

VIP Personal Information

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Name _____ / _____ / _____
Last First Middle

Description Height CM _____ Height inches _____ Weight Kilo _____ Weight pounds _____

Estimated less than 10 41-60 101-120 161-180 221-240 281-300
Wt Pounds 11-20 61-80 121-140 181-200 241-260 Greater than 300
 21-40 81-100 141-160 201-220 261-280

Eye Blue Green Grey Missing R Glass R Cataract R
Color Brown Hazel Blind Missing L Glass L Cataract L

Optical Glasses Contacts
Glasses Description

Hair Color Auburn Brown Gray Salt & Pepper Other _____
 Blonde Black Red White Please place other here

Hair Colored Yes No Unk Color _____ Hair Style _____

Hair Accessory Wig Toupee Hair Piece Hair Transplant

Hair Length Short 1-3" Medium 4-8" Long 8-12" Very Long 12-24" Shaved

Facial Hair Color Blonde Brown Black Gray Red Salt & Pepper White N/Applicable

Facial Hair Type Beard Beard & Moustache Moustache Clean Shaven Goatee N/Applicable

Facial Hair Style Fu Manchu Bushy Pencil Thin Upper Lip
 Handle Bar Mutton Chops Full Upper Lip
 Whiskers Under Lower Lip Very Long N/Applicable

Ear Lobes Attached Unattached Unknown Circumcision Yes No Unk NA

Fingernail Type Natural Artificial Unknown Length Extremely Long Long Medium Short

Color _____ Characteristics Bites Dirty Decorated
 Deformed Mishapen Tobacco stain

Toenail Characteristics _____ Color _____

Tan Mark Description _____

Complexion: Light Medium Dark Acne Tanned Olive Ruddy

Medic Alert Yes No Inscription _____

Tattoo Yes No Description _____

Tattoo Yes Unk No NA Tattoo Photo Location _____

Body Piercing Type _____

Body Piercing Location _____

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Name _____ / _____ / _____ Male Female
Last First Middle

A= Data not available B= Photo C= Further information available on page 6

C

#	Clothing Items	Material	Color	Design	Size	A	B	C
01	Hat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Overcoat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Scarf					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Gloves					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Jacket					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Undershirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Tie					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Shirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Vest					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Trousers/Slacks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Underpants					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Socks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Dress					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sweater					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Blouse					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Skirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Slip					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Chemise					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Bra					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Girdle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Hose/Stockings					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Tights					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Shorts/walking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Belt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Belt Buckle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Suspenders/Braces					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Other 1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Other 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Other 3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other 4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIP Personal Information

Name _____ / _____ / _____
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Shoes

A= Data not available B= Photo C= Further information available on page 6

#	Material	Color	Design	Label	Size US	Size cm	
01 Shoes							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Watch

A= Data not available B= Photo C= Further information available on page 6

#	Type	Material	Color	Design	Make	Inscription	A	B	C
01	Digital						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Analog						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Other						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

04 Worn Right Wrist Left Wrist Finger Pin On Pocket Watch

05 Band Leather Metal Other Specify Other _____ Band Color _____

#	Jewelry	Material Color	Stone Color	Design	Inscription	Where Worn			
1	Wedding Ring						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Finger Rings						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Ear Rings						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Earclips						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Neck Chains						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Pendant Chain						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Other Chains						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Bracelets						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Other1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Other2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Other3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Other4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Other5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use this space for more info regarding jewelry:

VIP Personal Information

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Name _____ / _____ / _____
Last First Middle

Wallet: Description _____
Contents _____

Purse: Description _____
Contents _____

Other Personal
Effects

Additional Data

Green Card? Yes No

Ever in Armed Forces? Yes No Unk

Military Branch _____

Military Service Number _____

Nation Served _____

Approximate Service Date _____

Highest Educ Level Elem/Second (0-12) _____ Or College (1-5+) _____

ID Card issued in what locale?

Interviewer Info:

Interview Date _____ Interview Time _____
(MM/DD/YYYY)

Interviewer Name _____
First Last

Interviewer Address _____

Interviewing Organization _____

Interviewer phone _____ Interview Location _____

Entry Clerk _____

VIP Completed

- Completed VIP
- Incomplete VIP
- No VIP

VIP Personal Information

Nuclear DNA Analysis

AFDIL Case Number

DNA Donor Information

Donor FirstMI/Last Name _____
Last Name First Name Middle name

Donor SSN _____ Donor H. Phone _____

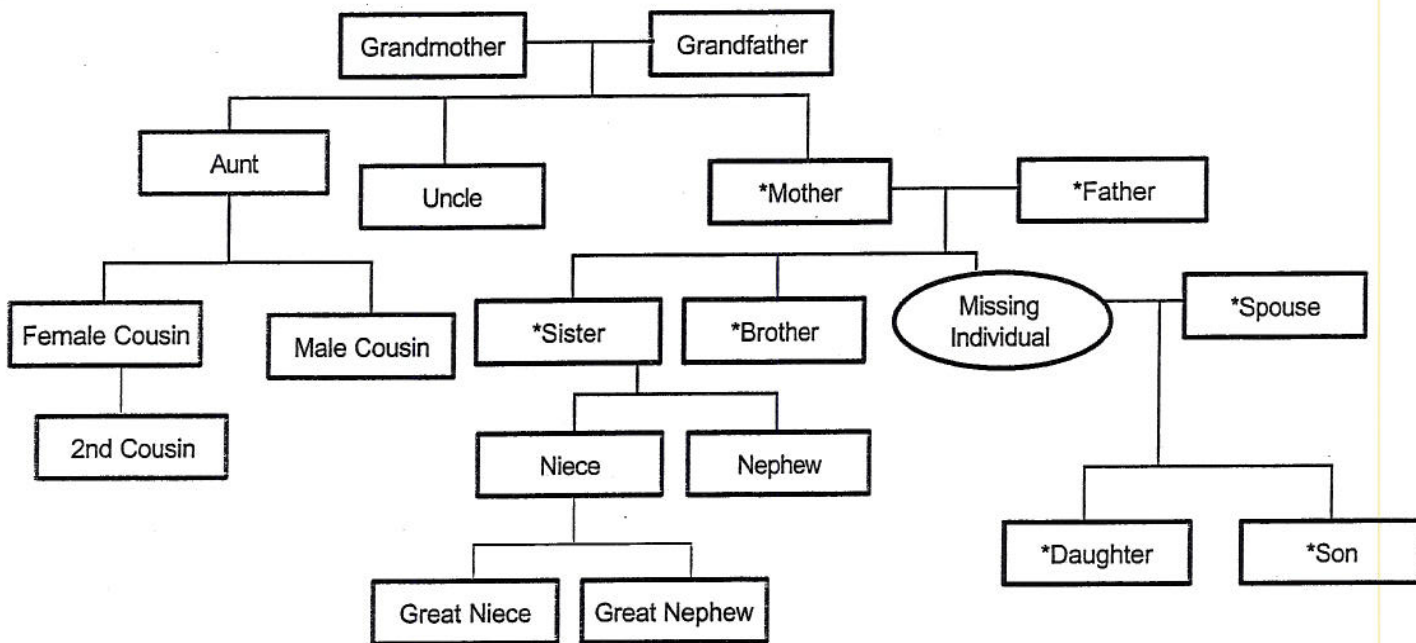
Address _____
City _____ State _____ Zip _____

Donor DOB _____ Donor Country _____

Family Relationship

Please Circle Your Kinship to the Missing Individual

*Primary Donor For A Nuclear DNA Reference (See list of Primary Donors on Page 2)



Missing Individual Information

Name _____ / _____ / _____ SS _____
Last Name First Name Middle name

Date of Birth _____
(MMDDYYYY)

VIP Personal Information

Name _____ / _____ / _____ SS _____
Last First Middle

Potential Living Biological Donors

Mother/Father of Missing Individual

Name	Age	Address	Phone

Brother and Sisters of Missing Individual

Name	Age	Address	Phone

Spouse of Missing Individual

Name	Age	Address	Phone

Children of Missing Individual

Name	Age	Address	Phone

Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the dedease. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family memers highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, OR
2. **Spouse** and Natural (Biological) **Children**, OR
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)

VIP/DMORT Program

Requested Records List

Victim FirstM/Last Name _____

Case # _____

Informant F/M/Last Name _____

Address _____

Informant phone _____

On Site Phone _____

Dental

Type	Location	Contact	Phone	Date Ord	Date Rec

Prints

Radiographs

Medical Records

Photo Requests

Requested Records Notes

MEDICAL PLAN	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period						
	5. Incident Medical Aid Station									
Medical Aid Stations	Location			Paramedics Yes No						
6. Transportation										
A. Ambulance Services										
Name	Address		Phone		Paramedics Yes No					
B. Incident Ambulances										
Name	Location			Paramedics Yes No						
7. Hospitals										
Name	Address		Travel Time Air Ground		Phone		Helipad Yes No		Burn Center Yes No	
8. Medical Emergency Procedures										
Prepared by (Medical Unit Leader)						10. Reviewed by (Safety Officer)				

INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name

2. Date/Time Prepared

3. Operational Period Date/Time

4. Basic Radio Channel Utilization

Radio Type/Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
Kling					
NIFC					
Kling					
NIFC					
Kling					
NIFC					
Kling					
NIFC					
Kling					
NIFC					
Kling					
NIFC					

5. Prepared by (Communications Unit)

YUMA COUNTY MEDICAL EXAMINER

BOX 1

1 Y.C.M.E. DISASTER S.O.P. BOOK WITH CONTACT NUMBERS

50 Y.C.M.E. REPORT OF DEATH FORMS

50 MASS FATALITY INFORMATION FORMS

1 PACK OF LEGAL WRITING PADS

2 BOOKS OF COLUMN NOTEPADS

4 CLIPBOARDS

2 PAIRS SCISSORS

1 25 FT. TAPE MEASURE

4 RULERS

1 STAPLER

1 BOX OF STAPLES

SHARPIE PERMANATE MAKERS

PENS

YUMA COUNTY MEDICAL EXAMINER

BOX 2

6 BOXES OF DISPOSABLE LARGE GLOVES

2 BOXES OF DISPOSABLE MEDIUM GLOVES

8 DISPOSABLE GOWNS

3 DISPOSABLE JUMPSUITS

12 PAIR DISPOSABLE SHOE COVERS

2 BOXES OF DISPOSABLE SURGICAL MASK

6 SAFETY GLASSES

YUMA COUNTY MEDICAL EXAMINER

BOX 3

30 LINEN SHEETS

1 ROLL PAPERTOWELS

DISPOSABLE RED BIOHAZARD BAGS

Y.C.M.E. ID BANDS PRE-NUMBERED 1-500

FAMILY ASSISTANCE CENTER F.A.C.

1. The Family Assistance Center is a multi agency organization.
2. Establish a Hotline number for family contact regarding information.

A. Site Selection:

1. It is very important that the site selected be functional for the incident i.e.: If the families are coming from out of town the site may be a hotel. If it is a local incident and the families are local, churches, community centers, and schools should be considered. The location should not be close to the incident site or the morgue examination site. It should be easily accessible and parking should be considered on the number of families expected. Security needs to be present for the parking lot, parking lot checkpoint, outside and inside the facility. The number one priority is no cameras or press outside or inside the facility.

B. F.A.C. General Administration:

1. Ante mortem records, family information and death notification files.

C. Security:

1. See information above in Site Selection.

D. American Red Cross and Salvation Army:

1. Provide family support, transportation, housing, supplies, equipment, and volunteers.

E. Food Service:

1. For the families and staff involved at the Family Assistance Center.

F. Missing Person Report:

1. Not to be completed by volunteers but a trained U.S.P.H.S. or Law Enforcement employee.

G. Communications:

1. Telephones, fax machines, cell phones, and two way radios for families and F.A.C. workers. Ante mortem forms for identification purposes should be faxed from the F.A.C. to the morgue examination center.

H. Mental Health:

1. To provide family support, staff support, assist Law Enforcement with death notification.

I. Medical:

1. Provide care to families and staff.

J. Religious Support:

1. Provide support to families and assist law enforcement with death notification.

K. Site Support:

1. Custodial and site maintenance.

**PUBLIC INFORMATION OFFICER
P.I.O.**

1. Any information requested for the Medical Examiner will be released to the Yuma County Sheriff's Office Public Information Officer at 783-4427. This person will release any information needed.
2. Provide to Yuma County Sheriff's Office Public Information Officer daily numbers and operational goals for the day. Do not release any names or personal information. This can be provided by Law Enforcement.

MEDICAL EXAMINER STAFF

1. Have daily briefings with staff at the beginning and end of daily work shifts.
2. Record all personnel and hours involved with incident.

FINANCIAL ISSUES

1. Contact State Emergency Management agency or transportation insurance provider to initiate application for reimbursement of expenses.
2. Track all activities and expenses regardless of incident being declared a Local, State, or Presidential disaster.
3. Provide all information to Major Leon Wilmot of the Yuma County Sheriff's Office.

**YUMA COUNTY
MEDICAL EXAMINER**

CONTACT INFORMATION

Office 336-7019
Fax 336-7319
Yuma County Sheriff's Office Dispatch 783-4427

Victor M. Alvarez, M.D. Chief Medical Examiner

783-0772 Home
502-9463 Cell
376-2886 Pager

Peter Patterson, M.D. Medical Examiner

580-3552 Cell
376-2336 Pager
783-0946 Yuma Residence

Andrew Kim, M.D. Medical Examiner

480-606-8928 Cell
376-2336 Pager
783-0946 Yuma Residence

Robert Vigil Medical Examiner Investigator (M.E. 1)

539-0550 Home
210-8624 Cell
376-2021 Pager
783-4427 YCSO Dispatch

Joe Lykins Medical Examiner Investigator (M.E. 2)

305-6412 Home
581-2499 Cell
783-4427 YCSO Dispatch

Major Leon Wilmot Yuma County Sheriff's Office

726-7727 Home
210-3917 Cell
783-4427 YCSO Dispatch

MASS FATALITY RESOURCE LIST

American Red Cross – Yuma office 782-0660
Arizona Attorney General – 602-542-5025
Arizona Department of Agriculture – 317-1345
Arizona Department of Public Safety 782-1679
Arizona Department of Transportation – 1-800-251-5866
Arizona Division of Emergency Management 1-800-411-2336
Arizona National Guard – 783-6814
Arizona Public Service – 782-7151
Batteries – Home Depot 373-9453, Lowes 317-0119, Walmart 317-2776 or 344-0992
Biohazard Disposal – NAFTA Environmental 627-3881
Body Bags – Naturo 1-800-4-naturo, Southland Medical 1-800-959-9160
Building Supplies – Home Depot 373-9453, Lowes 317-0119
California Highway Patrol – Winterhaven Office 1-760-572-0294
Chairs & Tents – Reddy Rent 782-4349
Clergy – Local churches as to denomination
Cocopah Indian Tribe – 627-2102
Cocopah Indian Police Department – 627-8857
Communications – QWEST 1-800-777-9594, AT&T 1-800-222-0400, Nextel 1-800-639-8359
Copy Machine – Fax Machine – Hughes Calihan 726-4532, Hoppstetters 782-3633
F.B.I. – Yuma office 344-3050
F.E.M.A. – 800-621-FEMA
Food & Beverage – American Red Cross 782-0660, Salvation Army 783-0181
Funeral Homes – Johnson 782-4384, Kammann 344-0000, Sunset Vista 342-2800, Yuma 782-9865, Desert Valley 627-7600
Health Department – Yuma County Health Department 317-4550
Hospital – Yuma Regional Medical Center 344-2000
Identification Tags – Naturo 1-800-4-naturo, Southland Medical 1-800-959-9160
MCAS Yuma – 269-2011
Media – KYMA 782-1111, KSWT 782-5113, Yuma Daily Sun 783-3333
Mental Health – The Excel Group 341-0335
Mexican Consulate – 343-9699
Morgue Supplies – Naturo 1-800-4-Naturo, Southland Medical 1-800-959-9160
Office Supplies – Staples 329-9899, Hoppstetters 782-3633
Personal Protection Equipment – Naturo 1-800-naturo, Southland Medical 1-800-959-9160
Quechan Indian Tribe – 1-760-572-0213
Quechan Indian Police Department – 1-760-572-5560
Refrigerated Trailers – NAFTA Environmental 627-3881
Rural Metro Fire Department – 726-7737
Salvation Army – 783-0181
San Luis City Fire Department - 627-8576
San Luis City Police Department - 627-8881
Security Service – Mitchell's Patrol 782-2376
Somerton City Fire Department – 627-9657
Somerton City Police Department – 627-2011
Trailer Storage – U-Haul 782-5111

United States Border Patrol – Yuma Sector 726-3100
United States Bureau of Reclamation – 343-8100
United States Veterans Affairs – 1-800-827-1000
United States Weather Service – 202-482-6090
Wellton Town Fire Department – 785-3340
Wellton Town Police Department – 785-4700
Yuma City Fire Department – 783-4421
Yuma City Police Department – 783-4421
Yuma City Public Works – 373-4500
Yuma County Emergency Management 373-1143
Yuma County Administrators Office 373-1010
Yuma County Attorney’s office – 329-2270
Yuma County Public Works – 341-2500
Yuma County Public Fiduciary – 373-1145
Yuma County Sheriff Department – 783-4427
Yuma County Water User’s – 627-8824
Yuma Proving Ground – 343-1365