

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	d. DATE INTERVIEWED <i>(YYYYMMDD)</i>		
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 <i>(YYYYMMDD)</i>	d. DATE OF INTERMENT <i>(YYYYMMDD)</i>	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 <i>(YYYYMMDD)</i>
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	b. WHERE IS PROPERTY NOW?
		NO	
10a. WERE U.S. FORCES PERSONNEL GIVEN MEDICAL TREATMENT PRIOR TO DEATH? <i>(If Yes, complete 10b., c., and d.)</i>		YES	b. WHO PROVIDED MEDICAL AID?
		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		b. RANK	c. ORGANIZATION
a. NAME <i>(Last, First, Middle Initial)</i>			d. SIGNATURE
			e. DATE SIGNED <i>(YYYYMMDD)</i>