

## APPENDIX I

### EXAMPLE OF AN UNKNOWN REMAINS CASE

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#### **I-1. General**

The case history of a remains, received as unknown, is never closed even though identification is established. The case history includes the records compiled when the field investigation was underway, but other records are added to new evidence appears or results from review, analysis, or further research by the US Army Casualty and Memorial Affairs directorate, TACO.

#### **I-2. Sequence of Material**

Material given in this appendix as an example of

an identified former unknown remains follows the sequence found in a case history file. All cases in this category are not necessarily limited to the material shown in the example.

#### **I-3. Field Investigation Records**

*a. DA Form 2773-R.* DA Form 2773-R is prepared in detail for each remains when there is any question of a decedent's identity (fig I-1).

STATEMENT OF IDENTIFICATION (AR 638-40)		
<p><b>INSTRUCTIONS:</b> 1. Prepare in triplicate and distribute as follows:                      a. Original to Director, Memorial Affairs Directorate, ATTN: DAAG-MED                      b. Copy to Army Command                      c. Copy retained at preparing installation</p> <p>2. This statement will be supplemented by signed copies of appropriate Records of Identification Processing (DD Forms 890 through 894).</p>		
NAME OF DECEASED (Last, First, Middle)	GRADE	SERVICE NUMBER
REED, Arthur D.	PVT	143 20 9860
BRANCH OF SERVICE	ORGANIZATION AND BASE	
Army	Co A, 66th Inf Bn, 15th Inf Div	
DATE OF DEATH	PLACE OF DEATH	
11 Jul 19__	Jerseyville, Erewhon CT267336	
CONDITION OF REMAINS (Describe Briefly in Remarks)		
<input type="checkbox"/> Recognizable	<input type="checkbox"/> Evidence of Decomposition	
<input type="checkbox"/> Not Recognizable	<input type="checkbox"/> Mangled or Mutilated	
<input type="checkbox"/> Commingled	<input type="checkbox"/> Evidence of Burns	
MEANS OF IDENTIFICATION (Check all Appropriate Boxes and Indicate Appropriate Inclosures. Specify Supporting Data in Remarks)		
<input type="checkbox"/> Identification Tags	<input type="checkbox"/> INCLOSURES	
<input checked="" type="checkbox"/> Personal Effects	<input checked="" type="checkbox"/>	DD Form 890
<input checked="" type="checkbox"/> Dental Comparison	<input checked="" type="checkbox"/>	DD Form 891 and SF 603
<input checked="" type="checkbox"/> Skeletal & Anatomical Comparison	<input checked="" type="checkbox"/>	DD Form 892 and/or DD Form 893
<input type="checkbox"/> Fingerprints	<input checked="" type="checkbox"/>	DD Form 894
<input type="checkbox"/> Visual Recognition	<input checked="" type="checkbox"/>	SF 88
<input type="checkbox"/> Other (Specify in Remarks)		
REMARKS (If additional space is required, continue on separate sheet)		
<p><u>Circumstances:</u> This remains was recovered by a search and recovery team from Co A, 2017th Fld Svc Co (GS) on 12 November 19__. The remains was in an unmarked shallow grave at a former infantry position near Jerseyville, Erewhon, at grid coordinates CT 267336. A search was made for the missing portions, but none were found.</p> <p><u>Condition of Remains:</u> This is an incomplete skeletal remains. The bones of both hands and wrists are missing, and there is evidence of a penetrating wound to the face.</p> <p><u>Basis for Identification:</u> Identification of this remains as PVT Reed is based on the following observations:                      Race--Caucasian (PVT Reed was Caucasian)                      Estimated height--68.3" (PVT Reed was 68" tall)                      Hair--brown (PVT Reed had brown hair)</p> <p>Fingerprints were unobtainable because both hands were missing. The tooth chart prepared for this remains agrees with the dental records and x-rays for PVT Reed. An x-ray revealed a healed fracture of the right tibia which agrees with PVT Reed's medical history (broken tibia--age 6). ID tags--none received Clothing on remains: Pr. boots, combat, size 9D, marked PVT A. THURD REED; Trousers, cotton with marking S5573; Jacket, cotton, size 36R med, laundry mark B__, 5__; web belt w/buckle, marked Arthur D. R__d; cotton drawers, T-shirt, 1 pr. socks, wool, unmarked.</p>		
To the best of my knowledge & belief, the statements made herein are correct & true.		
14 Nov __ (Date)	TYPED NAME, GRADE, AND TITLE OF IDENTIFYING OFFICER	
	HARVEY NUSSER, GS-13, IDENTIFICATION OFFICER	
	SIGNATURE OF IDENTIFYING OFFICER	
	<i>Harvey Nussner</i>	
NAME AND ADDRESS OF INSTALLATION		
US ARMY MORTUARY, EREWHON APO 96006		
DA FORM 2773-R, 1 Mar 65 Replaces DA Form 2773, 1 Feb 64, which may be used.		

Figure I-1. DA Form 2773-R (Statement of Identification).

FOR USE OF IDENTIFICATION SPECIALISTS ONLY	
<p><b>SUMMARY</b></p> <p>Dental anatomy of Evac Case No. 8919 agrees favorably with recorded data for PVT Reed as do the physical characteristics of race, height, hair, color, and old fracture of the right tibia. Additionally, the marks found on clothing on the remains is in agreement with the name and serial number for PVT Reed, and the witness statement places PVT Reed at the place of recovery the last time he was seen. The only conflicting information found was markings on items of uniform that are normally exchanged for clean clothing at field bath locations.</p>	
<p><b>REMARKS</b></p> <p>Clothing items which were marked but did not compare with the laundry mark for PVT Reed should not be considered as unfavorable to positive identification of Evac Case No. 8919 as being the remains of PVT Arthur D. Reed, 143 20 9860, US Army, because direct exchange of these items of clothing at field bath locations is standard Army procedure.</p>	
<p><b>RECOMMENDATIONS</b></p> <p>After considering all of the evidence, it is recommended that the remains of Evac Case No. 8919 be declared officially identified as PVT Arthur D. Reed, 143 20 9860, US Army.</p>	
RECOMMENDATIONS PRESENTED	
TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST	NAME AND ADDRESS OF INSTALLATION
Harvey Musser, GS-13, Identification Officer	US Army Mortuary, Erewhon
DATE	SIGNATURE OF IDENTIFICATION SPECIALIST
14 Nov —	<i>Harvey Musser</i>
RECOMMENDATIONS ACCEPTED	
TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER	NAME AND ADDRESS OF INSTALLATION
KENT ASHBY, CPT, QMC, MORTUARY SERVICES OFFICER	US Army Mortuary, Erewhon
DATE	SIGNATURE OF ACCEPTING OFFICER
14 Nov —	<i>Kent Ashby</i>

Figure I-1—Continued

**FM 10-286**

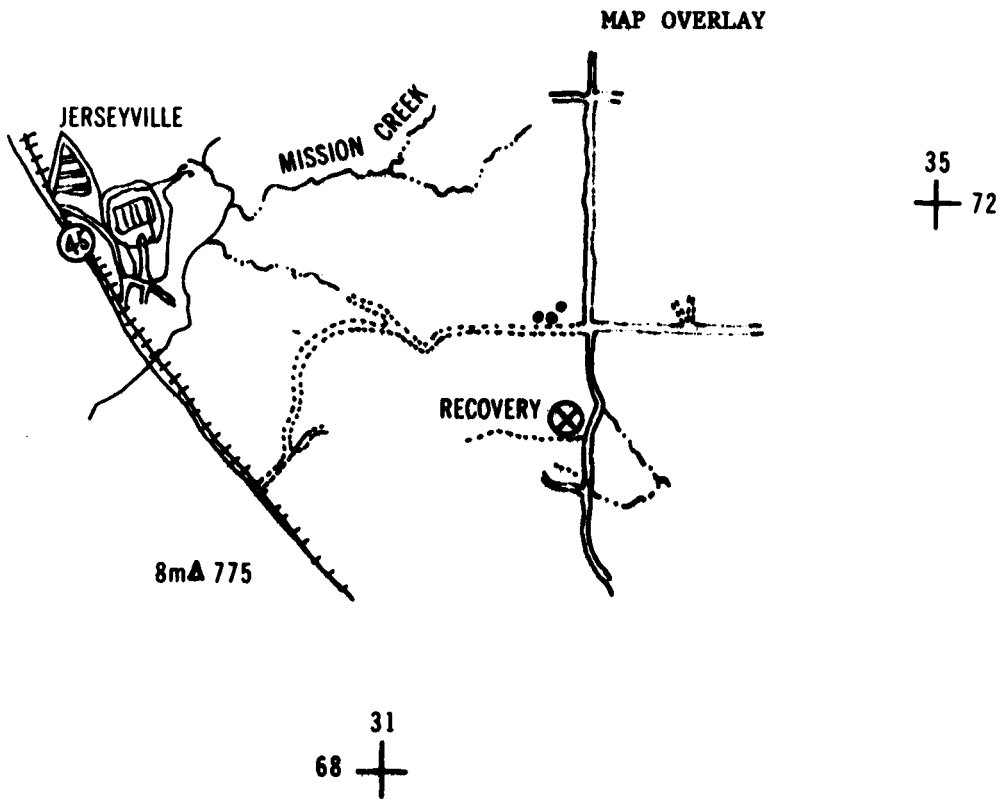
*b. DD Form 567 (Record of Recovery of Remains).* DD Form 567, together with the map overlay and gravesite sketch (fig I-2, I-3, and I-

4), gives the basic facts of the recovery of the remains.

RECORD OF RECOVERY OF REMAINS (FM 10-48 and TM 10-386)		DATE
		12 November 19__
REMAINS		SPACE FOR USE OF UNIT MAKING FINAL DISPOSITION
Recovery Number 1362/2017	Evacuation Number 8919/2017	Unit designation
Date of recovery 12 Nov 19__		Identified as (Last Name-First Name-Middle Initial)
Estimated date of death Estimated 19__		Grade                      Service Number
Nationality (Check one) U. S.    Allied    Enemy    Unknown X		Means of Identification
<p>Place of Recovery (Indicate Map Sheet Number; Grid Coordinates; name of nearest village or town; name, description or number of roads, mountains or other landmarks; type of grave (shallow - deep - surface); type of position (infantry, field artillery, etc.). If recovered from a vehicle, tank or plane, give position therein.</p> <p>Remains recovered from an unmarked shallow grave in a former infantry position near Jerseyville, Erewhon, Map Sheet 6628, Grid Coords: CT 267 336, nearest mountain: No. 234, nearest MSR: No. 45.</p>		
<p>Identification media found in grave and surrounding area (Include serial numbers found on vehicles, tanks, aircraft and weapons) Two improvised paper tags with inscription BTB REED, Arthur D. 143 20 9860, 1 chain w/lock and 2 keys, found with remains. Remains clothed in 1 fld jacket; 1 white cotton T-shirt; white cotton shorts; 1 pr cam trousers; 1 web belt w/buckle; 1 pr combat boots size 9½D; 1 pr wool socks; 1 M-16 cartridge belt and first aid pouch. All area within a radius of 50 yards was thoroughly searched for additional missing portions and identifying media, with negative results.</p>		
RECOVERED WITH REMAINS (Use Reverse Side for Additional Space)		SPACE FOR USE OF UNIT MAKING FINAL DISPOSITION
		Unit designation
Recovery Number	Evacuation Number	Identified as (Name, grade, service number)
Recovered by (Name, grade, service number and organization) JOE E. JACKSON, CPL 452 04 1651, Co A, 2017th Fld Svc Co (GS)		Signature <i>Joe E. Jackson</i>
Received at Collecting Point by (Name, grade, service number and organization) HARVEY T. RICE 1LT, QMC, Co A, 2017th Fld Svc Co (GS)		Signature <i>Harvey T Rice</i>
Officer-In-Charge (Name, grade and branch of service and organization)		Signature

DD Form 567, 1 Feb 56

Figure I-2. DD Form 567 (Record of Recovery of Remains).



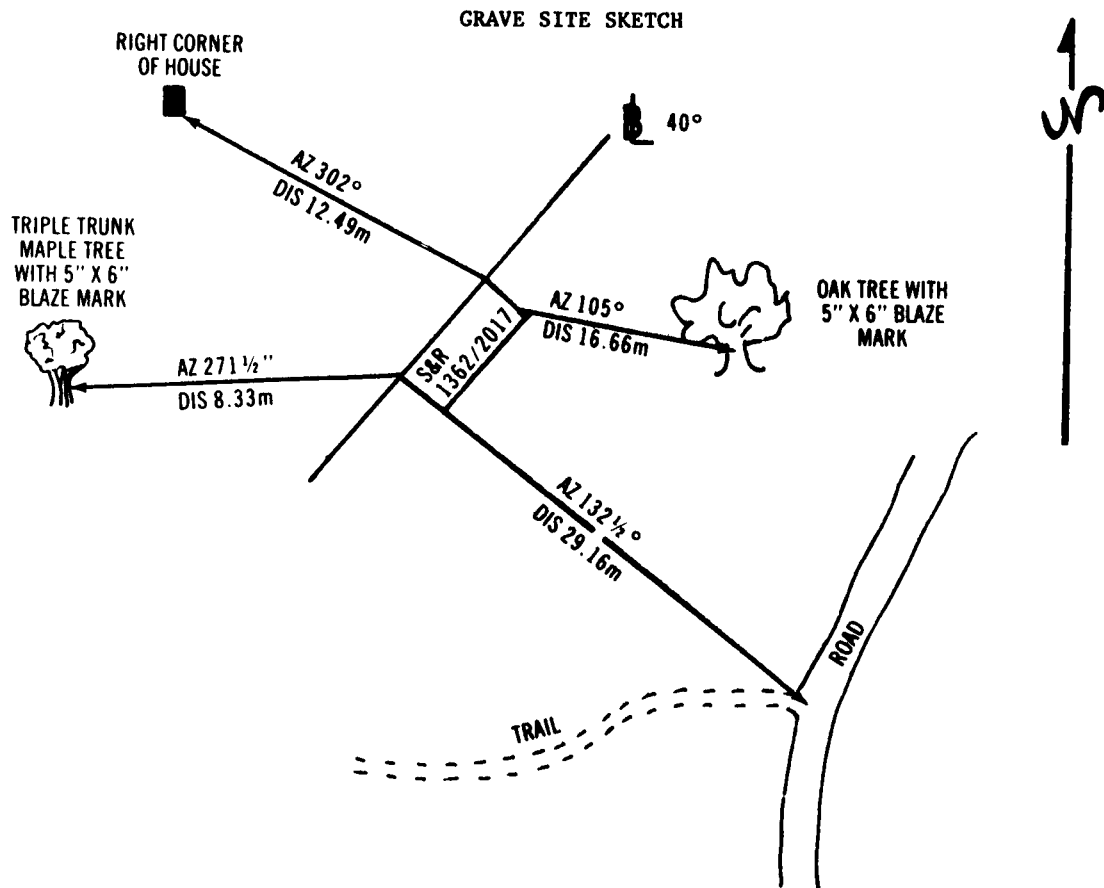
S&R No. 1362/2017

GRID COORDINATES  
CT 267336

TITLE BOX

DATE TIME GROUP 121035 November 19____
MAP NAME AND SCALE Jerseyville, Erewhon 1:50,000
MAP SHEET NO. 6068 II
NAME OF MAKER Walter H. Edwards
ORGANIZATION OF MAKER Co A, 2017 Fld Svc Co (GS)

Figure I-3. Map overlay of recovery site.



**INFORMATION BOX**

TEAM NO: 2
GRID COORDINATES: CT 267336
PACE CONVERSION FIGURE: 120 paces per 100 meters
ALL AZIMUTHS ARE MAGNETIC
SKETCH NOT TO SCALE

**TITLE BOX**

DATE TIME GROUP 121035 November 19__
MAP NAME AND SCALE Jerseyville, Erewon 1:50,000
MAP SHEET NUMBER 6068 II
NAME OF MAKER Walter H. Edwards
ORGANIZATION OF MAKER Co A, 2017 Fld Svc Co (GS)

Figure I-4. Gravesite sketch showing location of remains recovered.

c. *Certification of Nonrecoverability of Missing Major Portions.* A nonrecoverability certificate is shown in figure I-5.

d. *DD Form 1076 (Record of Personal Effects—Military Operations).* DD Form 1076 is shown in figure I-6.

HEADQUARTERS  
COMPANY A, 2017th FLD SVC CO (GS)

S&R No. 1362/2017

12 November 19\_\_

CERTIFICATION OF NONRECOVERABILITY  
OF MISSING MAJOR PORTIONS

I, the undersigned, do certify that it was not possible to recover the complete remains. A thorough and systematic search was made of the surrounding area covering a radius of 50 yards, and no additional portions were found.

Recovery was made in the northern section of the Demilitarized Zone under supervision of enemy personnel who controlled the extent of area to be searched.

VERIFIED:

*Harvey T. Rice*  
HARVEY T. RICE  
1LT QMC  
OIC

*Joe E. Jackson*  
JOE E. JACKSON  
CPL 452 04 1614  
Co A, 2017th Fld Svc Co (GS)

*Figure I-5. Certificate of nonrecoverability of missing major portions.*



RECORD OF PERSONAL EFFECTS - MILITARY OPERATIONS (See instructions on reverse side)		PAGE NO. 1	NO. OF PAGES 1		
1. NAME (Last, First, Middle initial) UNK X6090 (Reed, Arthur D.)	2. GRADE PVT	3. SERVICE NUMBER 143 20 9860			
4. ORGANIZATION AND STATION OR APO Co A, 66th Inf Bn, 15th Inf Div	5. STATUS Killed	6. DATE OF STATUS 11 Jul 19__			
<b>EFFECTS DATA</b>					
7. PLACE OF RECOVERY CT 267 336 - Effects found with remains		8. DATE OF RECOVERY 12 Nov 19__			
9. INVENTORY OF EFFECTS		10. VERIFICATION OF INVENTORY			
QTY	DESCRIPTION	BY COMMAND EFFECTS DEPOT		BY CONUS EFFECTS OFFICE	
		a.		b.	
		REC'D	DISPOSITION	REC'D	DISPOSITION
2	Paper tags (improvised) inscribed "BTB REED, Arthur D. 14320986"				
1	Miniature lock				
1	Chain, damaged				
2	Keys, w/o numbers				
11. TOTAL FUNDS					
FUNDS TRANSMITTED WITH EFFECTS			FUNDS EXCHANGED, CONVERTED, DEPOSITED, ETC. (To be completed by Summary Court-Martial or other responsible person)		
a.			b.		
AMOUNT	DESCRIPTION	REC'D	DISPOSITION		
	NONE				
(Attach supplemental sheet for additional items and/or discrepancies)					
12. SEAL NO. 3789	13. EFFECTS SHIPPED TO US Army Mortuary, Erewon	14. DATE AND METHOD OF SHIPMENT 14 Nov 19__ Affixed to remains EVAC No. 8919/2017			
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISES (Check one)					
<input checked="" type="checkbox"/> ALL KNOWN EFFECTS <input type="checkbox"/> ALL KNOWN EFFECTS EXCEPT THOSE REMOVED FROM REMAINS <input type="checkbox"/> ALL KNOWN EFFECTS REMOVED FROM REMAINS					
16. DATE 14 Nov 19__	TYPED, NAME, GRADE, AND ORGANIZATION HARVEY T. RICE, 1LT, Co A, 2017th Fld Svc Co (GS)		SIGNATURE <i>Harvey T. Rice</i>		

DD FORM 1076, 1 MAR 73 Replaces edition of 1 May 61, which is obsolete.

Figure I-6. DD Form 1076 (Record of Personal Effects—Military Operations).

INSTRUCTIONS

1. This form will be prepared in at least four copies and as many additional copies as are required. The original and one copy will be forwarded with the personal effects. One copy will be mailed immediately to the appropriate Effects Office in CONUS, and the remaining copy will be retained by the preparing unit. In the case of Navy or Marine Corps personnel, a copy of this form will be forwarded to either the Chief of Naval Personnel (Pers-G23), or the Commandant, U.S. Marine Corps (DN), as appropriate.

2. For effects recovered from remains. A separate record (in quintuplicate) will be prepared for personal effects removed from remains. First four copies will be distributed as in paragraph 1 above; the extra copy will be forwarded to the Central Graves Registration Office.

ITEMS 1-4 Complete in full.

ITEMS 5 & 6 The status of owner and date of such status will be shown in all cases (killed, missing, POW, etc.).

ITEMS 7 & 8 The source of personal effects (i.e., found on remains, recovered from unit or warehouse storage) and date of recovery will be indicated in all cases. When personal effects are recovered from the remains, record the cemetery, plot, row and grave or evacuation number.

ITEM 9 Describe all articles completely (including serial numbers where applicable) especially items of high intrinsic value.

ITEM 10 The command effects depot and the appropriate Effects Office in CONUS will indicate opposite the effects listed in Item 9 the result of verification of the effects received by placing a checkmark (✓) next to items received. Discrepancies will be noted. When effects are prepared for shipment to the appropriate Effects Office in CONUS, the appropriate shipment number, date and mode of shipment will be entered in Disposition column, and actions dated and signed by processing officer.

ITEM 11 Furnish amounts and description of funds, and serial number, date, office of issue and payee for negotiable instruments such as money orders, checks, bonds, etc.

ITEMS 12-14 Specify seal number, and disposition of effects (unit, organization or applicable location to which the effects are being shipped and date and method of shipment).

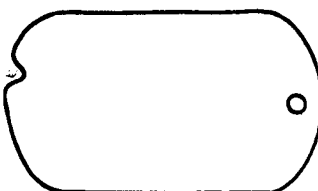
ITEMS 15&16 The person first inventorying the effects will complete items 15 and 16.

CHANNELS OF EVACUATION - TRANSFER POINTS (To be completed on the duplicate copy and forwarded with effects)	
EFFECTS SHIPPED TO (List unit designation)	EFFECTS RECEIVED BY (Signature)
8204 Army Unit	<i>Adam Strong, SFC</i>

DD Form 1076 (Back)

Figure 1-6—Continued

e. DD Form 551. DD Form 551 is shown in figure I-7.

RECORD OF INTERMENT				DATE			
				14 Nov 19__			
TYPE OF RECORD							
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL (Reason)							
IDENTIFICATION							
IMPRINT OF IDENTIFICATION TAG		LAST NAME - FIRST NAME - MIDDLE INITIAL			SERVICE NUMBER		
		Unknown X-6090			Unk		
GRADE		ORGANIZATION		BRANCH OF SERVICE			
Unk		Unk		Army			
RACE		RELIGION		COUNTRY (if not U.S.)			
Cau		Unk					
DATE OF DEATH		CAUSE OF DEATH		PLACE OF DEATH		WHERE REMAINS WERE FOUND (Give Grid Coordinates)	
Est 19__		Unk		Jerseyville, Erewhon		CT 267 336	
IDENTIFICATION TAGS FOUND ON REMAINS			MEANS OF IDENTIFICATION (other than Identification Tag)				
<input type="checkbox"/> ONE <input type="checkbox"/> TWO <input checked="" type="checkbox"/> NONE							
WERE SUBSTITUTE TAGS FURNISHED							
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
PERSONAL EFFECTS FOUND ON REMAINS AND DISPOSITION OF SAME							
For personal effects see DD Form 1076							
INTERMENT (Prepare overlay and attach if other than established cemetery)							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY							
Remains presently stored in mausoleum, Zone Hq, 8204th AU, EVAC No. 8919 APO 93482							
DATE OF INTERMENT	HOUR	INTERRED IN A SHROUD, BLANKET, OR OTHER (Specify)		TYPE OF GRAVE MARKER	PLOT	ROW	GRAVE
NA		NA		NA			
IS THIS A REINTERMENT	NAME, NUMBER, COORDINATES AND LOCATION OF PREVIOUS CEMETERY IF A REINTERMENT			PLOT	ROW	GRAVE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING CEREMONY			IDENTIFICATION DATA AND TYPE OF CONTAINER PLACED WITH REMAINS IF IDENTIFICATION TAG NOT USED			
Memorial	George C. Goodman MAJ, CH						
IDENTIFICATION TAG PLACED WITH REMAINS		IDENTIFICATION TAG ATTACHED TO GRAVE MARKER					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO					
REMAINS INTERRED IN GRAVE TO LEFT (When viewed from foot of grave) NAME-LAST-FIRST-MIDDLE INITIAL				GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
NA							
REMAINS INTERRED IN GRAVE TO RIGHT (Name)				GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
NA							
PREPARED BY (Typed Name and Signature)				VERIFIED BY (Typed Name and Signature)			
William L. Grice				Harold G. White			
WILLIAM L. GRICE, DAC, Iden Spec				HAROLD G. WHITE, CPT, QMC			

DD FORM 551 1 FEB 55

EDITION OF 1 JUL 51 IS OBSOLETE.

GPO #22364

Figure I-7. DD Form 551 (Record of Interment). (This form is given as an example and is not intended as a part of the case under discussion.

*f. DD Forms 890, 891, 892, and 894* (Records of Identification Processing). Detailed identifying

media found in processing the remains are shown in figures I-8 through I-11.

RECORD OF IDENTIFICATION PROCESSING (Effects and Physical Data)				DATE			
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number) Unknown X-6090 BTB REED, Arthur D. 143 20 9860				GRADE	SERVICE NO./ SSAN	CIL CASE NUMBER (If applicable)	
				PVT	143 20 9860	26,364	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER				PLOT	ROW	GRAVE	
EVAC No. 8919/2017 S&R No. 1362/2017							
RECEIVED FROM				IMPRINT OF IDENTIFICATION TAG			
Co A, 2017th Fld Svc Co (GS)							
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification)  Two improvised paper tags read BTB Reed, Arthur D, 143 20 9860							
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM 10-286) Clothing found on and with remains: Trousers, cotton Jacket, cotton Belt, web, w/buckle Combat boots, 9 1/2D Drawers, cotton T-Shirt Socks, wool							
FINGERPRINTS TAKEN		X-RAYS MADE		FLUROSCOPE STATEMENT ATTACHED			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES (Neg)			
PHOTOGRAPHS TAKEN		ANTHROPOLOGICAL STATEMENT MADE		CHEMICAL STATEMENT ATTACHED			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
PHYSICAL DESCRIPTION							
ESTIMATED HEIGHT		MUSCULARITY		COLOR OF HAIR		RACE OR NATIVITY	
Fem + Fib=5' 8 1/3'' Fem + Tib=5' 8 1/2''		Average		Brown		Caucasoid	
TATTOOS, SCARS OR MARKS ON BODY							
None found							
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS							
Healed fracture of right tibia							
WOUNDS OR INJURIES							
Penetrating wound of face							
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.							
NAME, GRADE, AND ORGANIZATION				SIGNATURE			
HARVEY MUSSER GS-13, US Army Mortuary, Erewhon							
DD FORM 890		PREVIOUS EDITION OF THIS FORM IS OBSOLETE.				GPO : 1960 O-342951	
1 JAN 58							

Figure I-8. DD Form 890 (Record of Identification Processing (Effects and Physical Data) ).

RECORD OF IDENTIFICATION PROCESSING DENTAL CHART																	
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) Unknown X-6090 BTB Reed, Arthur D.											GRADE PVT		SERVICE NO./SOCIAL SECURITY ACCT NO. 143 20 9860				
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER EVAC No. 8919/2017 S&R No. 1362/2017											PLOT		ROW		GRAVE		
MARKING ABBREVIATIONS: F-Facial    O-Occlusal    D-Distal    AM-Amalgam    -Fill-Filling    Para-Porcelain    Back-Backing L-Lingual    N-Nasal    I-Incisal    CR-Crown    Plan-Plastic    Sil-Silicate    Fac-Facing																	
CARIES																CARIES	
RESTORATIONS												DO-AM	MOD-AM		O-AM; FO-AM	RESTORATIONS	
	1	2	3	4	5	6	7	8	9	10	11	12	13	<del>14</del>	15	16	
UPPER RIGHT																	UPPER LEFT
	← DRIFT →					BROKEN					← DRIFT →						
LOWER RIGHT																	LOWER LEFT
RESTORATIONS	O-AM; F-AM											DO-AM			MO-AM; FO-AM	RESTORATIONS	
CARIES	M				D												CARIES
THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section)																	
MOTTLED ENAMEL				ROTATION				FRACTURED ENAMEL				X IRREGULARITY OF ALIGNMENT					
ENAMEL HYPOPLASIA				UNERUPTED TEETH				X FRACTURES OF TEETH				UNUSUAL RESTORATIONS					
EROSION				MALOCCLUSION				RETAINED DECIDUOUS TEETH				UNUSUAL APPLIANCES					
X ABRASION				SUPERNUMERARY TEETH				ABNORMAL INTERDENTAL SPACES				MALPOSED TEETH					
PREPARED BY (Typed Name and Signature) <i>Alfred I. Breen</i> ALFRED I. BREEN, SP4, Mem Actv Spec.											VERIFIED BY (Typed Name and Signature) <i>Ben J. Bliss</i> BEN J. BLISS, GS 13, Identification Spec.						
DD FORM 891 1 FEB 50 REPLACES DD FORM 890, 1 SEP 51, WHICH IS OBSOLETE (for Army use only).																	

Figure I-9. DD Form 891 (Record of Identification Processing—Dental Chart).

**DENTURES (Plates):** DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower Acrylic Partial Denture with Lingual Bar, replacing Teeth nos. 17, 18, 19, 30, 31, 32. Clasp on natural teeth nos. 20 and 29) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

**REMARKS (If no abnormalities are found make notation to that effect)**

1. Wear on Nos. 8 and 9.
2. Nos. 2, 3, 4, and 5 are broken.
3. Maxilla is fractured at Nos. 14 and 16.
4. No. 24 is in a slight lingual position.

**EXAMPLE METHOD OF PREPARATION**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
UPPER RIGHT																																				
	1. O-AM	2. DOL-AM; F-AM	3. MOD GOLD FILL	4. F-GOLD FILL; HL-AM	5. MO-AM	6. HL-GOLD FILL	7. 3/4 GOLD CR	8. O-PORC FILL	9. PORC-CR	10. F-PORC FILL; L-AM	11. WF-PORC FILL	12. PR-POSTHUMOUSLY MISSING	13. GOLD-CR	14. MISSING	15. MO-AM; L-AM	16. MODL-AM																				

Figure 1-9--Continued

RECORD OF IDENTIFICATION PROCESSING SKELETAL CHART			
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) <b>Unknown X-6090</b> <b>BTB Reed, Arthur D.</b>		BLACK OUT PORTIONS NOT RECOVERED	
GRADE <b>PVT</b>	SERVICE NUMBER <b>143 20 9860</b>		
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER <b>EVAC No. 8919/2017 S&amp;R No. 1362/2017</b>			
PLOT	ROW	GRAVE	
ESTIMATED AGE (Years) <b>19-21</b>		ESTIMATED HEIGHT <b>Fem + Fib=5' 8 1/3''</b> <b>Fem + Tib=5' 8 1/2''</b>	
SKELETAL MEASUREMENTS (Centimeters)			
SKELETAL MEMBER	METHOD	RIGHT	LEFT
SKULL			
HUMERUS		31.7	31.3
ULNA		27.8	
RADIUS		25.4	
FEMUR		46.1	
TIBIA		38.8	
FIBULA		38.2	
REMARKS OR STATEMENT OF ANTHROPOLOGIST (Continue on reverse if more space is required) <b>These are the semiskeletal remains of an average-size man of average muscularity. The skull is medium in size and oval in shape, with moderate parietal bones and a rounded occiput. The forehead is of medium height and presents a slightly sloping profile. The median brow ridges are medium in size. The interorbital space is medium in width with medium sized nasal bones. The nasal bridge is high. These remains were determined to be of the Caucasoid race. There is evidence of a penetrating wound of the face and healed fracture of right tibia.</b>			
THE PARTS PRESENT AS INDICATED ON THIS SKELETAL CHART REPRESENTS ONE AND THE SAME INDIVIDUAL			
PHYSICAL ANTHROPOLOGIST (Name) <b>Thomas R. Clay</b>			
SIGNATURE <i>Thomas R. Clay</i>			
SYMBOLS		MISSING BURNED FRACTURED SHATTERED	

Figure I-10. DD Form 892 (Record of Identification Processing—Skeletal Chart).



RECORD OF IDENTIFICATION PROCESSING FINGERPRINT CHART					
LAST NAME-FIRST NAME-MIDDLE INITIAL (or unknown number)			GRADE	SERVICE NUMBER SSAN	
Unknown X-6090 BTB Reed, Arthur D.			PVT	143 20 9860	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER			PLOT	ROW	GRAVE
EVAC No. 8919      S&R No. 1362					
LEFT HAND			RIGHT HAND		
	10. LITTLE FINGER	NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS, AND/OR DERMIS IN APPROPRIATE BLOCK  <b>FINGERPRINTS UNOBTAINABLE SKELETAL REMAINS</b>	9. LITTLE FINGER		
	9. RING FINGER		8. RING FINGER		
	8. MIDDLE FINGER		7. MIDDLE FINGER		
	7. INDEX FINGER		6. INDEX FINGER		
	6. THUMB		5. THUMB		
			<b>IMPORTANT</b> ATTACH DD FORM 2A (Identification Card) TO THIS FORM IF AVAILABLE		
		IMPRESSIONS TAKEN BY (Name)			
		Alfred I. Breen, SP4 Mem Actv Specialist			
FOR FEDERAL BUREAU OF INVESTIGATION USE ONLY					
IDENTIFIED BY FINGERPRINT COMPARISON AS: LAST-NAME-FIRST NAME-MIDDLE INITIAL			SERVICE NUMBER		
OFFICIAL APPROVING FINGERPRINT COMPARISON (Name)			DATE		

**DD FORM 894**  
1 FEB 66

GPO 823686

Figure I-11. DD Form 894 (Record of Identification Processing—Fingerprint Chart).

*g. Statements of Laboratory Findings.*  
 Chemical, X-ray, and fluoroscopic findings are given in narrative reports and attached to DD Form 890. Figure I-12 illustrates the three reports: A, the statement of chemical findings; B, the statement of X-ray findings; and C, the statement of fluoroscopic findings.

CENTRAL IDENTIFICATION LABORATORY  
 CHEMICAL FINDINGS FOR IDENTIFICATION

21 December 19\_\_

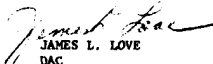
Unknown X-6090  
 (Unknown No.)

26,364 Evac No. 8919/2017 S&R 1362/2017  
 (CIL Case No.) (Place of Burial) (Plot) (Row) (Grave)

**FINDINGS:**

1. Two pieces of a boot top, russet, size 9½D, bearing in ink: "PVT ARTHUR REED D," one time.
2. One piece of belt, wab, waist, bearing:
  - a. in ink "ARTHUR D. R?TD, ???27986?" one time.
  - b. stamp "R-0781," one time.
3. One piece of trouser, bearing laundry mark:
  - a. "S5573," one time.
  - b. "S5573," one time.
4. One piece of jacket, size 36 R medium, bearing laundry mark "B\_5\_," one time.

Infrared photograph was taken of the above listed items.

  
 JAMES L. LOVE  
 DAC  
 Chemical Technician

*Figure I-12. Statements of laboratory findings.*

CENTRAL IDENTIFICATION LABORATORY  
X-RAY FINDINGS FOR IDENTIFICATION

21 December 19\_\_

Unknown X-6090  
(Unknown No.)

<u>26,364</u>	<u>Evac No. 8919/2017</u>	<u>S&amp;R 1362/2017</u>
(CIL Case No.)	(Place of Burial) (Plot)	(Row) (Grave)

FINDINGS:

In examining the X-rays made of subject remains, I noted a small piece of shrapnel lodged in the ulna about 4 inches below the right elbow. Also, I saw a healed fracture of the right tibia about 3 inches above the ankle. The fracture appeared to have been one occurring during childhood. The calcaneous growth at the site is extensive.

*Thomas R. Clay*  
THOMAS R. CLAY  
DAC  
Anthropologist

Figure I-12—Continued

CENTRAL IDENTIFICATION LABORATORY  
FLUOROSCOPIC FINDINGS FOR IDENTIFICATION


21 December 19\_\_

Unknown X-6090  
(Unknown No.)

<u>26,364</u>	<u>Evac No. 8919/2017</u>	<u>S&amp;R 1362/2017</u>
(CIL Case No.)	(Place of Burial) (Plot)	(Row) (Grave)

FINDINGS:

The fluoroscopic examination of the remains revealed a piece of shrapnel lodged near the right elbow and a healed fracture of the right tibia. X-ray plates were made of the two areas.

  
RONALD J. SWEENEY  
SP-4  
X-Ray Technician

*Figure I-12—Continued*

*h. DD Form 898.* Data on DD Form 898 and attached DA Form 1155 (Witness Statement on Individual) and SF 603 (Health Record—Dental) are

used in establishing an association between the unknown remains and another casualty (fig I-13, I-14, I-15).

<b>RECORD DATA</b> (DECEASED AND MISSING PERSONNEL)		CHECK ONE <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> MISSING		DATE 5 Aug 19__
STATUS				
LAST NAME - FIRST NAME - MIDDLE INITIAL REED, Arthur D.		GRADE PVT	SERVICE NUMBER 143 20 9860	
ORGANIZATION Co. A, 66th Inf Bn, 15th Inf Div		FORMER SERVICE NUMBERS None		
DATE OF DEATH - MISSING STATUS 11 July 19__	CAUSE OF DEATH	PLACE OF DEATH - OR LAST SEEN IF MISSING CT 268337 Jerseyville, Erewhon		
DATE OF BIRTH 19 Jul				
PHYSICAL CHARACTERISTICS				
RACE Caucasian	CREED Not of record	HEIGHT 68 inches	WEIGHT 143 pounds	
COLOR EYES Blue	COLOR HAIR Brown	SHOE SIZE Not of record	BLOOD TYPE 0 pos	
FRACTURES AND/OR BREAKS Old fracture of right tibia		TATTOOS AND SCARS None of record		
RECORD INCLOSURES				
DENTAL DATA <input type="checkbox"/> NONE OF RECORD <input checked="" type="checkbox"/> INCLOSED (Itemize by Form Number and Date of Record)				
SF 603 w/X-rays dated 9 Apr __ SF88, Report of medical examination 7 Apr. __.				
CASUALTY DATA <input checked="" type="checkbox"/> CASUALTY REPORT <input checked="" type="checkbox"/> STATEMENTS OF WITNESSES <input type="checkbox"/> MISSING PERSONS SUPPLEMENTARY REPORT (AF Form 484) <input type="checkbox"/> OTHER (Specify)				
DA Form 1155, dated 15 Jul __				
ADDITIONAL DATA				
PVT Reed was reported missing from his unit after a ground engagement with the enemy. The ground was lost to the enemy; therefore, no search was made on termination of the action.				

**DD FORM 898**  
1 FEB 55

REPLACES OQMS FORM 871, 24 JAN 51, WHICH IS OBSOLETE.

GPO : 1956 O - 311714

Figure I-13. DD Form 898 (Record Data (Deceased and Missing Personnel)).

WITNESS STATEMENT ON INDIVIDUAL (AR 600-10)			CHECK APPLICABLE BOX			
			<input type="checkbox"/> MIS	<input checked="" type="checkbox"/> MIA	<input type="checkbox"/> CAP	<input type="checkbox"/> DET
			<input type="checkbox"/> DEAD (Remains not recovered)			
1. LAST NAME - FIRST NAME - MIDDLE NAME REED, Arthur D.				2. SERVICE NO. 143 20 9860		
3. GRADE Private		4. DATE OF DEATH OR WHEN LAST SEEN 0400 11 Jul				
5. ORGANIZATION Co A, 66th Inf Bn, 15th Inf Div			6. GEOGRAPHICAL LOCATION (include grid coordinates and nearby town) Erehwon CT 266337 Jerseyville			
7. IF ITEMS 1 AND 2 ARE UNKNOWN OR NOT POSITIVE, COMPLETE ITEMS LISTED BELOW:						
AGE 21	WEIGHT 143	HEIGHT 5'8"	HAIR Brown	EYES Blue	RACE Cau	
HOME TOWN Knoxville, Tenn		CIVILIAN OCCUPATION Bank Clerk		NICKNAME Danny		
8. WAS HE MARRIED? (If so, give wife's name if known) NO			9. DID HE HAVE ANY CHILDREN? (If so, give names if known) NO			
OTHER IDENTIFYING MARKS (such as tattoos or birthmarks) UNKNOWN		OTHER PERSONS WHO MAY HAVE WITNESSED THIS INCIDENT OR HAVE FURTHER INFORMATION PVT Mark Hale, Co A, 66th Inf Bn, 15th Inf Div				

DA FORM 1155, 1 Jun 66

REPLACES EDITION OF 1 JUN 61, WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED.

8. CIRCUMSTANCES SURROUNDING INCIDENT (If known, include cause of death or condition when last seen, and how identified) Last seen in ground engagement with the enemy area at 0400 in Jerseyville CT 266337 Erehwon.  Company muster taken on arrival at company area at 0600 hours, 12 Jul __ PVT Reed not present and/or accounted for.  The ground was lost to the enemy; therefore, no search of the grounds could be made.			
9. NAME OF PERSON MAKING STATEMENT SGT Charles Vick		10. SERVICE NO. 321 84 1210	11. UNIT Co A, 66th Inf Bn, 15th Inf Div
12. DATE 15 Jul __	13. SIGNATURE <i>Charles Vick</i>		

U.S. GOVERNMENT PRINTING OFFICE: 1964 O-321-025

Figure I-14. DA Form 1155 (Witness Statement on Individual).

Standard Form 603  
Rev. November 1953  
Bureau of the Budget  
Circular A-32 (Rev.)

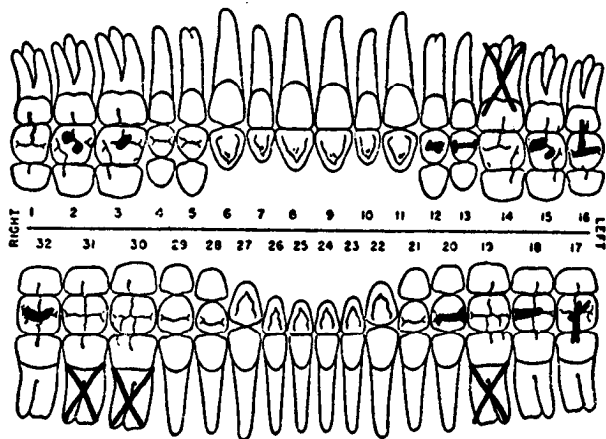
**HEALTH RECORD**

**DENTAL**

**SECTION I. DENTAL EXAMINATION**

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
INITIAL	SEPARATION	OTHER (Specify)	X	1	2	3	4	X	1	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS



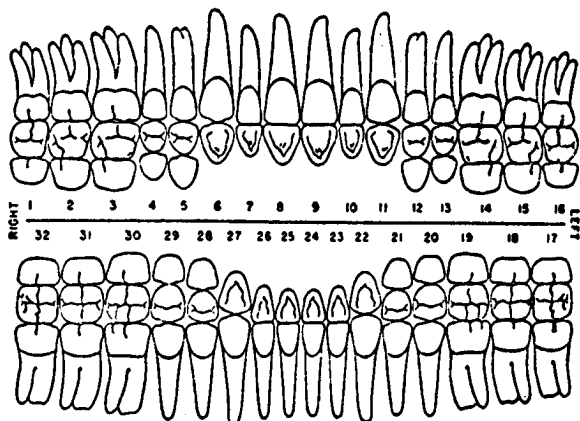
REMARKS

PLACE OF EXAMINATION  
Ft. Blank, Calif.

DATE  
9 Apr

SIGNATURE OF DENTIST COMPLETING THIS SECTION  
*Robert L. Lee*

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS			
SLIGHT	X	MODERATE	HEAVY
B. PERIODONTOKLASIA			
LOCAL		GENERAL	
INCIPIENT	MODERATE	SEVERE	
C. STOMATITIS (Specify)			
GINGIVITIS		VINCENT'S	
D. DENTURES NEEDED (Include dentures needed after indicated extractions)			
FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS  
#7 slightly laps #8  
#24 in lingual version

E. INDICATE X-RAYS USED IN THIS EXAMINATION

X	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS	OTHER (Specify)
---	-----------------------	---	----------------------	-----------------

DATE  
9 Apr

PLACE OF EXAMINATION  
Ft. Blank, California

SIGNATURE OF DENTIST COMPLETING THIS SECTION  
*Robert L. Lee*

SECTION II. PATIENT DATA

6. SEX M	7. RACE W	8. GRADE, RATING, OR POSITION PVT	9. ORGANIZATION UNIT Co A, 66th Inf Bn, 15th Inf Div	10. COMPONENT OR BRANCH Inf	11. SERVICE, DEPT., OR AGENCY Army
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME Reed, Arthur D.			13. DATE OF BIRTH (DAY—MONTH—YEAR) 19 July 19	14. IDENTIFICATION NO. 143 20 9860	

DENTAL  
Standard Form 603  
603-102

Figure I-15. SF 603 (Health Record—Dental).





i. *DD Form 897*. Army physical and dental records for the casualty associated with the remains are compared on DD Form 897 in figure 1-16.

PHYSICAL AND DENTAL COMPARISON CHART			
REMAINS OF		NAME	
X-6090 Evac No. 8919/2017		REED, Arthur D. 143 20 9860	
1	O (Carious)	1	
2	Broken	2	O-AM O-AM
3	Broken	3	O-AM
4	Broken	4	
5	Broken	5	
6		6	
7		7	
8	Wear on incisal edge	8	
9	Wear on incisal edge	9	
10		10	
11	F (Carious)	11	
12	DO-AM	12	DO-AM
13	MOD-AM	13	MOD-AM
14	X	14	X
15	O-AM O-AM	15	O-AM O-AM
16	FO-AM	16	FO-AM
17	FO-AM FM.F (Carious)	17	FO-AM
18	MO-AM DF.F. (Carious)	18	MO-AM
19	X	19	X
20	DO-AM	20	DO-AM
21	D (Carious)	21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29	D (Carious)	29	
30	X	30	X
31	X	31	X
32	O-AM F-AM M (Carious)	32	O-AM F-AM
ESTIMATED HEIGHT Fem + Fib- 5'8 1/3" Fem + Tib- 5'8 1/2"		HEIGHT 5' 8"	
ESTIMATED WEIGHT UTD		WEIGHT 143	
ESTIMATED AGE 19 - 21 years		AGE 21 years	
HAIR Brown		HAIR Brown	
REMARKS			
Race: White		Race: White	
Boots: 9 1/2 D		Shoe size: No record	
Wear on teeth Nos. 8 and 9.		Tooth No. 7 slightly laps tooth No. 8.	
Tooth No. 24 in slight lingual position		Tooth No. 24 in lingual version	

DD Form 897, 1 Feb 56 Replaces OQMG Form 1961, 23 Feb 51, which is obsolete.

Figure I-16. DD Form 897 (Physical and Dental Comparison Chart).

**I-4. Action by US Army Memorial Activities Directorate**

The US Army Memorial Activities Directorate

reviews and researches the case further, when necessary, to establish adequacy of identification.