



F37 The Norwegian ID-Commission in Thailand After the Tsunami and a Critical View on the Dental Examinations and Comparisons

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After attending this presentation, attendees will acquire knowledge about the Norwegian ID-commission and the principles used in the dental registrations and comparisons. Also an understanding of the basis for criticism of the computer reports and the difficulties of international operations will be obtained.

This presentation will impact the forensic community by giving a better understanding of how to make ante- and postmortem dental reports and comparison reports on Interpol forms. Also a possible quality improvement in the use of these forms as well as other types of forms may be the goal.

The official Norwegian ID-commission consists of police, forensic pathologists and forensic odontologists and is intended for identification both in Norway and abroad when Norwegian citizens have perished. The question of identity is resolved only when all three professions agree and they should all sign the final ID-report. A total of 81 Norwegian citizens were missing after the tsunami in Thailand on December 26, 2005. All were found and identified. Of these, 77 were examined and identified by the identification team. The Norwegian team was sent to Thailand on December 29th, joined the international team, and participated in examination of all bodies including the transcription of dental records to the computer program DVI System International from Plass Data. The team also took part in the comparisons or reconciliation as it was called in Thailand.

Dental records for missing Norwegian citizens were collected at the Central Criminal Police Bureau in Oslo, transcribed into the computer program, and all records and radiographs were digitally photographed. The registrations and photos were transferred electronically to Thailand, while the original material was kept in Oslo. This is the preferred procedure; however, most countries sent the original material directly to Thailand without translation into English and with the risk of loss. The official reports from Thailand on the AM forms showed that dental information from dentists were recorded in 64 cases, of which 11 had only radiographs. A number of the missing Norwegians were young children. Only 3 records had no radiographs, but in the majority of cases (36) the radiographs were only bite-wings which may be suboptimal for the identification process.

Postmortem registrations were made on printed forms and later transferred to the DVI computer program. As one never knew who was Norwegian or not, only a few were examined by Norwegian teams. The remaining was examined by different teams of other nationalities. Official dental reports from 76 individuals showed that in only 59 (77%) cases was the name of the examining dentist indicated. Even worse was that in an unknown number of cases, the dentist who transcribed the information into the computer program was given as examining dentist. The Interpol form F1 has a field where the condition of the body, including head, teeth, and eventual injuries should be described. Only in three cases was this field filled in and only by Norwegian dentists. There was great variation in how the field was filled in or completed. When many dentists describe sound teeth as teeth present it is imprecise. Field 91 in form sheet F2 was filled in only in 23 (44%) cases out of 52 which could be examined. Often the only indication was child, young adult, etc. Only Norwegian dentists had indicated age (e.g., approximately 20 years). Often these indications were almost exactly correct. Dentists are extremely good at judging the age based on teeth; however, this ability is not often utilized. In Norway, the age must be assessed visually in all cases of dental identification.

The efficiency in the reconciliation could have been greatly improved by better organization. For the missing Norwegian citizens and according to the comparison sheets, 59 cases (77%) resulted in dental identification established, while another 4 (5%) cases had the dental identity conclusion probable. Here specific description of the concordant detail that led to the conclusion and eventual explanation of possible excluding details should be given. However, in most cases, only standard phrases were given and often only an excuse for bad examining conditions. Excluding details were often not explained and if to be taken seriously, no identification should have been made.

As a conclusion it can be said that in almost none of the cases would the dental reports from Thailand have been accepted by normal quality control in Norway.

This presentation may contribute to a better understanding of how to make ante- and postmortem dental reports and comparison reports on Interpol forms. A possible quality improvement in the use of these forms as well as other types of forms may also be the goal.

Identification, Dental Forms, Tsunami