

'SCRIBE'
INITIALS

Restricted: Radiography Data Capture Sheet for the Detection of Ammunition and Skeletal Damage Induced by Firearms

Project P10109OT-HUM-SOP 4 Data Capture from Radiographs

1. EID Number

2. Characterisation of the Shooting event

Ammunition: (√)	Shotgun pellets	<input type="checkbox"/>	bullet fragments	<input type="checkbox"/>	none detected	<input type="checkbox"/>
Number of shots:			Comment:			
Rifle:	*	Not possible to determine:		<input type="checkbox"/>		
Shotgun:	*	Not possible to determine:		<input type="checkbox"/>		

*Please note number (including zero shots) and record

3. Location of Ammunition

	(√)	Intra-thoracic fragments				Fragments in front leg				Other affected areas	corresponding entrance wound
		Yes	No	Yes	No	Yes	No	Yes	No		
Rifle K	ND <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rifle L	ND <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rifle M	ND <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shotgun R	ND <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shotgun S	ND <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If any *additional shots* are being identified please note in comments section overleaf and assign N, O, etc; *Other affected areas* please note the number of the appropriate Anatomical Unit(s) (AU)- please see the diagram in SOP4 Appendix 3. If there are none, write '0'. The letter of the *corresponding entrance wound* identified on the necropsy data capture form should be entered here. If undetermined/uncertain, please write U.

4. Characterisation of the skeletal damage

A. Head, neck, trunk, rump and tail

Lesion: tick detected (yes) or not detected (no) for presence of firearms injury. For multiple choices, **circle** as appropriate. **Characterisation:** S=sharp skeletal fragments, R=rounded skeletal fragments, C=remodelling and callus, U uncertain, x = complex. **Attributable to shot(s):** note the letter of the shot(s) which correspond to that used above. Use U for undetermined/uncertain.

	Lesion present				Lesion characterisation	Attributable to shot(s)
	Yes	No	Yes	No		
Facial bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Cranium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Cervical spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Thoracic spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Lumbar spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Sacrum/pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Coccyx/tail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Ribs and sternum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify

1. EID Number

B. Extremities

	Lesions present						Lesion characterisation	Attributable to shot(s)
	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	No	<input type="checkbox"/>		
Scapula, humerus, radius and ulna	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	No	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Carpi, metacarpi and phalanges	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	No	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Femur, tibia and fibula	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	No	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify
Tarsi, metatarsi and phalanges	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	No	<input type="checkbox"/>	S / R / C / U / x	U / K / L / M / R / S / other specify

Lesion: tick if detected in one side (left or right), both sides (left and right) or not detected (no) for presence of firearms injury. **Characterisation:** S=sharp skeletal fragments, R=rounded skeletal fragments, C=remodelling and callus, U uncertain, x = complex. For multiple choices, **circle** as appropriate. **Attributable to shot(s):** note the letter of the shot(s) which correspond to that used above. Use U for undetermined/uncertain.

5. Comments

if insufficient space please use an additional sheet clearly marking the Badger EID or label Number

Signature

Name of examining vet

Date Completed

Signature of 'data supervisor'

Name of 'data supervisor'

Date Checked