

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: _____ 18. DEPOSIT/EXPOSURE: _____

14. DATE OF DISCOVERY: _____

15. DATE OF DEATH: _____

16. TIME SINCE DEATH: _____ 19. DEPTH IN CM (if buried): _____

17. MANNER OF DEATH: _____ 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 4 - antemortem loss
2 - present fragmentary 5 - unerupted (dentition)
3 - absent (postmortem) 6 - congenitally missing

Cranium: _____

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

Mandible: _____

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

Dentition: _____

Max. I1: Left: Right: Mand. I1: Left: Right:
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: _____

Hyoid: Left: Right: Thoracic 1-12 (count) Left: Right:
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

- 65. MIDLAMBDOID: L R _____ 70. MIDCORONAL: L R _____ 75. SAGITTAL: _____
66. LAMBDA: _____ 71. PTERION: _____ 76. LAMBDOID(L): _____
67. OBELION: _____ 72. SPHENOFONTAL: _____ 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: _____ 1. ABSENT: _____
2. TRACE-SMALL: _____ 2. TRACE-SMALL: _____
3. MODERATE-LARGE: _____ 3. MODERATE-LARGE: _____

Send forms to: Forensic Anthropology Center Department of Anthropology University of Tennessee Knoxville, TN 37996-0760 phone: 865-974-4408 FAX: 865-974-2686

Forensic Measurements

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

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

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

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

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

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

<p>CLAVICLE: Epiph. P/A:</p> <p>37. MAXIMUM LENGTH: _____</p> <p>38. SAGITTAL DIAM. at MIDSH: _____</p> <p>39. VERTICAL DIAM. at MIDSH: _____</p> <p>SCAPULA: Epiph. P/A:</p> <p>40. HEIGHT: _____</p> <p>41. BREADTH: _____</p> <p>HUMERUS: Epiph. P/A:</p> <p>42. MAXIMUM LENGTH: _____</p> <p>43. EPICONDYLAR BREADTH: _____</p> <p>44. MAX. VERT. DIAM. of HEAD: _____</p> <p>45. MAX. DIAM. at MIDSHAFT: _____</p> <p>46. MIN. DIAM. at MIDSHAFT: _____</p> <p>RADIUS: Epiph. P/A:</p> <p>47. MAXIMUM LENGTH: _____</p> <p>48. SAGITTAL DIAM. at MIDSH: _____</p> <p>49. TRANSV. DIAM. at MIDSH: _____</p> <p>ULNA: Epiph. P/A:</p> <p>50. MAXIMUM LENGTH: _____</p> <p>51. DORSO-VOLAR DIAMETER: _____</p> <p>52. TRANSVERSE DIAMETER: _____</p> <p>53. PHYSIOLOGICAL LENGTH: _____</p> <p>54. MIN. CIRCUMFERENCE: _____</p> <p>SACRUM: No. Segments: _____</p> <p>55. ANTERIOR HEIGHT: _____</p> <p>56. ANTERIOR SURFACE BREADTH: _____</p> <p>57. MAX. BREADTH (S-1) _____</p>				<p>INNOMINATE: Epiph. P/A:</p> <p>58. HEIGHT: _____</p> <p>59. ILIAC BREADTH: _____</p> <p>60. PUBIS LENGTH: _____</p> <p>61. ISCHIUM LENGTH: _____</p> <p>FEMUR: Epiph. P/A:</p> <p>62. MAXIMUM LENGTH: _____</p> <p>63. BICONDYLAR LENGTH: _____</p> <p>64. EPICONDYLAR BREADTH: _____</p> <p>65. MAX. DIAM. of HEAD: _____</p> <p>66. A-P SUBTROCH. DIAMETER: _____</p> <p>67. TRANSV. SUBTROCH. DIAM: _____</p> <p>68. A-P DIAM. MIDSH: _____</p> <p>69. TRANVS. DIAM. MIDSH: _____</p> <p>70. CIRCUMFERENCE MIDSH: _____</p> <p>TIBIA: Epiph. P/A:</p> <p>71. CONDYLO-MALLEOLAR LEN: _____</p> <p>72. MAX. PROX. EPIPH. BR: _____</p> <p>73. MAX. DIST. EPIPH. BR: _____</p> <p>74. MAX. DIAM. NUTRIENT FOR: _____</p> <p>75. TRANSV. DIAM. NUTR. FOR: _____</p> <p>76. CIRCUM. AT NUTR. FOR: _____</p> <p>FIBULA: Epiph. P/A:</p> <p>77. MAXIMUM LENGTH: _____</p> <p>78. MAX. DIAM. at MIDSHAFT: _____</p> <p>CALCANEUS: Epiph. P/A:</p> <p>79. MAXIMUM LENGTH: _____</p> <p>80. MIDDLE BREADTH: _____</p>		
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