

QUESTIONNAIRE OF LOCAL INHABITANTS

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

1. PERSON INTERVIEWED				
a. NAME (<i>Last, First, Middle Initial</i>)		b. ADDRESS		
c. OCCUPATION				
2a. ARE THERE REMAINS BELIEVED TO BE U.S. FORCES INTERRED IN THIS AREA? (<i>If Yes, complete 2b., c., d., and e.</i>)			YES	b. WHO INTERRED THE REMAINS?
			NO	
c. DATE OF DEATH (YYYYMMDD)	d. DATE OF INTERMENT (YYYYMMDD)	e. WHERE WERE THE REMAINS INTERRED? (<i>Include grid coordinates</i>)		
3a. ARE THERE REMAINS BELIEVED TO BE U.S. FORCES ABOVE GROUND IN THIS AREA? (<i>If Yes, complete 3b., c., and d.</i>)			YES	b. WHO FOUND THE REMAINS?
			NO	
c. WHERE ARE THE REMAINS NOW? (<i>Include grid coordinates</i>)				d. DATE OF DEATH (YYYYMMDD)
4. WAS THE PERSON WHO FOUND THE REMAINS A WITNESS TO THE DEATH?			YES	5. WERE REMAINS RECOVERED FROM AN AIRCRAFT OR ARMORED VEHICLE? <i>(If Yes, describe type, marking, and crew position.)</i>
			NO	
6. IS THE AREA WHERE REMAINS ARE LOCATED MINED AND/OR BOOBYTRAPPED? (<i>If Yes, describe in Item 12.</i>)			YES	
			NO	
7a. WERE THE REMAINS TENTATIVELY IDENTIFIED PRIOR TO BURIAL? (<i>If Yes, complete 7b.</i>)			YES	
			NO	
b. PERSON WHO TENTATIVELY IDENTIFIED THE REMAINS: (1) NAME (<i>Last, First, Middle Initial</i>)	(2) TITLE		(3) ADDRESS	
8a. WERE PERSONAL EFFECTS RECOVERED WITH REMAINS? (<i>If Yes, complete 8b. and describe in Item 12.</i>)			YES	b. WHERE ARE EFFECTS NOW?
			NO	
9a. WAS GOVERNMENT PROPERTY FOUND AND/OR RECOVERED WITH REMAINS? <i>(If Yes, complete 9b. and describe in Item 12.)</i>			YES	
			NO	
10a. WERE U.S. FORCES PERSONNEL GIVEN MEDICAL TREATMENT PRIOR TO DEATH? <i>(If Yes, complete 10b., c., and d.)</i>			YES	
			NO	
c. NAME OF MEDICAL FACILITY			d. LOCATION OF MEDICAL FACILITY	
11a. WERE U.S. FORCES PERSONNEL MISTREATED PRIOR TO OR AFTER DEATH? (<i>If Yes, complete 11b. and c. and explain in Item 12.</i>)			YES	b. WHO MISTREATED THE PERSONNEL?
			NO	
c. WITNESS TO MISTREATMENT (1) NAME (<i>Last, First, Middle Initial</i>)			(2) ADDRESS	
12. ADDITIONAL INFORMATION (<i>Use continuation sheet if necessary</i>)				
13. PREPARING OFFICIAL a. NAME (<i>Last, First, Middle Initial</i>)		b. RANK	c. ORGANIZATION	d. SIGNATURE
			e. DATE SIGNED (YYYYMMDD)	