

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 a. NAME <i>(Last, First, Middle Initial)</i>		b. RANK	c. ORGANIZATION		d. SIGNATURE		e. DATE SIGNED <i>(YYYYMMDD)</i>