tıbbi kayıtlardan (Hastane ve Diş), yakınlarından, olayda ölmeyenlerden alınabilecek bilgilerdir.

* **Postmortem Bilgiler:** Kimliklendirme için yeterli bilgiyi sağlayacak biyolojik ve diğer materyallerdir

Kimliklendirme Yöntemleri

1. Birincil Kimliklendirme Yöntemleri:

Oldukça güvenilirdir ve kesin kimliklendirme yöntemi olarak kabul edilirler.

2. İkincil kimliklendirme yöntemleri:

Kesin kimliklendirme yöntemi olarak kabul edilmezler ve birincil kimliklendirme yöntemlerine yardımcı kimliklendirme yöntemleri

1. Birincil Kimliklendirme Yöntemleri:

- **A- Parmak izi ile kimliklendirme :**

Parmak uçlarında, birincil boğumdan itibaren tırnak dibine kadar olan bölgede kabarık çizgisel hatlardan oluşan kabarık çizgilerin her insanda farklı varyasyonlarda bir araya gelmesi ve hatlar şeklinde kıvrımlar oluşturmasıyla meydana gelir ve papil hattı olarak adlandırılır.

Parmak izleri, vücutça salgılanan ve papil hatları üzerinde biriken biyolojik sıvının cisimler üzerine bulaşmasıyla oluşur



- **Kimliklendirmede neden kullanılabilir?**

* **Eşsiz ve değişmez:** İki insandaki veya bir kişinin parmaklarındaki papil hatlarında mutlak bir örtüşme yoktur.

Tek yumurta ikizlerinin bile parmak izleri birbirinden farklıdır.

Yüzeyde meydana gelen yaralanmalarda aynı oranda yeniden oluşur.

* **Sınıflandırabilir:** Sınıflandırılabilir oluşu, parmak izlerinin olay yerinden alınan izlerle karşılaştırma sonucunda eşleştirilmeleri için sistematik bir şekilde alınmaları ve kaydedilmeleri olanağının gerekli koşulunu sağlamaktadır

- Felaket kurbanlarının kimliklendirilmesinde parmak izinin alınmasında, cesedin durumuna göre;
 - * tozlama yöntemi,
 - * mürekkepleme yöntemi,
 - * tarama yöntemi
- Kayıp kişinin evinden, kendisine ait kişisel eşyalardan üzerinde parmak izi bulunabilecek karşılaştırma materyalinin alınması gereklidir.
- Karşılaştırmalar manuel yöntemlerle veya otomatik parmak izi karşılaştırma sistemi (AFIS) ile

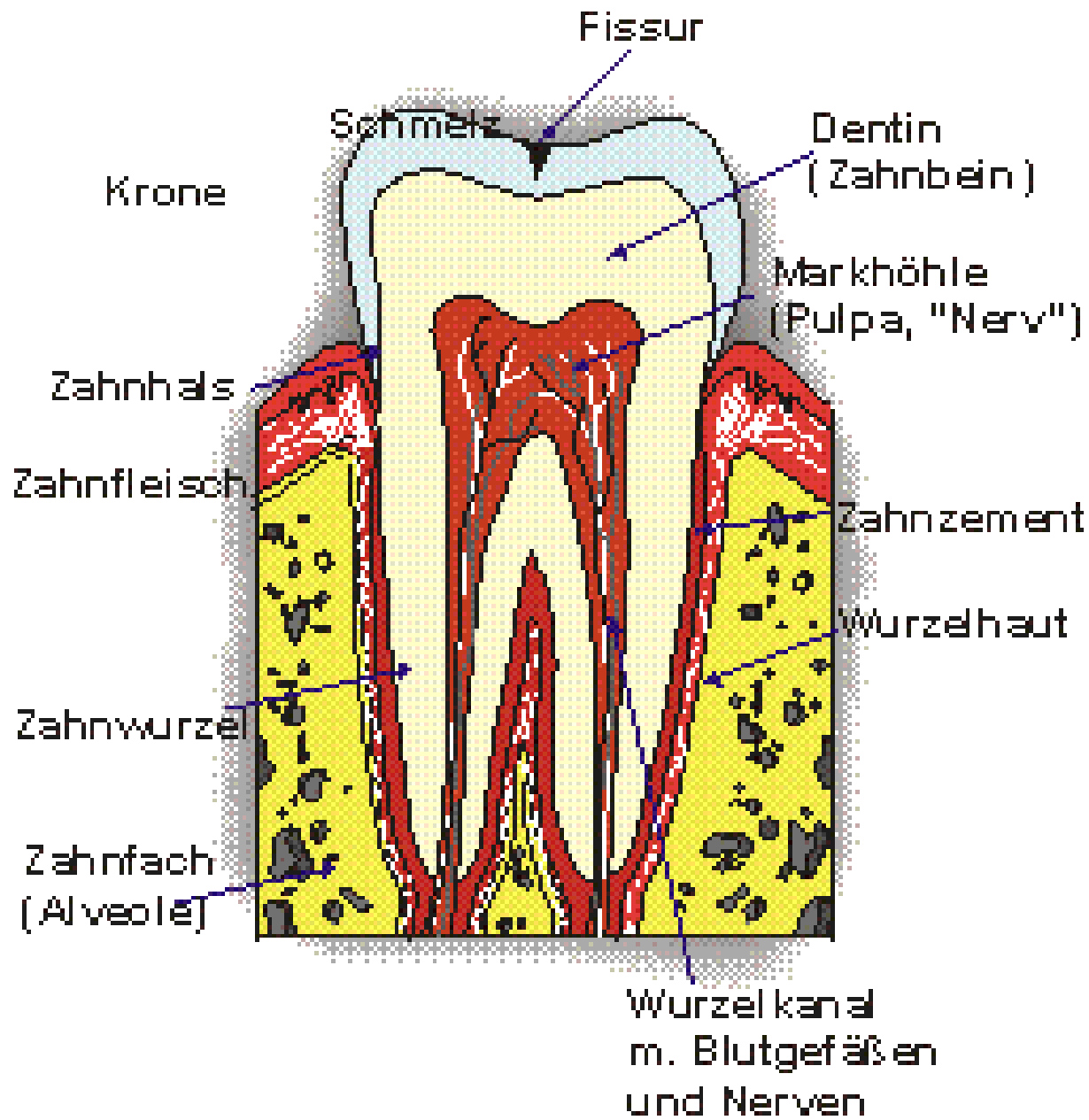
- **B- Diş profilleri ile kimliklendirme:**

- * Diş dıştan içe doğru; mine, dentin ve pulpa...,

- * Diş hekimine gidildikten sonra yapılan tedaviler sonucunda dişler üzerinde bireysel izler

- * Yapılan tedaviler kayıt altına alınır;

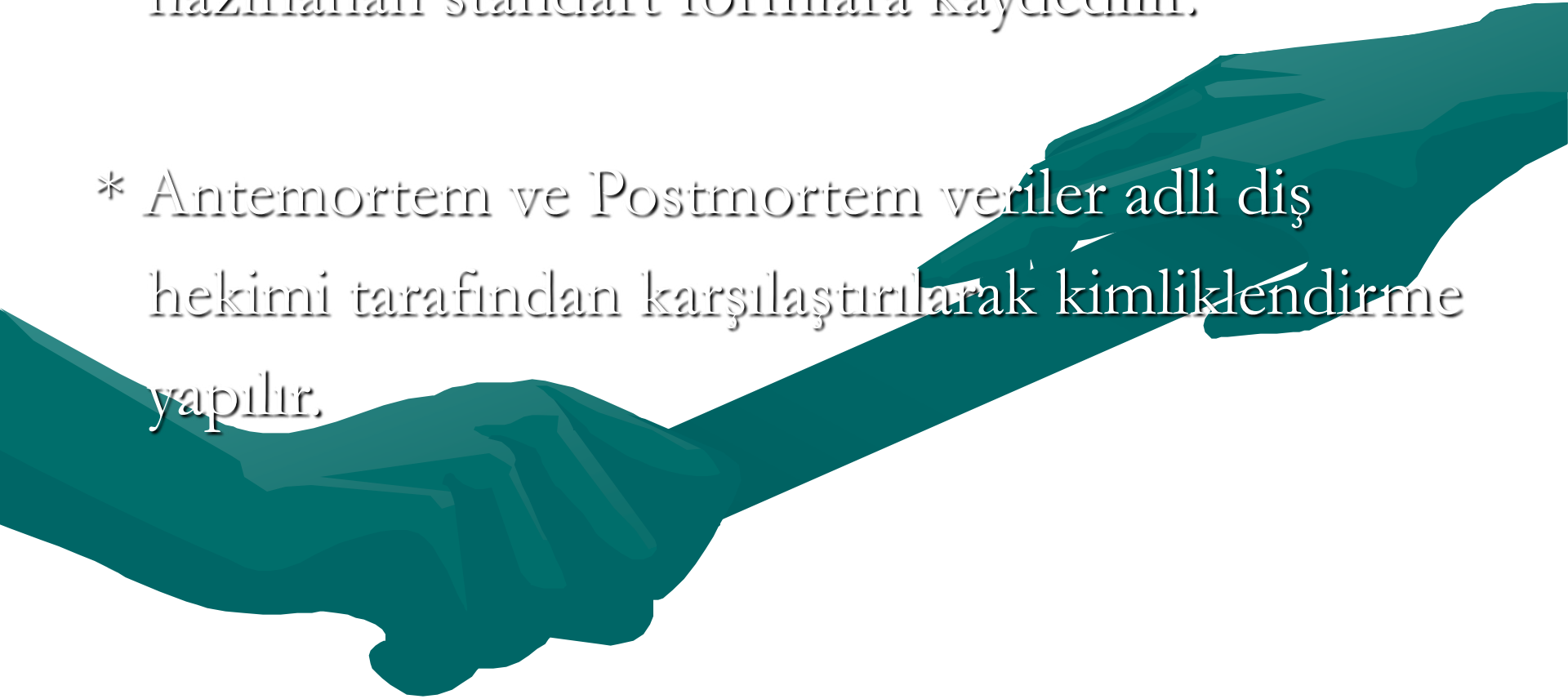
Kalıp, grafi, çene cerrahisi, protez ve kaplamalar





* Postmortem veriler otopsi sırasında adli diř hekimi tarafından toplanır ve interpol tarafından hazırlanan standart formlara kaydedilir.

* Antemortem ve Postmortem veriler adli diř hekimi tarafından karşılaştırılarak kimliklendirme yapılır.



- **C- Tıbbi bulgular ile kimliklendirme:**

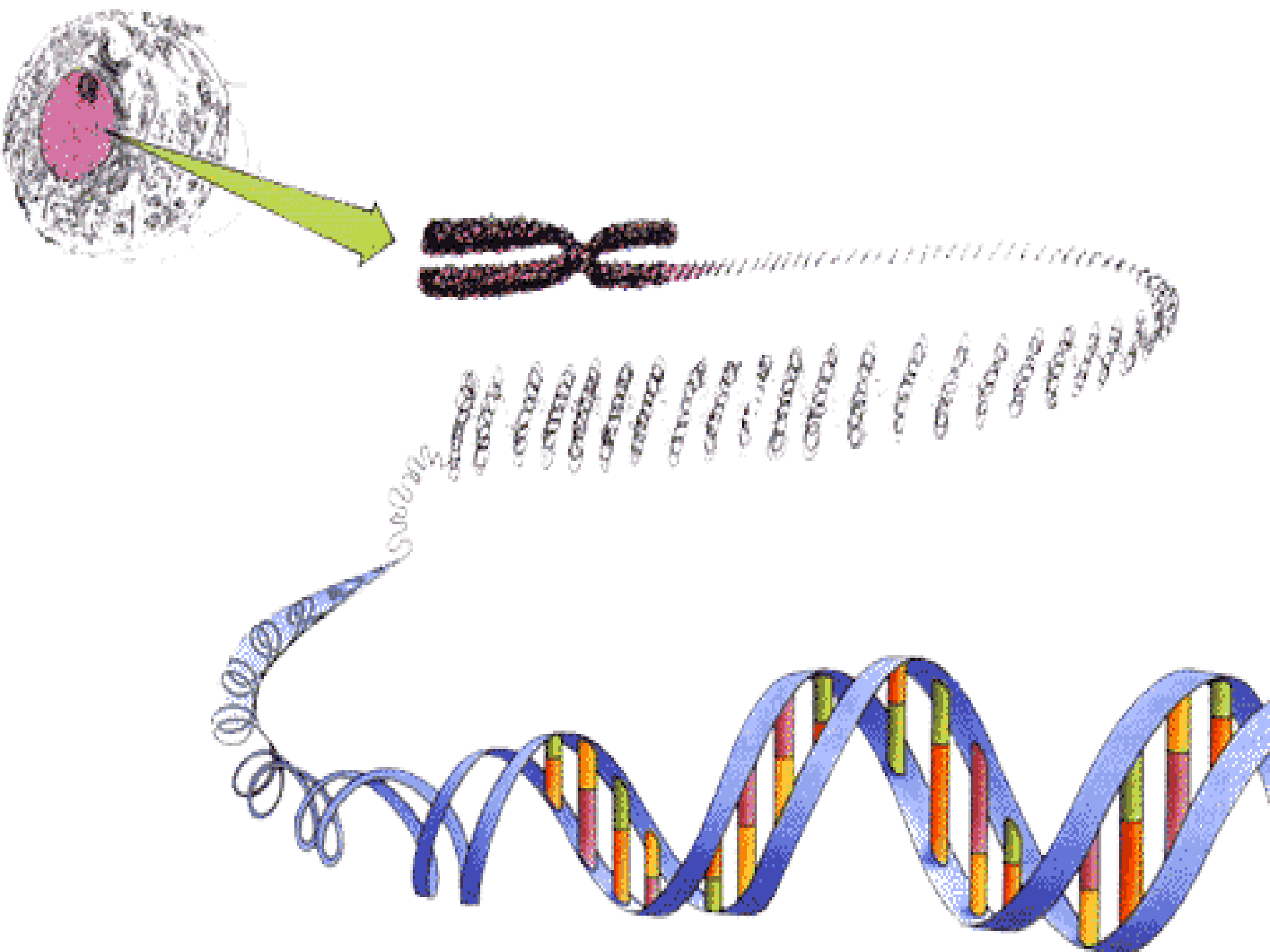
- * Bedenin yaşamı boyunca geçirdiği değişiklikler...
Organ ve ekstremitelerde eksiklikleri, tüm anomaliler, operasyonlar, kalp pilleri, hastalık sekelleri, protezler
- * Adli tıp uzmanı tarafından otopsi sırasında toplanan veriler interpol formuna kaydedilir.
- * Postmortem veriler ile antemortem veriler (hastane kayıtları, grafiler, ailesinden alınan veriler) karşılaştırılır



Resim 6,7-Kalp pili ve el parmağındaki anomali

- **D- DNA ile kimliklendirme:**

- * Tek yumurta ikizleri dışında tüm insanların DNA'ları birbirinden farklıdır.
- * Bir insanın her hücresinin DNA'sı aynıdır.
- * Kimliklendirme biyolojik delilden edilen DNA'nın belirli bölgelerinin çoğaltılması ve bu gen bölgelerinin bilgisayar yardımıyla analizi
- * Nükleer DNA'nın yarısı anneden, diğer yarısı ise babadan kalıtım yoluyla geçmektedir.
- * Nükleer DNA tüm çekirdekli hücrelerde var.

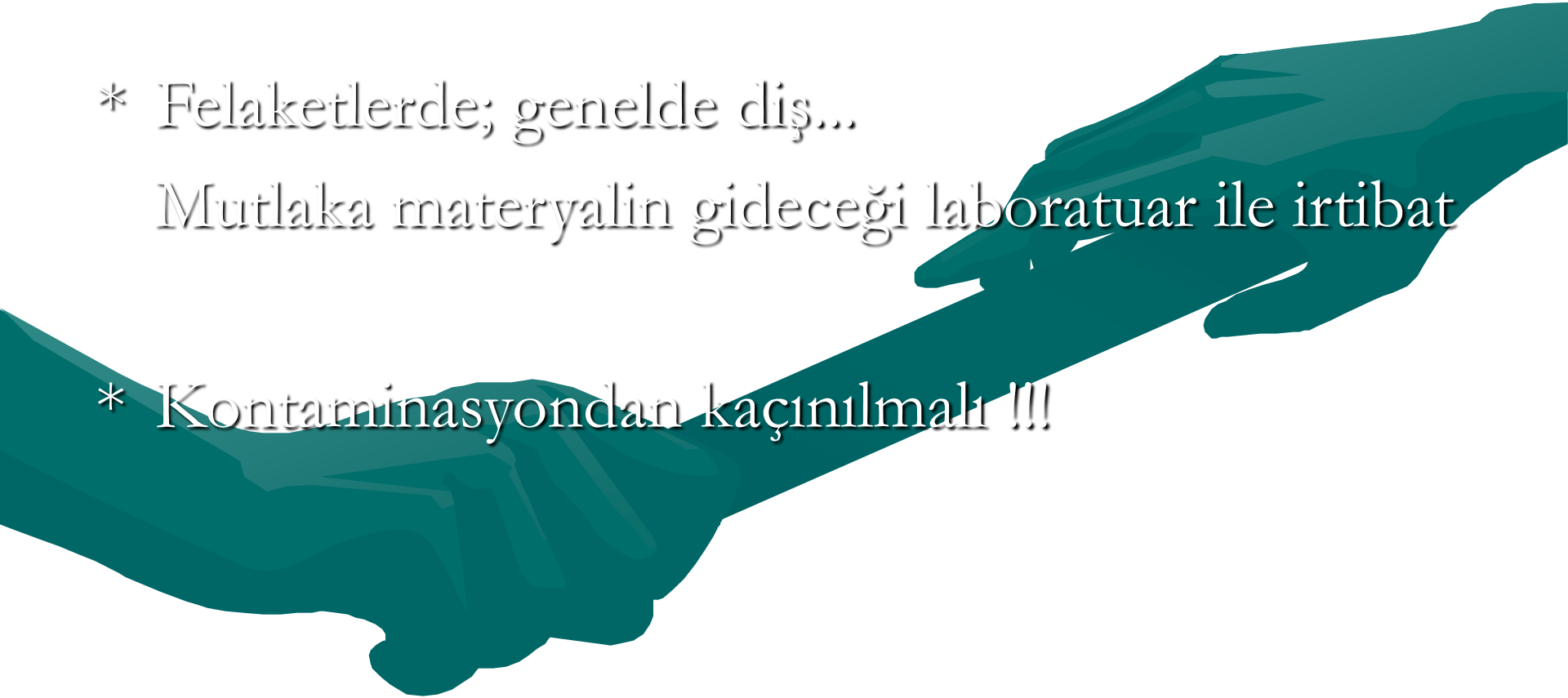


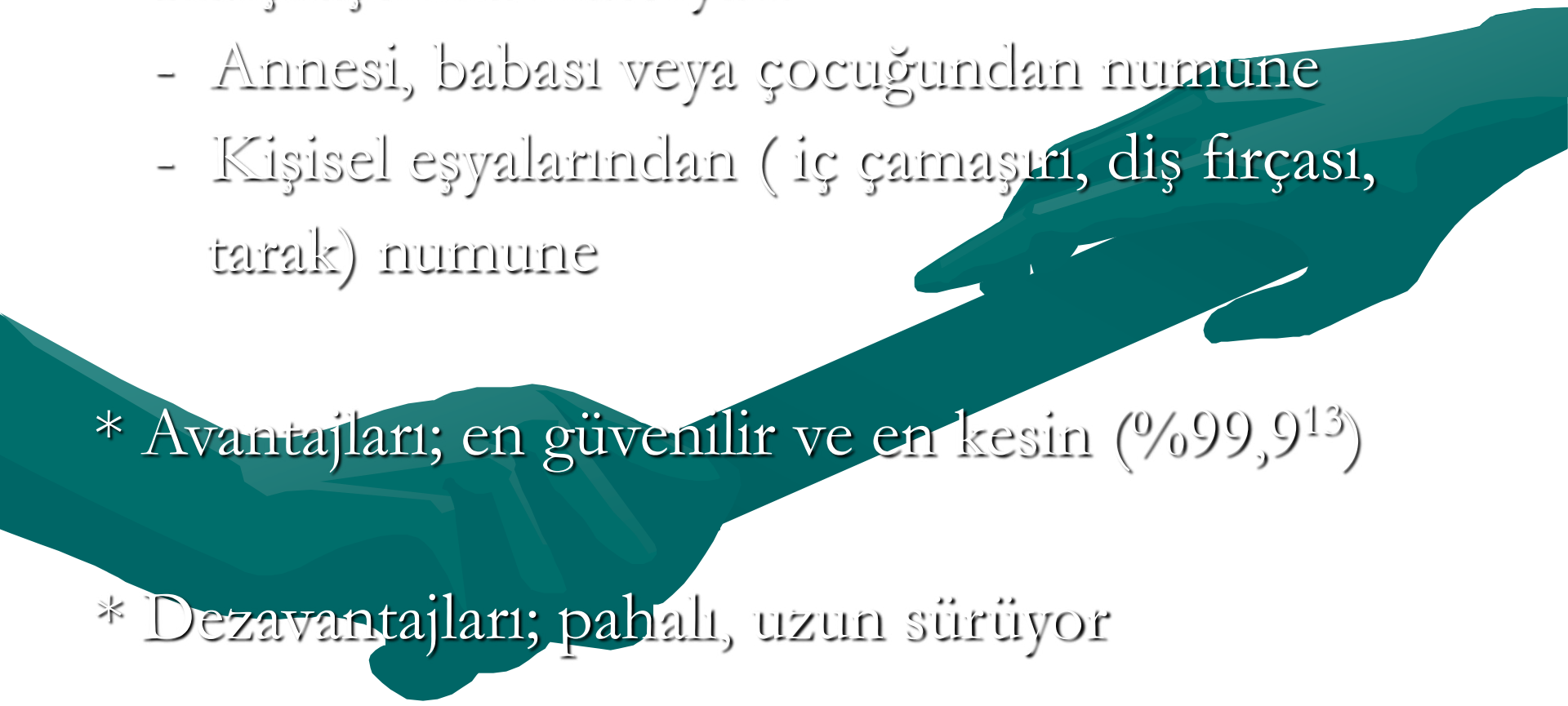
* Kurbanın durumuna göre örnekler;
kan, saçın kökü, epitel hücreleri, kemik, diş, sperm

* Felaketlerde; genelde diş...

Mutlaka materyalin gideceği laboratuvar ile irtibat

* Kontaminasyondan kaçınılmalı !!!



- 
- * Örnekler otosi sırasında alınmalı ve örnekler alınırken tüm malzemelerin steril olmalı
 - * Karşılaştırma materyali:
 - Annesi, babası veya çocuğundan numune
 - Kişisel eşyalarından (iç çamaşırı, diş fırçası, tarak) numune
 - * Avantajları; en güvenilir ve en kesin (%99,9¹³)
 - * Dezavantajları; pahalı, uzun sürüyor





2. İkincil Kimliklendirme Yöntemleri:

• A- Görsel kimliklendirme:

İnsanlar genellikle birbirlerini görsel olarak tanırlar.

Felaketlerde görsel teşhisi zorlaştıran nedenler;

- Felaketin türüne göre cesetlerde ileri derecede deformasyonlar ve parçalanma
- Yakınını kaybetmeyi reddetme duygusu,
- 1. derecede yakınların cesedi görmek istememesi nedeniyle yakınlarına yaptırılan teşhislerde hatalar
- Yakınının cesedine bir an önce ulaşabilmenin yarattığı baskı ile ufak benzerlikleri abartma

- Görsel kimliklendirme asla tek başına yeterli değil, Mutlaka birincil kimliklendirme yöntemleri ile birlikte kullanılmalı
- Görsel kimliklendirme ile ceset teslim edilemez, gömülmesine ya da yakılmasına izin verilemez
- Hata durumunda yeniden inceleme çok zor



EMBA

(2ND

Missing P

please v

www.antalys.net/m

All our missing people are for sale
on the internet. Please help.



AE0XD5 Alamy Images

MAT 21. PUNERSI HI
LANEPT

DIKURI

- SYAFIDEL YENNI (10)
- SYINTA RAHNI (14)
- TEBA PULPITA (11)
- MUTIARA RAMADAN (12)
- M. Rizki Arief (21)

HUB
DEL TULSTANI
Guru SAMA 2.
Al-Play GLE BAWOK
No 12 Utlawok
TOL : 081 4888
HP : 0812673298

CA
AHRI
NU







B- Kişisel eşyalar yardımıyla yapılan kimliklendirme

- Etnik kıyafetler, üniformalar, hava personelinin özel işaretleri, mücevher ve takılar ayırt edicidir.
- Vücutta bulunan tatuajlar, piercingler önemli
- Mutlaka yakınlarından kıyafet ve takı bilgileri sorulmalı
- Kişinin üzerinden çıkabilecek; kimlik, ehliyet, pasaport, yolcu bileti, üye kartları, tedavi kartları....

DEAD BODY	
Nature of disaster : _____	No : _____
Place of disaster : _____	Sex unknown <input type="checkbox"/>
Date of disaster : <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year	Male <input type="checkbox"/> Female <input type="checkbox"/>

CHECKLIST OF OPERATIONS IN THE MORTUARY		Date	Remarks
Photographs	With clothes		
	Without clothes		
Fullsize - local back	<input type="checkbox"/> Front <input type="checkbox"/> From left <input type="checkbox"/> From right		
Head	<input type="checkbox"/>		
Fingerprints	Finger		
	Palm of the hand		
Autopsy	Medicolegal examn.		
	Full autopsy Pathological name Address/Phone		
Dental examination	Completed		
	Jaws removed Odontological name Address/Phone		
Samples <small>(cf. I21 Item 73)</small>	<input type="checkbox"/> Taken <input type="checkbox"/> Sent for analysis <input type="checkbox"/> Result enclosed		
	<input type="checkbox"/> DNA profiles ordered		
	<input type="checkbox"/> DNA profiles enclosed		

CHECK LIST OF CONTENTS	Enclosed complete	Enclosed in part	Left to Name	Date	Returned Date	Remarks
B Recovery from scene						
C1 Clothing and Foot wear						
C2 Personal Effects						
C3 Jewellery						
D1 Physical description						
D2 Physical desc. cont.						
D3 Physical desc. cont.						
D4 Body sketch						
E1 Internal examination						
E2 Medical conclusions						

Nature of disaster : **DEAD BODY** No : _____

Place of disaster : _____ Sex unknown

Date of disaster : Day Month Year Male Female

a = Data not available/indefinite b = Photo c = Further information on page G

RECOVERY OF BODY FROM SCENE

	a	b	c
20 Apparent age			
0 - 4	<input type="checkbox"/>		
5 - 9	<input type="checkbox"/>		
10 - 14	<input type="checkbox"/>		
15 - 19	<input type="checkbox"/>		
20 - 24	<input type="checkbox"/>		
25 - 29	<input type="checkbox"/>		
30 - 39	<input type="checkbox"/>		
40 - 49	<input type="checkbox"/>		
50 - 59	<input type="checkbox"/>		
60 - 69	<input type="checkbox"/>		
70 - 79	<input type="checkbox"/>		
80 - 89	<input type="checkbox"/>		
90 - 99	<input type="checkbox"/>		
Unknown	<input type="checkbox"/>		
21 Date - and place where the body was found			
01 Map reference/GPS Coordinates: _____ / _____			
02 Photographs	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
22 State of the body			
Complete	<input type="checkbox"/>		
Incomplete	<input type="checkbox"/>		
Visually identifiable	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Body part(s) describe:	<input type="checkbox"/>		
1 Damaged	2 Burns	3 Decomp.	4 Skel.
5 Missing	6 Loose		
01 Head			
1A Neck/Throat			
02 Right arm			
03 Left arm			
04 Right hand			
05 Left hand			
06 Body front			
07 Body back			
08 Right leg			
09 Left leg			
10 Right foot			
11 Left foot			
Indicate specific details on body sketch, page D-4.			

23 Person -
finding the body

If an ID team is involved -
name of IIC in charge

Any other person -
Name
Address

Phone/E-mail
Occupation

Registered by	Duty Title	Signature / Date
	Name	
	Address	
	Phone/E-mail	

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DEAD BODY	
Nature of disaster : _____	No : _____
Place of disaster : _____	Sex unknown <input type="checkbox"/>
Date of disaster : <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	Male <input type="checkbox"/> Female <input type="checkbox"/>

a = Data not available/indistinct

b = Photo

c = Further information on page G

CLOTHING AND FOOT WEAR						a	b	c		
24	Clothing items	No.	1 Material	2 Colour	3 Type	4 Label	5 Size			
02 Upper part of the body and arms 0201 Overcoat 0202 Coat 0203 Pullover 0204 Shirt 0205 Waistcoat 0206 Vest 0207 Dress 0208 Cardigan 0209 Blouse 0210 Pellicot 0211 Chemise 0212 Dresslee 0213 Dress 0214 Gloves 0299 Other										
03 Lower part of the body and legs 0301 Trousers (men) 0302 Undepants 0303 Trousers (women) 0304 Skirt 0305 Panties 0306 Girdle 0307 Corset 0308 Stockings 0309 Tights 0310 Socks 0311 Belt 0312 Belt buckle 0399 Other										
04 The whole of the body 0401 Flying suit 0402 Roller suit 0403 Trousers suit 0499 Other										
In case of using 'Other' for clothing, the kind of item is shown in Column '3 Type'.										
25	Footwear	No.	1 Material	2 Colour	3 Type	4 Label	5 Size			
In case of using 'Other' for footwear, the kind of item is shown in Column '3 Type' and Footwear is marked.										

Registered by	Duty Title	:	Signature / Date
	Name	:	
	Address	:	
	Phone/E-mail	:	

DEAD BODY	
Nature of disaster : _____	No : _____
Place of disaster : _____	Survivor <input type="checkbox"/>
Date of disaster : <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	Male <input type="checkbox"/> Female <input type="checkbox"/>

a = Data not available/incomplete b = Photo c = Further information on page G

PERSONAL EFFECTS		a	b	c
26 Watch 00 Wearing watch 01 Digital 02 Analog 03 Digital/Analog 04 Events watch worn on 05 Watch strap/chain	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes No: 1 Material 2 Colour 3 Design 4 Brand 5 Inscription			
	Left <input type="checkbox"/> Right <input type="checkbox"/> Outside <input type="checkbox"/> Inside <input type="checkbox"/> Leather <input type="checkbox"/> Metal <input type="checkbox"/> Other (specify): _____			
	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes			
	1 Material 2 Colour 3 Design 4 Brand 5 Inscription			
	Tinted <input type="checkbox"/> No 2 <input type="checkbox"/> Yes (specify): _____ Strength - Left/Right 3 <input type="checkbox"/> L 4 <input type="checkbox"/> R Crown <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> Female 4 <input type="checkbox"/> Male 5 <input type="checkbox"/> Strength 03 Lens/Shape 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> Female 4 <input type="checkbox"/> Male 5 <input type="checkbox"/> Strength - Left/Right 04 Contact lenses 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes (colour?) _____ 3 <input type="checkbox"/> L 4 <input type="checkbox"/> R			
27 Glasses 00 Wearing glasses 01 Frame 02 Lenses (glass) 03 Lenses/Shape 04 Contact lenses	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes			
	1 Material 2 Colour 3 Design 4 Brand 5 Inscription			
28 Identity Papers 00 Carrying ID-papers 01 Passport 02 Driving licence 03 Other ID cards 04 Identity card 05 Door card 06 Traveller's cheques 07 Personal cheques 08 Health card 99 Other	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes No: _____			
	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes			
29 Effects 00 Carrying other effects 01 Wallet 02 Purse 03 Money belt 04 Badges/bags 99 Other	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes No: _____			
	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes			

Registered by Duty Title : _____ Name : _____ Address : _____ Phone/E-mail : _____	Signature / Date : _____
--	--------------------------

DEAD BODY	
Nature of disaster : _____	No : _____
Place of disaster : _____	Sex unknown <input type="checkbox"/>
Date of disaster : <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	Male <input type="checkbox"/> Female <input type="checkbox"/>

a = Data not available/Indefinite b = Photo c = Further information on page G

PHYSICAL DESCRIPTION (at mortuary)						a	b	c	
31	State of the body	Complete 1 <input type="checkbox"/>	Incomplete 2 <input type="checkbox"/>	Visually identifiable 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Yes	Body parts describe: 5 <input type="checkbox"/>				
		1 Damaged	2 Burns	3 Decomp.	4 Swells	5 Missing	6 Loose		
	01 Head								
	1A Neck/Throat								
	02 Right arm								
	03 Left arm								
	04 Right hand								
	05 Left hand								
	06 Body front								
	07 Body back								
	08 Right leg								
	09 Left leg								
10 Right foot									
11 Left foot									
Indicate specific details on body sketch, page D4									
31	Estimated age	_____ year				Method used ?			
32	Height	_____ cm / Estimated height _____ cm				Method used ?			
33	Weight	_____ kg / Estimated weight _____ kg				Method used ?			
34	BUILD	Lean 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Heavy 3 <input type="checkbox"/>					
	01 Bodily constitution	1 Oval	2 Roundheaded	3 Pyramidal	4 Circular	5 Rectangular	6 Quadrangular		
	02 Head form, front <small>(if known)</small>	1 Shallow	2 Medium	3 Deep					
03 Head form, profile	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>						
35	RACE	Caucasoid 1 <input type="checkbox"/>	Mongoloid 2 <input type="checkbox"/>	Mixed 3 <input type="checkbox"/>	Other 4 <input type="checkbox"/>	Medium 5 <input type="checkbox"/>	Dark 6 <input type="checkbox"/>		
	01 Group/Complexion 02 Type	(specify):							
36	Hair of the head	Absent 1 <input type="checkbox"/>	Thin 2 <input type="checkbox"/>	Normal 3 <input type="checkbox"/>	Wavy 4 <input type="checkbox"/>	Curled 5 <input type="checkbox"/>	Shaved 6 <input type="checkbox"/>		
	01 Type	Short 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Long 3 <input type="checkbox"/>	Wavy 4 <input type="checkbox"/>	Curled 5 <input type="checkbox"/>	Shaved 6 <input type="checkbox"/>		
	02 Length	Black 1 <input type="checkbox"/>	Brown 2 <input type="checkbox"/>	Blond 3 <input type="checkbox"/>	Red 4 <input type="checkbox"/>	Grey 5 <input type="checkbox"/>	White 6 <input type="checkbox"/>		
	03 Colour	Light 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Dark 3 <input type="checkbox"/>	Turning grey 4 <input type="checkbox"/>	Dyed 5 <input type="checkbox"/>	Shaved 6 <input type="checkbox"/>		
	04 Shade of colour	Thin 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Thick 3 <input type="checkbox"/>					
	05 Thickness	Smooth 1 <input type="checkbox"/>	Wavy 2 <input type="checkbox"/>	Curly 3 <input type="checkbox"/>	Plaited 4 <input type="checkbox"/> Left	5 <input type="checkbox"/> Right	6 <input type="checkbox"/> Middle		
	06 Style	Beginning 1 <input type="checkbox"/>	Advanced 2 <input type="checkbox"/>	Total 3 <input type="checkbox"/>	Forehead 4 <input type="checkbox"/>	Side 5 <input type="checkbox"/>	Top/Back 6 <input type="checkbox"/>		
	07 Baldness	(specify):							
08 Other									

Registered by: Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

DEAD BODY
Nature of disaster : _____ No : _____
Place of disaster : _____ Sex unknown <input type="checkbox"/>
Date of disaster : <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year Male <input type="checkbox"/> Female <input type="checkbox"/>

a = Data not available/Indefinite

b = Photo

c = Further information on page G

PHYSICAL DESCRIPTION (cont.)							a	b	c	
37	Forehead	Low 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	High 3 <input type="checkbox"/>	Narrow 4 <input type="checkbox"/>	Medium 5 <input type="checkbox"/>	Wide 6 <input type="checkbox"/>			
	01 Height/Width	Prominent / Vertical / Receding (highly) or clefty								
	02 Inclination	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> C								
38	Eyebrows	Sharp 1 <input type="checkbox"/>	Arched 2 <input type="checkbox"/>	Joining 3 <input type="checkbox"/>	Thin 4 <input type="checkbox"/>	Medium 5 <input type="checkbox"/>	Thick 6 <input type="checkbox"/>			
	01 Shape/Thickness									
39	Eyes	Blue 1 <input type="checkbox"/>	Grey 2 <input type="checkbox"/>	Green 3 <input type="checkbox"/>	Brown 4 <input type="checkbox"/>	Dark 5 <input type="checkbox"/>				
	01 Colour									
	02 Shade	Light / Medium / Dark								
	03 Distance between eyes	Small / Medium / Large								
	04 Peculiarities	Cross-eyed / Squint-eyed / Asymmetric eye								
40	Nose	Small 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Large 3 <input type="checkbox"/>	Rounded 4 <input type="checkbox"/>	Roman 5 <input type="checkbox"/>	Almond 6 <input type="checkbox"/>			
	01 Size/Shape	Wears spectacles								
	02 Peculiarities	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes								
	03 Curvature	Concave / Straight / Convex								
41	Facial hair	No beard 1 <input type="checkbox"/>	Moustache 2 <input type="checkbox"/>	Goatee 3 <input type="checkbox"/>	Whiskers 4 <input type="checkbox"/>	Full beard 5 <input type="checkbox"/>				
	01 Type	Black / Brown / Grey / White								
	02 Colour									
42	Ears	Small 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Large 3 <input type="checkbox"/>	Close-set 4 <input type="checkbox"/>	Medium 5 <input type="checkbox"/>	Prominent 6 <input type="checkbox"/>			
	01 Size/Angle	Attached								
	02 Earlobe/Pierced	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes / 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right 5 <input type="checkbox"/> Pinned - specify number of piercings								
43	Mouth	Small 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Large 3 <input type="checkbox"/>	Other (specify): 4 <input type="checkbox"/> _____					
	01 Size/Other									
44	Lips	Thin 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Thick 3 <input type="checkbox"/>	Alids up 4 <input type="checkbox"/>	Other (specify): 5 <input type="checkbox"/> _____				
	01 Shape/Other									
45	Teeth (cf. page F&FZ)	Abused 1 <input type="checkbox"/>	Untreated 2 <input type="checkbox"/>	Treated 3 <input type="checkbox"/>	Crowns 4 <input type="checkbox"/>	Bridges 5 <input type="checkbox"/>	Implants 6 <input type="checkbox"/>			
	01 Condition	Gaps between front teeth								
	02 Gaps/Missing teeth	1 <input type="checkbox"/> Upper 2 <input type="checkbox"/> Lower 3 <input type="checkbox"/> Upper 4 <input type="checkbox"/> Lower 5 <input type="checkbox"/> Upper 6 <input type="checkbox"/> Lower								
	03 Dentures	Part upper / Part lower / Full upper / Full lower / No number (specify):								
46	Smoking habits	No 1 <input type="checkbox"/>	Teeth 2 <input type="checkbox"/>	Lips 3 <input type="checkbox"/>	Moustache 4 <input type="checkbox"/>	Finger/Hands 5 <input type="checkbox"/>	Left 6 <input type="checkbox"/>	Right 7 <input type="checkbox"/>		
	01 Stains found									

Registered by: Duty Title : _____
 Name : _____
 Address : _____
 Phone/E-mail : _____

Signature / Date

DEAD BODY

Nature of disaster : _____ No : _____

Place of disaster : _____ Sex unknown

Date of disaster : Day Month Year Male Female

a = Data not available/indistinct b = Photo c = Further information on page G

PHYSICAL DESCRIPTION (cont.)							a	b	c	
47	Chin	Small 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Large 3 <input type="checkbox"/>	Receding 4 <input type="checkbox"/>	Medium 5 <input type="checkbox"/>	Protruding 6 <input type="checkbox"/>			
	01 Size/ inclination	Pointed 1 <input type="checkbox"/>	Round 2 <input type="checkbox"/>	Angular 3 <input type="checkbox"/>	Chin chin 4 <input type="checkbox"/>	Groove 5 <input type="checkbox"/>				
	02 Shape									
48	Neck	Short 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Long 3 <input type="checkbox"/>	Thin 4 <input type="checkbox"/>	Medium 5 <input type="checkbox"/>	Thick 6 <input type="checkbox"/>			
	01 Length/ Slope	Concave 1 <input type="checkbox"/>	Prominent Adams apple 2 <input type="checkbox"/>		Collar/ Shirt No: 4 <input type="text"/>		Circumference 6 <input type="text"/> in cms.			
	02 Peculiarities									
49	Hands	Slim 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Broad 3 <input type="checkbox"/>	Small 4 <input type="checkbox"/>	Medium 5 <input type="checkbox"/>	Large 6 <input type="checkbox"/>			
	01 Shape/ Size	Short 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Long 3 <input type="checkbox"/>						
	02 Nail length	Blown short 1 <input type="checkbox"/>	Manicured 2 <input type="checkbox"/>	Painted 3 <input type="checkbox"/>	Artificial 4 <input type="checkbox"/>	Nicotine 5 <input type="checkbox"/>	Left 6 <input type="checkbox"/>	Right 6 <input type="checkbox"/>		
	03 Peculiarities									
50	Foot	Slim 1 <input type="checkbox"/>	Medium 2 <input type="checkbox"/>	Broad 3 <input type="checkbox"/>	Flat/loose 4 <input type="checkbox"/>	Arched 5 <input type="checkbox"/>	Length in cm: 6 <input type="text"/>			
	01 Shape/ Size	Bunions 1 <input type="checkbox"/>	Com 2 <input type="checkbox"/>	Painted 3 <input type="checkbox"/>	Defective 4 <input type="checkbox"/>					
	02 Condition/ Nail	(Specify): _____								
	03 Peculiarities									
51	Body hair	None 1 <input type="checkbox"/>	Slight 2 <input type="checkbox"/>	Medium 3 <input type="checkbox"/>	Pronounced 4 <input type="checkbox"/>					
	01 Evident	Black 1 <input type="checkbox"/>	Brown 2 <input type="checkbox"/>	Blond 3 <input type="checkbox"/>	Red 4 <input type="checkbox"/>	Grey 5 <input type="checkbox"/>	White 6 <input type="checkbox"/>			
	02 Colour									
52	Pubic hair	None 1 <input type="checkbox"/>	Slight 2 <input type="checkbox"/>	Medium 3 <input type="checkbox"/>	Pronounced 4 <input type="checkbox"/>					
	01 Evident	Black 1 <input type="checkbox"/>	Brown 2 <input type="checkbox"/>	Blond 3 <input type="checkbox"/>	Red 4 <input type="checkbox"/>	Grey 5 <input type="checkbox"/>	White 6 <input type="checkbox"/>			
	02 Colour									
53	Specific details	No:	1 Scars/Piercing	2 Skin marks	3 Tattoo marks	4 Abnormalities	5 Amputations			
	01 Head									
	1A Neck/Throat									
	02 Right arm									
	03 Left arm									
	04 Right hand									
	05 Left hand									
	06 Body - front									
	07 Body - back									
	08 Right leg									
	09 Left leg									
	10 Right foot									
	11 Left foot									
Indicate specific details on body's sketch, page D-4.										
54	Circumcision	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes							
55	Other peculiarities									

Registered by: Duty Title : _____ Name : _____ Address : _____ Phone/E-mail : _____	Signature / Date : _____
--	--------------------------

DEAD BODY

Nature of disaster : _____ No : _____

Place of disaster : _____ Sex unknown

Date of disaster : Day Month Year Male Female

BODY SKETCH (described in Item 22 and/or 31, 53)

Mark on charts

- Damaged
- Burn
- Decomposed
- Skeletalized
- Missing
- Loose
- Scars/Piercing
- Skin marks
- Tattoo marks
- Malformations
- Amputations

RIGHT

LEFT

Nature of disaster : **DEAD BODY** No : _____
 Place of disaster : _____ Sex unknown
 Date of disaster : Day Month Year Male Female

a = Data not available/incomplete b = Photo c = Further information on page G d = X-rays

INTERNAL EXAMINATION - Full autopsy <input type="checkbox"/> No <input type="checkbox"/> Yes		a	b	c	d
60	Head 01 Head 1A Skull 1B Brain 02 Neck				
61	Chest 01 Thorax/Ribs/Sternum 02 Lungs 03 Heart/Vessels				
62	Abdomen 01 Stomach 02 Intestines 03 Appendix				
63	Other Internal organs 01 Adrenal/pancreas Spleen 02 Liver/Gall bladder 03 Kidneys/Ureters/Bladder 04 Genitalia-male 05 Genitalia-female 06 Hysterectomy				
64	Skeleton/Soft tissue 01 Vertebral column 02 Pelvis 03 Limb-right arm 04 Limb-left arm 05 Limb-right leg 06 Limb-left leg 07 Other bones 08 Soft tissue, other location				
65	Various 01 Pregnancies 02 Healed fractures 03 Operations 04 Artificial appliances (pacemaker, hip, etc.)				

Continued Item no 71 (Item 66 - 70 in form AM only)

Registered by	Duty Title :	Signature / Date
	Name :	
	Address :	
	Phone/E-mail :	

Nature of disaster : **DEAD BODY** No : _____
 Place of disaster : _____ Sex unknown
 Date of disaster : Day Month Year Male Female

MEDICAL CONCLUSIONS

71	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined <input type="checkbox"/>	Reason of decision		
72	Estimated age	_____ years <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10	Alcohol used		
73	Samples taken		Purpose	Place of storage	Result
	01 Stomach contents	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	02 Urine	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	03 Blood-heart	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	04 Blood-peripheral	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	05 Blood-skeleton	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	06 Bile	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	07 Vitreous humour L	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	08 Vitreous humour R	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	09 Other fluids	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	10 Symphysis pubis	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	11 Hair	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	12 Tissues dry	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	13 Tissues in formalin	<input type="checkbox"/> No <input type="checkbox"/> Yes			
14 DNA specimens	<input type="checkbox"/> No <input type="checkbox"/> Yes				
74	Other clues for identification	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe)			
75	Other medical findings				

Continued Item no 83 (Item 78 - 82 in form AM only)

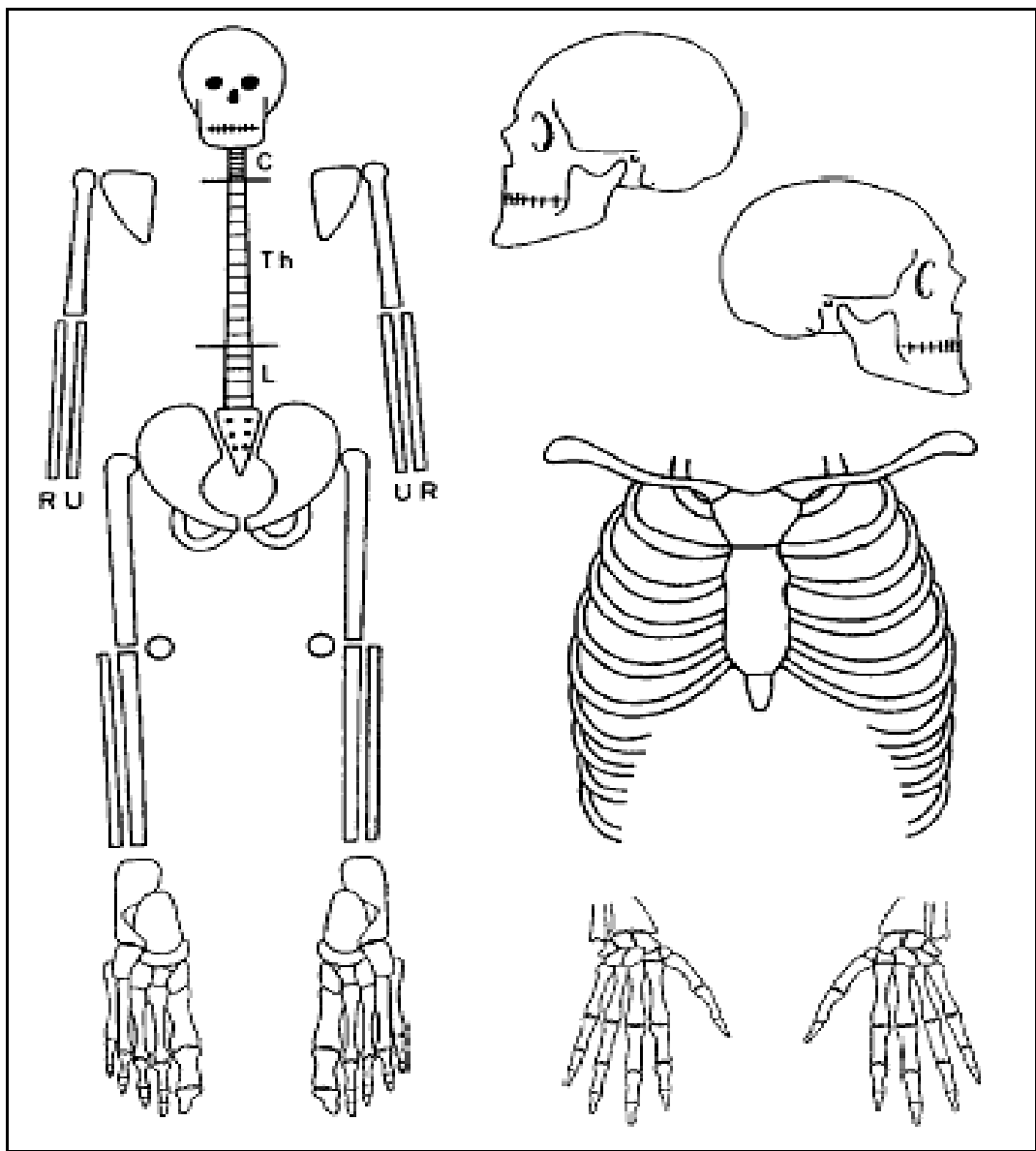
Registered by: _____ Duty Title : _____ Name : _____ Address : _____ Phone/E-mail : _____	Signature / Date : _____
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DEAD BODY

Nature of disaster : _____ No : _____

Place of disaster : _____ Sex unknown

Date of disaster : Day Month Year Adult Female



Nature of disaster : DEAD BODY	No : _____
Place of disaster : _____	Sex unknown <input type="checkbox"/>
Date of disaster : <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	Male <input type="checkbox"/> Female <input type="checkbox"/>

c = Further information on page G

DNA		G										
93	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">Sample</td> <td style="padding: 5px;"> <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year </td> </tr> <tr> <td style="padding: 5px;">01 Received date</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">02 Label of sample</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">03 Type of sample</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">04 Condition of sample</td> <td style="padding: 5px;"></td> </tr> </table>	Sample	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	01 Received date		02 Label of sample		03 Type of sample		04 Condition of sample		
Sample	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year											
01 Received date												
02 Label of sample												
03 Type of sample												
04 Condition of sample												

94	DNA profile	Dead body	
	DCS1358 YVA D155520 DCS1328 Amelogenin DCS1170 DQ1311 D15551 D155433 TH01 FGA TPOX CSF1PO D13S117 D7S820 DCS18 Penta D Penta E FES F13A1 F13B SE33 COD G&A		
95	Checked by	Date	Signature

Registered by Duty Title : _____ Name : _____ Address : _____ Phone/E-mail : _____	Signature / Date : _____
--	--------------------------

Nature of disaster : _____	DEAD BODY	No : _____
Place of disaster : _____		Sex unknown <input type="checkbox"/>
Date of disaster : <input type="text"/> Day <input type="text"/> Month <input type="text"/> <input type="text"/> Year		Male <input type="checkbox"/> Female <input type="checkbox"/>

DENTAL FINDINGS

83	In single cases			
	Site of recovery			
	Recovery No.			
	Date			
	Police Agency Address Phone/E-mail			
DENTAL EXAMINATION Requested by (date) Performed at (date)				
84	Material	Upper	Lower	Specimen taken?
	01 Jaws present	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
	02 Fragmentary remains	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specimen taken?
	03 Single teeth			Specimen taken?
	04 Other			Specimen taken?
05 Location of specimen				
85	Supplementary details			
	Condition of the body			
	Condition of the jaws			
	Injuries to			
	- oral soft tissue			
	- jaws			
	- teeth			
	Possible cause(s) of injuries			
	Other details			

Registered by	Duty Title	:	Signature / Date
	Name	:	
	Address	:	
	Phone/E-mail	:	

DEAD BODY

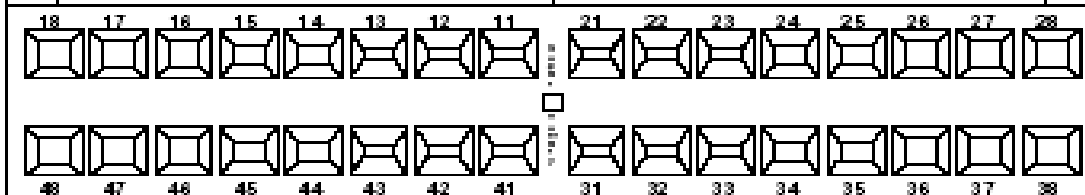
Nature of disaster : _____ No : _____

Place of disaster : _____ Sex unknown

Date of disaster : Day Month Year Male Female

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86	DENTAL FINDINGS In permanent teeth (Notify temporary teeth specifically)	
11		21
12		22
13		23
14		24
15		25
16		26
17		27
18		28



49		39
47		37
46		36
45		35
44		34
43		33
42		32
41		31

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87	Specific description of Crowns, bridges, dentures and implants	
88	Further findings Occlusion, aetiology, anomalies, smoker, periodontal status, etc.	
89	X-rays taken of Type and region	
90	Supplementary examination	
91	Estimated age	Method ?



DEAD BODY		No. : _____
Nature of disaster : _____		
Place of disaster : _____	Sex unknown <input type="checkbox"/>	
Date of disaster : <input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year
		Male <input type="checkbox"/> Female <input type="checkbox"/>

FURTHER INFORMATION (if referring to data given on a previous page, please indicate item number)

92	
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SLAYTLAR İÇİN MERSİN ÜNİVERSİTESİ
TIP FAKÜLTESİ ADLİ TIP ANABİLİM
DALINDAN PROF. DR. HALİS DOKGÖZ VE
PROF. DR. HAKAN KAR HOCALARIMIZA
TEŞEKKÜRLER

