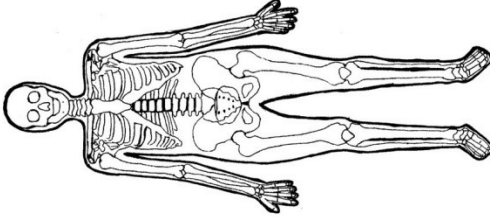


Forensic Entomology Data Form

Date: _____		Collector: _____	
Case Number: _____		Agency: _____	
Location: <i>(GPS coordinates, nearest physical address, city, state, country)</i>			
Decedent: _____		Age: _____	Sex: _____
Last Seen Alive: _____		Date/Time Found: _____	
Date Reported Missing: _____		Time Insect Collection: _____	
Site Description:			
Condition of the remains: <input type="checkbox"/> whole <input type="checkbox"/> partial		If partial, what part is present:	
Presence of trauma: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		Evidence of scavenging: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Evidence of possible traumatic injury sites: <i>(Comment and/or draw below)</i>			
			
Type of body/remains concealment: <input type="checkbox"/> none <input type="checkbox"/> plastic bag <input type="checkbox"/> container, type: _____ <input type="checkbox"/> burial, depth: _____ <input type="checkbox"/> other: _____			
Location(s) of insect activity: <i>(check all that apply)</i> <input type="checkbox"/> head <input type="checkbox"/> mouth <input type="checkbox"/> eyes <input type="checkbox"/> ears <input type="checkbox"/> anus <input type="checkbox"/> genitals <input type="checkbox"/> chest <input type="checkbox"/> abdomen <input type="checkbox"/> wound(s), location(s): _____ <input type="checkbox"/> other: _____			
Location on body of insect specimen collection: <i>(check all that apply)</i> <input type="checkbox"/> head <input type="checkbox"/> mouth <input type="checkbox"/> eyes <input type="checkbox"/> ears <input type="checkbox"/> anus <input type="checkbox"/> genitals <input type="checkbox"/> chest <input type="checkbox"/> abdomen <input type="checkbox"/> wound(s), location(s): _____ <input type="checkbox"/> other: _____			
Approximate stage of decomposition: <input type="checkbox"/> fresh <input type="checkbox"/> bloated <input type="checkbox"/> active decay <input type="checkbox"/> advanced decay <input type="checkbox"/> skeletonized <input type="checkbox"/> saponification <input type="checkbox"/> mummification <input type="checkbox"/> dismemberment <input type="checkbox"/> other: _____			
Body exposure: <i>(check all that apply)</i> <input type="checkbox"/> open air <input type="checkbox"/> burial <input type="checkbox"/> fully clothed <input type="checkbox"/> partially clothed <input type="checkbox"/> nude <input type="checkbox"/> full sun <input type="checkbox"/> partial shade <input type="checkbox"/> full shade <input type="checkbox"/> debris, type: _____ <input type="checkbox"/> other: _____			
Portion of body clothed and description of clothing:			