

1450



VIP/DMORT Program

UNITED #93

To be attached to the front of each Disaster Victim Packet

trees

Tracking Form

Incident Location Somerset PA

Incident Name United Flt 93

Body Bag # _____

First/Middle/Last Name: _____

Coroner Case # _____

Person performing station function must check and sign below when completed. "No" represents that this station function could not be performed.

[Signature] 11/11/01

Processing Station:

Section Rep. Signature: _____

Admitting Yes No

Personal Effects Yes No

Photography Yes No *DCT*

Body Radiology Yes No

Fingerprint Yes No

Anthropology Yes No

Pathology Yes No

Embalming Yes No

Laboratory / DNA Yes No *yes BOSTER 13 Dec 01*

Dental Examination Yes No

Dental Photography Yes No

Dental Radiology Yes No

Tracker's Name _____

After Processing Location _____

Identification Method

- Anthropology
- Radiographic
- Dental Records
- Fingerprints
- Pathology
- Personal Effects
- Photography
- DNA

Comments _____

Is bag produced bag #'s: _____

Photo's:

_____ NUMBER OF DENTAL PHOTOS

_____ NUMBER OF SPECIMAN PHOTOS

_____ NUMBER OF PERSONAL EFFECTS PHOTOS

Also included in this file: _____



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VIP/DMORT Program

Radiology Report

Body # _____

Incident Name United #93
Incident Location _____

Coroner Case # _____

Date of Exam _____

Decedent: _____

(LAST, FIRST, MIDDLE)

Radiology Team
From :

Somerset Hospital VA

Sex _____

Age _____

- | | | | | |
|------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Healed fractures | <input type="checkbox"/> Cranium | <input type="checkbox"/> R Forearm | <input type="checkbox"/> L Hand | <input type="checkbox"/> L Upper Leg |
| | <input type="checkbox"/> Mandible | <input type="checkbox"/> R Hand | <input type="checkbox"/> R Upper Leg | <input type="checkbox"/> L Lower Leg |
| | <input type="checkbox"/> Torso | <input type="checkbox"/> L Upper Arm | <input type="checkbox"/> R Lower Leg | <input type="checkbox"/> L Foot |
| | <input type="checkbox"/> R Upper Arm | <input type="checkbox"/> L Forearm | <input type="checkbox"/> R Foot | |

Radiology Parts X-Rayed

Radiology Per Effects



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VIP/DMORT Program

UNITED # 93

AK Body #

Anthropology Examination Form

Date of Exam _____

Coroner # _____ Decedent: _____
 (First, middle, last)
 Sex _____ Age _____ Race _____
 (Do not enter info in this box)

Estimate age _____ Anthropology estimated information in this area. **PENDING X-RAY**
 Age narrow lower _____ Age narrow upper _____ 95% Lower limits: _____ 95% Upper limits: _____
 Stature _____ (in inches) Anthro sex Male Female Unknown Male possible Female possible
Ancestry Skeletal Caucasoid Asian Hispanic Other
 Negroid American Indian Unknown
Skeletal Robusticity Gracile Robust
 Intermediate Indeterminate

Present Parts

<input type="checkbox"/> Cranium	<input type="checkbox"/> R Upper Arm	<input type="checkbox"/> L Upper Arm	<input type="checkbox"/> R Upper Leg	<input type="checkbox"/> L Upper Leg
<input type="checkbox"/> Partial Cranium	<input type="checkbox"/> Partial R Upper Arm	<input type="checkbox"/> Partial L Upper Arm	<input type="checkbox"/> Partial R Upper Leg	<input type="checkbox"/> Partial L Upper Leg
<input type="checkbox"/> Mandible	<input type="checkbox"/> R Forearm	<input type="checkbox"/> L Forearm	<input type="checkbox"/> R Lower Leg	<input type="checkbox"/> L Lower Leg
<input type="checkbox"/> Partial Mandible	<input type="checkbox"/> Partial R Forearm	<input type="checkbox"/> Partial L Forearm	<input type="checkbox"/> Partial R Lower Leg	<input checked="" type="checkbox"/> Partial L Lower Leg
<input type="checkbox"/> Torso	<input type="checkbox"/> R Hand	<input type="checkbox"/> L Hand	<input type="checkbox"/> R Foot	<input checked="" type="checkbox"/> L Foot
<input type="checkbox"/> Partial Torso	<input type="checkbox"/> Partial R Hand	<input type="checkbox"/> Partial L Hand	<input type="checkbox"/> Partial R Foot	<input type="checkbox"/> Partial L Foot

Unique Skeletal Features (Pathology, Healed Trauma, Non-metric Traits, Etc.)

<input type="checkbox"/> Cranium	<input type="checkbox"/> R Upper Arm	<input type="checkbox"/> L Upper Arm	<input type="checkbox"/> R Upper Leg	<input type="checkbox"/> L Upper Leg
<input type="checkbox"/> Partial Cranium	<input type="checkbox"/> Partial R Upper Arm	<input type="checkbox"/> Partial L Upper Arm	<input type="checkbox"/> Partial R Upper Leg	<input type="checkbox"/> Partial L Upper Leg
<input type="checkbox"/> Mandible	<input type="checkbox"/> R Forearm	<input type="checkbox"/> L Forearm	<input type="checkbox"/> R Lower Leg	<input type="checkbox"/> L Lower Leg
<input type="checkbox"/> Partial Mandible	<input type="checkbox"/> Partial R Forearm	<input type="checkbox"/> Partial L Forearm	<input type="checkbox"/> Partial R Lower Leg	<input type="checkbox"/> Partial L Lower Leg
<input type="checkbox"/> Torso	<input type="checkbox"/> R Hand	<input type="checkbox"/> L Hand	<input type="checkbox"/> R Foot	<input type="checkbox"/> L Foot
<input type="checkbox"/> Partial Torso	<input type="checkbox"/> Partial R Hand	<input type="checkbox"/> Partial L Hand	<input type="checkbox"/> Partial R Foot	<input type="checkbox"/> Partial L Foot

Anthro sex based on UNK

Anthro age based on (PENDING)

Anthro Ancestry based on UNK

Anthro Stature based on UNK

Anthro Unique Skeletal _____

Anthro Cond of Remains ASSOC
PARTIAL FOOT (LT) + MUCH SKIN, INC. DIST 1/4 FIBULA,
DIST. TIBIA + NEARLY COMPLETE FOOT SKELETAL ELEMENTS

Examining Anthropologist

[Signature]

11/11/01



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VIP/DMORT Program

UNITED # 93

Pathology Examination of Partial or Complete Remains

Bag # _____

Coroner Case # _____

Sex: _____

Date of Exam _____

Male Female Unknown

Examining Pathologist _____

Morgue # _____

Coroner Case # _____

Specimens Received In: _____

Labeled _____

General Description

Est Race

Caucasoid Negroid Asian American Indian Hispanic Unknown Other

Est Height Inches _____

Est Wt Pounds _____

Consists Of: _____

Specimen Wt _____

Dimensions: _____

Head

Scalp Hair

Black Lt Brown Gray Red /Auburn Other
 Dk Brown Blonde White Gray/White

Hair Length Style

Long Short Stubble Curly Wavy Wig/Toupee Hair Transplant
 Medium Shaved Straight Tightly curled Balding Dyed

Other _____

Facial Hair Color

Black Lt Brown Gray Red /Auburn Other
 Dk Brown Blonde White Gray/White

Other Hair Type _____

Facial Hair Type

Full Beard Goatee Full Upper Lip Unable to Assess
 Beard / Moustache Handle Bar Stubble Clean Shaven
 Moustache Bushy Sideburns

Other Hair Style _____

Ears Left Ear Pierced Yes No # _____

Right Ear Pierced Yes No # _____

Pierced other: _____

Teeth Recovered? Yes No Evidence of Dental Work Yes No

Head exam remarks:

Torso

) Ribs/Fragments # _____

Sternum Spinal Column # _____

) Pelvis Hip _____

Scapula R Scapula L Clavicle R Clavicle L

) Viscera Identifiable

Comments

Torso Remarks



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VIP/DMORT Program

Pathology Report Physical Characteristics

Incident Name
UNITED # 93

Bag # _____

Sex Male Female Unk

First/MI/Last Name _____

Grid Location _____

Race African American Caucasian Hispanic Native American Asian/Pacific Islander Other

Build Gracile Robust
 Intermediate Indeterminate

Height cm _____ Inches _____

Weight kg _____ Pounds _____

Complexion Light Medium Dark Acne Tanned Olive Ruddy

Eyes Blue Green Grey Missing R Glass R Cataract R
 Brown Hazel Blind Missing L Glass L Cataract L

Ear Lobes Attached Unknown
 Unattached

Facial Hair Beard Beard & Moustache Moustache Clean Shaven Goatee

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

Facial Hair Style Bushy Full Upper Lip Whiskers Under Lower Lip Pencil Thin Upper Lip
 Fu Manchu Handle Bar Mutton Chops Very long

Hair Color Auburn Blonde Brown Black Gray Red Salt & Pepper White Other

Hair Length Ex Short less than 1" Medium 4-8" Very Long 12-24" Shaved
 Short 1-3" Long 8-12" Ex Long more than 24"

Hair Colored Yes No Unk Hair Accessory Wig Toupee Hair Piece Hair Transplant

Finger Nail Type Natural Artificial Unknown Length Extremely Long Long Medium Short

Characteristics Bites Deformed Dirty Mishapen Decorated Tobacco Stain

Polish Color _____

toenail Length Extremely Long Long Medium Short

toenail Characteristics Deformed Dirty Mishapen Decorated Toenail Color _____

Optical Glasses Contacts

Objects in Body Pacemaker Bullets Steel Plate Needles Shrapnel Other _____

Prosthetics _____

Amputation Yes No Unk NA

Scars, _____
Tattoos, _____
Ornamentation _____

Surgery Gall Bladder Tracheotomy Caesarean Breast Implants
 Appendectomy Laparotomy Mastectomy other _____

Smoker Yes No

Notes _____

Other _____
Personal _____
Effects _____

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Pathology Exam Form Page 2 of 2

Bag #

Sex

UNITED # 93

Male Female Unknown

Date of Exam

Genitalia

Male Female Indeterminate Penis Circumcised Penis Uncircumcised Penis Indeterminate
 Testis Left Testis Right Uterus Tubes Left Tubes Right Ovaries Left Ovaries Right

Description on Tracking Form

Extremities

<input type="radio"/> Rt Upper	<input type="radio"/> Arm	<input type="radio"/> Forearm	<input type="radio"/> Hand	# Fingers	Fingernails/Polish	
<input type="radio"/> Left Upper	<input type="radio"/> Arm	<input type="radio"/> Forearm	<input type="radio"/> Hand	# Fingers	Fingernails/Polish	
<input type="radio"/> Rt Lower	<input type="radio"/> Thigh	<input type="radio"/> Leg	<input type="radio"/> Foot	# Toes	Toenails/Polish	
<input type="radio"/> Left Lower	<input type="radio"/> Thigh	<input type="radio"/> Leg	<input type="radio"/> Foot	# Toes	Toenails/Polish	

Extremity marks

Scars
Birthmarks

Tattoos

Objects in Body Pacemaker Bullets Steel Plate Needles Shrapnel Other

Anesthetics

Surgery Gall Bladder Tracheotomy Caesarean Breast Implants
 Appendectomy Laparotomy Masectomy other

Personal Effects Yes No Brief Description

Wear Glasses Contacts Clothing (See Clothing Form)

Additional Information

Signature of Section Leader

Scribe

DNA Taken Yes No Unk



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VIP/DMORT Program Morphology Examination Form FRAGMENTED REMAINS

Bag #

Location #

DNA Taken

Date of Exam

Yes No Unk

Case # _____	Seat Assignment _____
Decedent: _____ (First, middle, last)	
Sex _____	Age _____ Race _____
(Confirmed info in this box DO NOT enter info)	

Condition of Remains

<input type="checkbox"/> Fresh	<input type="checkbox"/> Charred	<input type="checkbox"/> Specific Trauma	<input type="checkbox"/> Scavenger Activity
<input type="checkbox"/> Decomposing	<input type="checkbox"/> Cremains	<input type="checkbox"/> Floating (GPS)	
<input type="checkbox"/> Burned	<input type="checkbox"/> Distinct Marks	<input type="checkbox"/> Submerged (Grid #)	

Associated with Material:

- Aircraft Parts
- Non Aircraft Parts
- Unknown Source

Sex

- Not Determined
- Male
- Female

Size

- Less than 1" (2.5cm)
- 1-2" (2.5-5cm)
- 2"-6" (6-15cm)
- 6"-12" (16-32cm)
- 1'-2 Feet (33-64cm)
- Larger than 2 Feet

Shape Piece (Fairly symmetrical) Strand (Linear)

Recognizable Tissue Organ Bone Teeth

(Greatest Dimensions)

Descriptions of Fragmented Remains in Full Detail :

Morphology Additional Information Available? Yes No

Morphology Additional Information Available? Yes No

Morphology Additional Information Available? Yes No

Anthropologist signature: _____

Anthropologist signature _____

Medical signature _____



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VIP/DMORT Program FINGERPRINT EXAM FORM

Incident Location _____

Incident Name UNITED # 93

Body # _____

Date of Exam _____

Examiner 1

Examiner 2

Condition of Body
Injured, mutilated,
etc

Finger Printed

(LIST FINGERS
PRINTED)

If not, why?

Latent fingerprint available Yes No



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VIP/DMORT Program

UNITED #93

To be attached to the front of each Disaster Victim Packet

trees

Tracking Form

Incident Location Somerset PA

Incident Name United Flt 93

Body Bag # _____

First/Middle/Last Name: _____

Coroner Case # _____

Person performing station function must check and sign below when completed. "No" represents that this station function could not be performed.

Donna Wash 11/11/01

Processing Station:

Section Rep. Signature: _____

Admitting Yes No

Personal Effects Yes No

Photography Yes No *DGD n(11/01)*

Body Radiology Yes No

Fingerprint Yes No

Anthropology Yes No

Pathology Yes No

Embalming Yes No

Laboratory / DNA Yes No

Dental Examination Yes No

Dental Photography Yes No

Dental Radiology Yes No

Tracker's Name _____

After Processing Location _____

Identification Method

- Anthropology
- Radiographic
- Dental Records
- Fingerprints
- Pathology
- Personal Effects
- Photography
- DNA

Comments _____

Is bag produced bag #'s: _____

Photo's:

NUMBER OF DENTAL PHOTOS _____

NUMBER OF SPECIMAN PHOTOS _____

NUMBER OF PERSONAL EFFECTS PHOTOS _____

Also included in this file: _____



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VIP/DMORT Program

Radiology Report

Body # _____

Incident Name United #93
Incident Location _____

Coroner Case # _____

Date of Exam _____

Decedent: _____

(LAST, FIRST, MIDDLE)

Radiology Team
From :

Sumner Smit Hospital VA

Sex _____

Age _____

- | | | | | |
|------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Healed fractures | <input type="checkbox"/> Cranium | <input type="checkbox"/> R Forearm | <input type="checkbox"/> L Hand | <input type="checkbox"/> L Upper Leg |
| | <input type="checkbox"/> Mandible | <input type="checkbox"/> R Hand | <input type="checkbox"/> R Upper Leg | <input type="checkbox"/> L Lower Leg |
| | <input type="checkbox"/> Torso | <input type="checkbox"/> L Upper Arm | <input type="checkbox"/> R Lower Leg | <input type="checkbox"/> L Foot |
| | <input type="checkbox"/> R Upper Arm | <input type="checkbox"/> L Forearm | <input type="checkbox"/> R Foot | |

Radiology Parts X-Rayed

Radiology Per Effects



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VIP/DMORT Program

UNITED # 93

AK Body #

Anthropology Examination Form

Date of Exam _____

Coroner # _____ Decedent: _____
 (First, middle, last)
 Sex _____ Age _____ Race _____
 (Do not enter info in this box)

Estimate age _____ Anthropology estimated information in this area. **Pending X-ray**
 Age narrow lower _____ Age narrow upper _____ 95% Lower limits: _____ 95% Upper limits: _____
 Stature _____ (in inches) Anthro sex Male Female Unknown Male possible Female possible

Ancestry Skeletal

Caucasoid Asian Hispanic Other
 Negroid American Indian Unknown

Skeletal Robusticity

Gracile Robust
 Intermediate Indeterminate

Present Parts

<input type="checkbox"/> Cranium	<input type="checkbox"/> R Upper Arm	<input type="checkbox"/> L Upper Arm	<input type="checkbox"/> R Upper Leg	<input type="checkbox"/> L Upper Leg
<input checked="" type="checkbox"/> Partial Cranium	<input type="checkbox"/> Partial R Upper Arm	<input type="checkbox"/> Partial L Upper Arm	<input type="checkbox"/> Partial R Upper Leg	<input type="checkbox"/> Partial L Upper Leg
<input type="checkbox"/> Mandible	<input type="checkbox"/> R Forearm	<input type="checkbox"/> L Forearm	<input type="checkbox"/> R Lower Leg	<input type="checkbox"/> L Lower Leg
<input type="checkbox"/> Partial Mandible	<input type="checkbox"/> Partial R Forearm	<input type="checkbox"/> Partial L Forearm	<input type="checkbox"/> Partial R Lower Leg	<input type="checkbox"/> Partial L Lower Leg
<input type="checkbox"/> Torso	<input type="checkbox"/> R Hand	<input type="checkbox"/> L Hand	<input type="checkbox"/> R Foot	<input type="checkbox"/> L Foot
<input checked="" type="checkbox"/> Partial Torso	<input type="checkbox"/> Partial R Hand	<input type="checkbox"/> Partial L Hand	<input type="checkbox"/> Partial R Foot	<input type="checkbox"/> Partial L Foot

Unique Skeletal Features (Pathology, Healed Trauma, Non-metric Traits, Etc.)

<input type="checkbox"/> Cranium	<input type="checkbox"/> R Upper Arm	<input type="checkbox"/> L Upper Arm	<input type="checkbox"/> R Upper Leg	<input type="checkbox"/> L Upper Leg
<input type="checkbox"/> Partial Cranium	<input type="checkbox"/> Partial R Upper Arm	<input type="checkbox"/> Partial L Upper Arm	<input type="checkbox"/> Partial R Upper Leg	<input type="checkbox"/> Partial L Upper Leg
<input type="checkbox"/> Mandible	<input type="checkbox"/> R Forearm	<input type="checkbox"/> L Forearm	<input type="checkbox"/> R Lower Leg	<input type="checkbox"/> L Lower Leg
<input type="checkbox"/> Partial Mandible	<input type="checkbox"/> Partial R Forearm	<input type="checkbox"/> Partial L Forearm	<input type="checkbox"/> Partial R Lower Leg	<input type="checkbox"/> Partial L Lower Leg
<input type="checkbox"/> Torso	<input type="checkbox"/> R Hand	<input type="checkbox"/> L Hand	<input type="checkbox"/> R Foot	<input type="checkbox"/> L Foot
<input type="checkbox"/> Partial Torso	<input type="checkbox"/> Partial R Hand	<input type="checkbox"/> Partial L Hand	<input type="checkbox"/> Partial R Foot	<input type="checkbox"/> Partial L Foot

Anthro sex based on unk

Anthro age based on unk Pending X-ray

Anthro Ancestry based on unk

Anthro Stature based on unk

Anthro Unique Skeletal unk

Anthro Cond of Remains Cranial Fragment (has suture) Pending X-ray unknown
Base we think is part of 1st vertebrae. Scalp w/ hair
posterior part of skull.

Examining Anthropologist [Signature]

11/11/01



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VIP/DMORT Program

UNITED # 93

Pathology Examination of Partial or Complete Remains

Bag # _____ Coroner Case # _____ Sex: Male Female Unknown _____ Date of Exam _____

Examining Pathologist _____ Morgue # _____
Coroner Case # _____

Specimen Received In: _____ Labeled _____

General Description

Est Race

Caucasoid Negroid Asian American Indian Hispanic Unknown Other

Est Height Inches _____

Est Wt Pounds _____

Consists Of: _____ Specimen Wt _____ Dimensions: _____

Head
Scalp Hair Black Lt Brown Gray Red /Auburn Other
 Dk Brown Blonde White Gray/White

Hair Length Style Long Short Stubble Curly Wavy Wig/Toupee Hair Transplant Other
 Medium Shaved Straight Tightly curled Balding Dyed

Facial Hair Color Black Lt Brown Gray Red /Auburn Other
 Dk Brown Blonde White Gray/White

Other Hair Type _____

Facial Hair Type Full Beard Goatee Full Upper Lip Unable to Assess
 Beard / Moustache Handle Bar Stubble Clean Shaven
 Moustache Bushy Sideburns

Other Hair Style _____

Ears Left Ear Pierced Yes No # _____ Right Ear Pierced Yes No # _____

Pierced other: _____ Teeth Recovered? Yes No Evidence of Dental Work Yes No

Head exam remarks:

Thorso

) Ribs/Fragments # _____ Sternum Spinal Column # _____

) Pelvis Hip _____ Scapula R Scapula L Clavicle R Clavicle L

) Viscera Identifiable _____
Comments _____

Thorso Remarks



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Pathology Exam Form Page 2 of 2

Bag #

Sex

UNITED # 93

Male Female Unknown

Date of Exam

Genitalia

Male Female Indeterminate Penis Circumcised Penis Uncircumcised Penis Indeterminate
 Testis Left Testis Right Uterus Tubes Left Tubes Right Ovaries Left Ovaries Right
 Description on Tracking Form

Extremities

Extremity Remarks

<input type="radio"/> Rt Upper	<input type="radio"/> Arm	<input type="radio"/> Forearm	<input type="radio"/> Hand	# Fingers	Fingernails/Polish
<input type="radio"/> Left Upper	<input type="radio"/> Arm	<input type="radio"/> Forearm	<input type="radio"/> Hand	# Fingers	Fingernails/Polish
<input type="radio"/> Rt Lower	<input type="radio"/> Thigh	<input type="radio"/> Leg	<input type="radio"/> Foot	# Toes	Toenails/Polish
<input type="radio"/> Left Lower	<input type="radio"/> Thigh	<input type="radio"/> Leg	<input type="radio"/> Foot	# Toes	Toenails/Polish

Scars
Birthmarks

Tattoos

Objects in Body Pacemaker Bullets Steel Plate Needles Shrapnel Other

Prosthetics

Surgery Gall Bladder Tracheotomy Caesarean Breast Implants
 Appendectomy Laparotomy Mastectomy other

Personal Effects Brief
 Yes No Description

Optical Glasses Contacts Clothing (See Clothing Form)

Additional Information

Signature of Section Leader

Scribe

DNA Taken Yes No Unk



1463

VIP/DMORT Program FINGERPRINT EXAM FORM

Incident Location _____

Incident Name UNITED # 93

Body # _____

Date of Exam _____

Examiner 1

Examiner 2

Condition of Body
Injured, mutilated,
etc

Finger Printed

LIST FINGERS
(PRINTED)

Not printed, why?

Fingerprint available

Yes No

