



MISSING-PERSON BETA:

VICTIM'S DNA, FINGERPRINT, & HANDWRITING EXEMPLARS FORM



(rev. 1/30/09)

Michigan Backcountry Search & Rescue (MiBSAR)

As a US Department of Homeland Security *Community Emergency Response Team* (CERT), MiBSAR is dedicated to assisting—free of charge—law enforcement agencies and families with missing-person cold cases in remote, wilderness regions of Northern Michigan and the eastern Lake Superior watershed area of Ontario, Canada.

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906.226.9620

Official use only	Victim:	Location:		Date went missing:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:

Victim's DNA exemplars

Comb secured: <input type="checkbox"/> No <input type="checkbox"/> Yes	Secured by:
	Street address:
	City: _____ State: _____ Zip: _____
	Home phone:
	Cell phone:
	Work phone:
	E-mail:
	Relationship to victim:
Hairbrush secured: <input type="checkbox"/> No <input type="checkbox"/> Yes	Secured by:
	Street address:
	City: _____ State: _____ Zip: _____
	Home phone:
	Cell phone:
	Work phone:
	E-mail:
	Relationship to victim:

Toothbrush secured: <input type="checkbox"/> No <input type="checkbox"/> Yes	Secured by:		
	Street address:		
	City:	State:	Zip:
	Home phone:		
	Cell phone:		
	Work phone:		
	E-mail:		
	Relationship to victim:		
Comments: 			

Fingerprints

Fingerprints available: <input type="checkbox"/> No <input type="checkbox"/> Yes Palm prints available: <input type="checkbox"/> No <input type="checkbox"/> Yes	Name: _____ Agency: _____ Street address: _____ City: _____ State: _____ Zip: _____ Home phone: _____ Cell phone: _____ Work phone: _____ E-mail: _____ Relationship to victim: _____
Fingerprints available: <input type="checkbox"/> No <input type="checkbox"/> Yes Palm prints available: <input type="checkbox"/> No <input type="checkbox"/> Yes	Name: _____ Agency: _____ Street address: _____ City: _____ State: _____ Zip: _____ Home phone: _____ Cell phone: _____ Work phone: _____ E-mail: _____ Relationship to victim: _____
Fingerprints available: <input type="checkbox"/> No <input type="checkbox"/> Yes Palm prints available: <input type="checkbox"/> No <input type="checkbox"/> Yes	Name: _____ Agency: _____ Street address: _____ City: _____ State: _____ Zip: _____ Home phone: _____ Cell phone: _____ Work phone: _____ E-mail: _____ Relationship to victim: _____

Handwriting

Signature available: <input type="checkbox"/> No <input type="checkbox"/> Yes Handwriting available: <input type="checkbox"/> No <input type="checkbox"/> Yes	Name: <hr/> Agency: <hr/> Street address: <hr/> City: State: Zip: <hr/> Home phone: <hr/> Cell phone: <hr/> Work phone: <hr/> E-mail: <hr/> Relationship to victim: <hr/>
Signature available: <input type="checkbox"/> No <input type="checkbox"/> Yes Handwriting available: <input type="checkbox"/> No <input type="checkbox"/> Yes	Name: <hr/> Agency: <hr/> Street address: <hr/> City: State: Zip: <hr/> Home phone: <hr/> Cell phone: <hr/> Work phone: <hr/> E-mail: <hr/> Relationship to victim: <hr/>
Signature available: <input type="checkbox"/> No <input type="checkbox"/> Yes Handwriting available: <input type="checkbox"/> No <input type="checkbox"/> Yes	Name: <hr/> Agency: <hr/> Street address: <hr/> City: State: Zip: <hr/> Home phone: <hr/> Cell phone: <hr/> Work phone: <hr/> E-mail: <hr/> Relationship to victim: <hr/>

Interviewee's signature:	Date:
Interviewer's signature:	Date: