

NCIC Unidentified Person Dental Report

SECTION 1

ME/Coroner Case #: CC09-00055 NCIC #: 2/15/10

Completed by: Robert Dole, DMD, DABFO Date Completed: _____

Address: 7941 Auburn Avenue, Crescent Springs OH 48199

Telephone #: 555-941-2280 Email Address: _____

X-Rays Available? ☐ Yes ☐ No

Dental Models Available? ☐ Yes ☐ No

Dental Photographs Available? ☐ Yes ☐ No

SECTION 2

DENTAL CHARACTERISTICS

Upper Right			Lower Right	
01 (18)	X	(Numbers in parentheses represent FDI System.)	32 (48)	X
02 (17)	X		31 (47)	X
03 (16)	X		30 (46)	X
04 (15)	X		29 (45)	/
05 (14)	X		28 (44)	/
06 (13)	X		27 (43)	/
07 (12)	X		26 (42)	/
08 (11)	X		25 (41)	/
Upper Left		(Letters in parentheses represent deciduous dentition.)	Lower Left	
09 (21)	X		24 (31)	/
10 (22)	X		23 (32)	/
11 (23)	X		22 (33)	/
12 (24)	X		21 (34)	/
13 (25)	X		20 (35)	/
14 (26)	X		19 (36)	X
15 (27)	X		18 (37)	X
16 (28)	X		17 (38)	X

SECTION 3

DENTAL CODES

X = Tooth has been removed or did not develop

V = Tooth is present and unrestored

M = Mesial Surface Restored

O = Occlusal/Incisal Surface Restored

D = Distal Surface Restored

F = Facial or Buccal Surface Restored

L = Lingual Surface Restored

C = Lab Processed or Prefabricated Restoration

R = Endodontic Treatment

/ = Postmortem Missing or Not Recovered (Default Code)

(*The codes V and / are used differently in the Unidentified Person Report than in the Missing Person Dental Report.)

SECTION 4

DENTAL REMARKS

☐ ALL (All 32 teeth are present and unrestored)

☐ UNK (No dental information available)

root tip #22, #29