



**NEW JERSEY STATE POLICE**  
**Unidentified Person Report**  
**For NCIC Record Entry**

Date \_\_\_\_\_

<b>Message Key (MKE)</b> <input type="checkbox"/> Unidentified Deceased (EUD) <input type="checkbox"/> Unidentified Living (EUL) <input type="checkbox"/> Unidentified Catastrophe Victim (EUUV)		<b>Reporting Agency (ORI)</b>		<b>Estimated Year of Birth Range (EYB)</b> [ ][ ] - [ ][ ]					
<b>Body Parts Status (BPS1)</b> <input type="checkbox"/> All Recovered Decomposed <input type="checkbox"/> All Recovered Fresh <input type="checkbox"/> All Recovered Skeletal		<b>Body Parts Status (if incomplete body or skeleton, see body diagram for coding corresponding parts) (BPS2)</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] N - Not Recovered    D - Decomposed    S - Skeletal    F - Fresh		<b>Sex (SEX)</b> <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Unknown (U)		<b>Race (RAC)</b> <input type="checkbox"/> Asian/Pacific Islander (A) <input type="checkbox"/> Black (B) <input type="checkbox"/> American Indian/Alaskan Native (I) <input type="checkbox"/> White (W) <input type="checkbox"/> Unknown (U)			
<b>Estimated Date of Death (EDD)</b>		<b>Date Body Found (DBF)</b>		<b>Approximate Height Range (HGT)</b> [ ][ ][ ] - [ ][ ][ ]		<b>Approximate Weight Range (WGT)</b> [ ][ ][ ] - [ ][ ][ ]			
<b>Eye Color (EYE)</b> <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> Maroon (MAR) <input type="checkbox"/> Multicolored (MUL)		<input type="checkbox"/> Pink (PNK) <input type="checkbox"/> Unknown (XXX)		<b>Hair Color</b> <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Sandy (SDY) (HAI) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Gray/Partially Gray (GRY) <input type="checkbox"/> White (WHI) <input type="checkbox"/> Blonde/Strawberry (BLN) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Unknown (XXX)					
<b>Scars, Marks, Tattoos, and Other Characteristics (SMT)</b> (See attached Personal Descriptors checklist)				<b>Fingerprint Classification* (FPC)</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 [ ]					
<b>Reporting Agency's Case Number (OCA)</b>		<b>Miscellaneous (MIS)</b> Information such as build, clothing description, handedness, weather conditions at the time of death, place where the body was found, etc. should be included. If additional space is needed, attach additional sheet. **							
Below is a list of clothing and personal effects. Please indicate those items that have been found with the person or body. Include style, type, size, color, condition, etc.									
<b>Item</b>	<b>Style/Type</b>	<b>Size</b>	<b>Color</b>	<b>Markings</b>	<b>Item</b>	<b>Style/Type</b>	<b>Size</b>	<b>Color</b>	<b>Markings</b>
Head Gear					Shoes/Boots/Sneakers				
Scarf/Tie/Gloves					Underwear				
Coat/Jacket/Vest					Bra/Girdle/Slip				
Sweater					Stockings/Pantyhose				
Shirt/Blouse					Wallet/Purse				
Pants/Skirt					Money				
Belts/Suspenders					Glasses				
Socks					Other				
Other					Other				
<b>Blood Type</b> <input type="checkbox"/> Unknown (UNKWN) <input type="checkbox"/> A Positive (APOS) <input type="checkbox"/> B Positive (BPOS) <input type="checkbox"/> AB Positive (ABPOS) <input type="checkbox"/> O Positive (OPOS) <input type="checkbox"/> A Negative (ANEG) <input type="checkbox"/> B Negative (BNEG) <input type="checkbox"/> AB Negative (ABNEG) <input type="checkbox"/> O Negative (ONEG) <input type="checkbox"/> A Unknown (AUNK) <input type="checkbox"/> B Unknown (BUNK) <input type="checkbox"/> AB Unknown (ABUNK) <input type="checkbox"/> O Unknown (OUNK)		<b>(BLT)</b> <input type="checkbox"/> Circumcision <input type="checkbox"/> Was (C) <input type="checkbox"/> Unknown (U) <input type="checkbox"/> Was not (N)		<b>(CRC)</b> <b>Circumcision</b>		<b>(FPA)</b> <b>Footprints Available</b> <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)			
<b>Body X-Rays Available (BXR)</b> <input type="checkbox"/> Full (F) <input type="checkbox"/> Partial (P) <input type="checkbox"/> None (N)		<b>Corrective Vision Prescription (VRX)</b>		<b>Mug Shot Photo Available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Manner of Death (CDA)</b> <input type="checkbox"/> Natural Causes (N) <input type="checkbox"/> Accidental (A) <input type="checkbox"/> Homicide (H) <input type="checkbox"/> Suicide (S) <input type="checkbox"/> Unknown (U)		<b>Cause of Death (COA)</b>		<b>DNA (DNA)</b> <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)					
<b>DNA Location (DLO)</b>		<b>Jewelry Type (See check list) (JWT)</b>		<b>Jewelry Description (JWL)</b>					
<b>Medical Examiner/Coroner Agency Name and Case Number (MAN)</b>		<b>Medical Examiner/Coroner Locality (MAL)</b>		<b>Medical Examiner/Coroner Telephone Number (MAT)</b>					
<b>NCIC Number (NIC)</b>		<b>Investigating Officer and Telephone Number (MIS)</b>							

\* If fingerprints are available, submit a copy to the FBI CJIS Division, 10th and Pennsylvania Ave., Washington DC 20537  
 \*\* All dental information should be recorded on the dental report and entered in NCIC as a supplemental record.