



MISSING-PERSON BETA:

VICTIM'S DEFORMITIES, FRACTURES, & MEDICAL DEVICES FORM



(rev. 1/30/09)

Michigan Backcountry Search & Rescue (MiBSAR)

As a US Department of Homeland Security *Community Emergency Response Team* (CERT), MiBSAR is dedicated to assisting—free of charge—law enforcement agencies and families with missing-person cold cases in remote, wilderness regions of Northern Michigan and the eastern Lake Superior watershed area of Ontario, Canada.

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906.226.9620

Official use only	Victim:	Location:		Date went missing:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:

Victim's deformities, fractures, medical devices, etc.

Describe below, noting location on diagrams

Fractured (broken) bones and joints: No Yes (describe):

Missing bones: No Yes (describe):

Metal plates, pins, vascular clips (clamps), vascular stints, joints, screws, IUDs, prostheses, pacemakers, and other implants:

No Yes (describe):

Synthetic grafts, plates, joints, heart valves, insulin pumps, catheters, IUDs, prostheses, and other implants: No Yes (describe):

Amputations: No Yes (describe):

Left finger () Left thumb Right finger () Right thumb Left hand Right hand

Left forearm Right forearm Left arm Right arm

Left toe () Right toe () Left foot Right foot Left lower leg Right lower leg Left leg Right leg

Left ear Right ear Other (describe):

Deformities: No Yes (describe):

Crippled left finger () Crippled left thumb Crippled right finger () Crippled right thumb

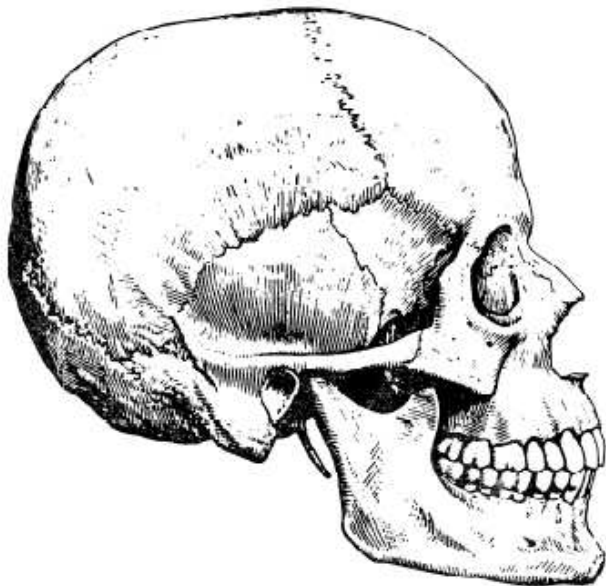
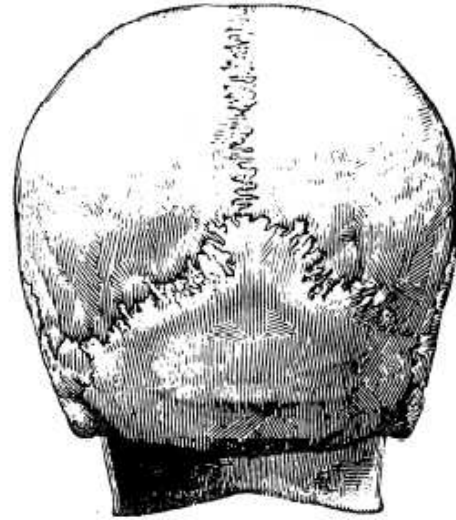
Crippled left hand Crippled right hand Crippled left arm Crippled right arm

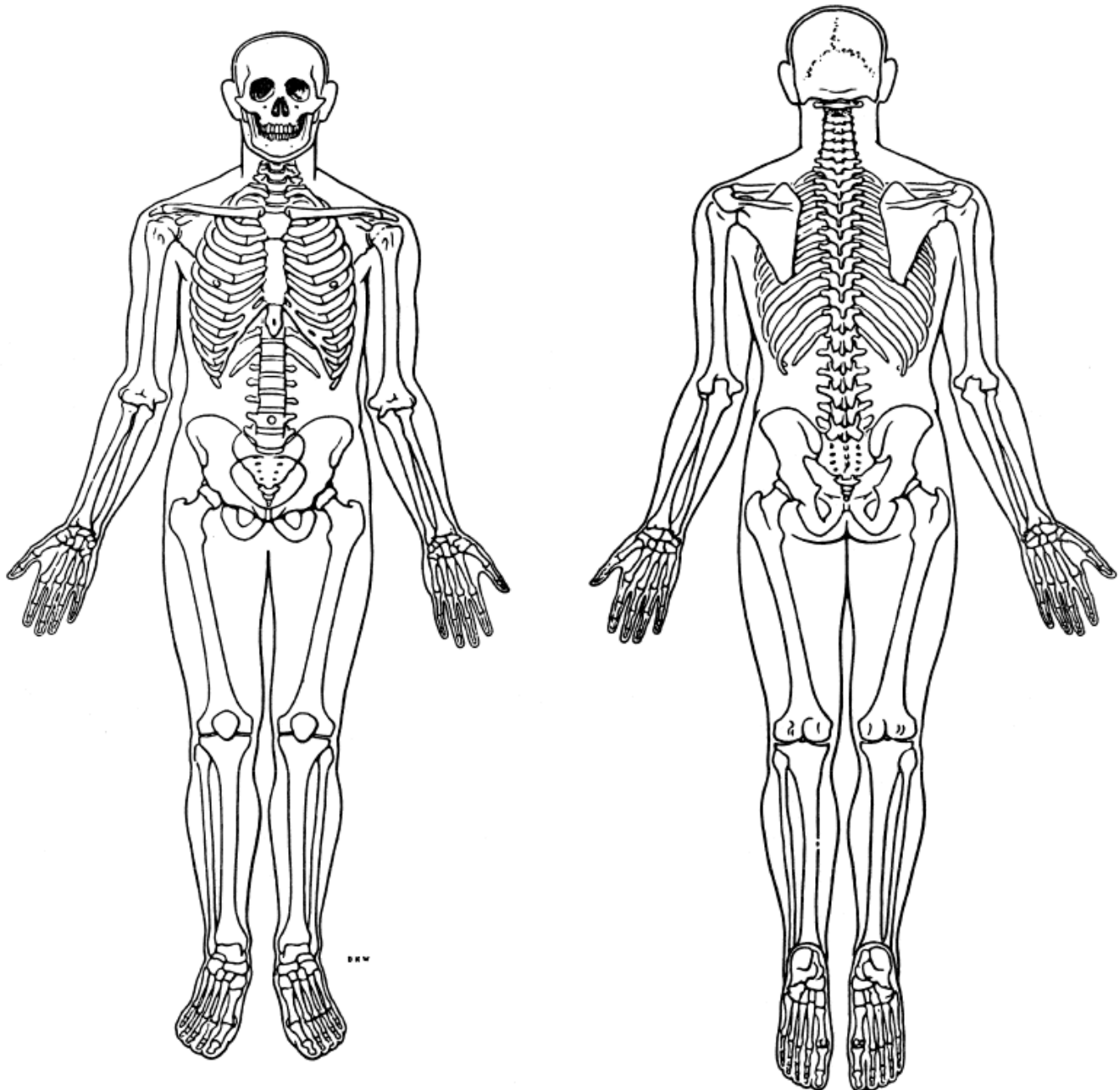
Crippled left toe () Crippled right toe () Crippled left foot Crippled right foot

Crippled left leg Crippled right leg Bowlegged

Hunchback Other (describe):

Missing organs: No Yes (describe):





Images courtesy of the staff of the Armed Forces Institute of Pathology (AFIP) in Washington, D.C.

Interviewee's signature:	Date:
Interviewer's signature:	Date: