

York County Department of Emergency Services
 CLEAN/NCIC Entry Form

UNIDENTIFIED PERSON – DENTAL

Areas marked with an asterisk () are mandatory*

Unidentified Person Disaster Victim

select one from above to match original Unidentified Person Entry

*Agency ORI and name	*Officer badge # and name	OCA from Unidentified Person Entry
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*NCIC Number (NIC)

*Dental X-Rays Available (DXR)	*Dental Models/Photographs (MPA)
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Dentist's Remarks (DRE)

Dental Characteristics (DCH) <i>only use this field if ALL or UNK</i>

Tooth Number use this field for individual tooth documentation

01	02	03	04
05	06	07	08
09	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32

DO NOT WRITE BELOW THIS LINE – FOR YCDES ONLY

Entering Initials & Operator #	Date Entered	Circle When Faxed Back YES
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Circle When Accuracy Checked YES	Checking Initials & Operator #	Date Checked
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