

AD-783 196

OPERATION HOMECOMING. VOLUME II.
USERS MANUAL

Gary C. Haley, et al

INCO, Incorporated

Prepared for:

Rome Air Development Center

March 1974

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REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER RADC-TR-74-40, Volume II (of 3)	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER AD 783 196
4. TITLE (and Subtitle) OPERATION HOMECOMING Volume II - Users Manual	5. TYPE OF REPORT & PERIOD COVERED Final Report Jul 71 - Oct 73	
	6. PERFORMING ORG. REPORT NUMBER None	
7. AUTHOR(s) Gary C. Haley Brian T. Forbes George W. Hoppe	Paul F. Wilson	8. CONTRACT OR GRANT NUMBER(s) F30602-73-C-0087
9. PERFORMING ORGANIZATION NAME AND ADDRESS INCO, Incorporated 7655 Old Springhouse Road McLean, Virginia 22101	10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS Job Order No. IDHS0106	
11. CONTROLLING OFFICE NAME AND ADDRESS Rome Air Development Center (IRDA) Griffiss Air Force Base, New York 13441	12. REPORT DATE March 1974	
	13. NUMBER OF PAGES 264	
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office) AFIS/INYE 1111 North 19th Street Rosslyn, Virginia 22209	15. SECURITY CLASS. (of this report) UNCLASSIFIED	
	15a. DECLASSIFICATION/DOWNGRADING SCHEDULE N/A	
16. DISTRIBUTION STATEMENT (of this Report) Approved for public release; distribution unlimited.		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report) Same		
18. SUPPLEMENTARY NOTES Prepared in cooperation with the 7602 AIG, Ft Belvoir VA and DIA.		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Intelligence EGRESS Recap Operation Homecoming Prisoners of War		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The OPERATION HOMECOMING ADP Support System was designed to provide a capability to correlate data associated with prisoners of war detained in Southeast Asia and assist in determination of the official status of all POWs and MIAs. In addition, the system was developed to support research into various aspects of confinement.		

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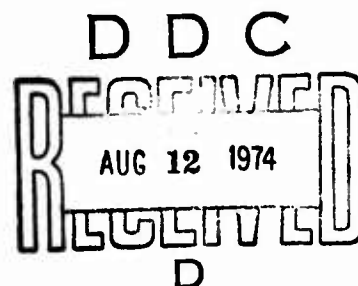
OPERATION HOMECOMING
Volume II - Users Manual

Gary C. Haley
Brian T. Forbes
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PREFACE

The OPERATION HOMECOMING ADP Support System was developed and implemented by INCO, Incorporated, 7655 Old Springhouse Road, McLean, Virginia, under guidance received from the Department of Defense, Defense Intelligence Agency, United States Air Force, Rome Air Development Center, and 7602 Air Intelligence Group.

This is the Final Report under Contract F30602-73-C-0087, Job Order Number IDHS0106, for Rome Air Development Center, Griffiss Air Force Base, New York. Mr. Nathaniel J. Miullo (IRDA) was the RADC Project Engineer.

The direct assistance rendered to project personnel of INCO by individuals assigned to the above organizations contributed significantly to the overall success achieved when the system was activated for operational use. Mr. Claude Watkins of the 7602 AIG and Mr. Murray Burke of RADC must be singled out for their individual contributions. Their technical advice was of incalculable value to the success of the program..

This report has been reviewed by the RADC Information Office (OI) and is releasable to the National Technical Information Service (NTIS).

This technical report has been reviewed and is approved.

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SUMMARY

The OPERATION HOMECOMING ADP Support documentation consists of three volumes; The Systems Manual, Volume I, The Users Manual, Volume II, and The Final Report, Volume III. This document, The Users Manual, has been prepared to present the user with a detailed description of the data collection, the processing of this data for computer input, the the types of reports currently available. It provides samples of the data collection forms used during OPERATION HOMECOMING and instructions for filling them in. This document also provides the user with background on the method used to collect intelligence data on personnel classified as MIA in Southeast Asia.

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SECTION I

INTRODUCTION

1. GENERAL

The OPERATION HOMECOMING ADP Support System, covered in this Users Manual, was designed to apply automated data handling techniques to the problem of correlating information obtained from released prisoners of war in Southeast Asia. It was designed to circumvent the problems normally associated with manually handling large volumes of data within a relatively short time span. The system was primarily oriented toward the correlation of information on the last known status of non-returnees, and on creating a readily accessible data base on numerous aspects of confinement as related by the returnees, (i.e., medical treatment, capture, mistreatment, etc.). The reporting system and the type of data to be collected as presented in this manual were developed with the assistance of personnel from the services who provided the guidance and generous support to the INCO, INC. project team.

The system was developed to take full advantage of a computerized data base covering all known personnel who have been identified as missing or as prisoners of war in the Southeast Asia conflict. This pre-release data which was assembled over a considerable period of time was then supplemented and correlated with information gathered during the debriefing of the returnees. A series of reports requiring the submission of specific data elements by personnel conducting the debriefings were used to collect data. These reports are covered in detail within this Users Manual. When the reports were received from the field they were transcribed into a machineable format and entered into the computer data base. In addition, numerous output reports were created to meet the needs of many agencies. These system outputs are also detailed within this manual.

The information concerning the OPERATION HOMECOMING ADP System contained within this Users Manual reflects the system as it was implemented when the first prisoners of war were released by the North Vietnamese. The system was originally oriented principally to the United States Air Force requirements, however, just prior to the release, an accelerated effort was made, at the request of the Department of Defense, to extend the scope of the system to encompass all services. The modifications made by INCO to meet these new requirements were incorporated into the system just prior to and during the release of the prisoners.

The computer support system discussed within this manual was developed to support the release of prisoners of war from Southeast Asia; however, it has the potential of being used in processing information associated with a recovery of personnel from any other part of the world. Only a few minor modifications and additions to the system would be required to orient it toward any other geographical area. Additions to system tables would be required to cover any new or unique coding requirements. Input forms and instructions would need only slight modification to encompass the new area of concern.

The instructions contained within this document reflect those used during the actual implementation of the system in support of OPERATION HOMECOMING. The modifications made during the release activities have also been incorporated. The documentation consists of three separate volumes; Volume I The Systems Manual; Volume II, The Users Manual; and Volume III, The Final Report.

a. Volume I, Systems Manual

This volume covers the technical aspects of the computer portion of the system. It provides flow diagrams and programming instructions required by the programmers, analysts, and computer operators to effectively operate the system.

b. Volume II, Users Manual

The Users Manual is keyed toward the non-technical aspects of the system. It provides guidance for personnel involved in the collection of data, as well as the type of outputs the system is capable of providing. This volume provides the instructions developed for use by the debriefing officers in forwarding specific elements of information for entry into the computer data base. It also contains the instruction used by the transcribers to convert input data from the field into the proper format for entry into the system.

c. Volume III, Final Report

This volume presents a summary of the entire system, providing background material on the original concepts, through the development and implementation phases. The final report attempts to capsule the efforts which went into development of the OPERATION HOMECOMING ADP Support System. It also contains INCO, INC. observations, conclusions, and recommendations regarding the system and its potential future utilization in assisting research.

2. ORGANIZATION OF THIS MANUAL

The "Users Manual" has been subdivided into six sections which cover system inputs and outputs that a user would be concerned with and is oriented toward the debriefers and the transcribers. The five sections are briefly described below:

- o Section I - Introduction - Provides a brief insight into the parameters of the system and the organization of the manual.
- o Section II - Background - Provides the reader with the flow of information in the OPERATION HOMECOMING environment and some indication as to basic system responsibilities of

various components of the system. In addition, there is a discussion of such items as file structure, data management, and system operation.

- o Section III - Debriefing Instructions - Covers all the reports which will be used to transmit data during the three phases of debriefing. It provides the necessary guidance on each data element to insure a clear understanding of what the debriefer is expected to input into the system.
- o Section IV - Transcriber Instructions - Addresses the process of transcribing the data received in the input messages into a machineable format. It provides complete coding instructions necessary to enter data into the system, and includes the input cards layout.
- o Section V - Outputs - Identifies the outputs which will be produced by the OPERATION HOMECOMING ADP Support System and their distribution plan. The elements of data that will appear on each output are also detailed in this section.
- o Section VI - File Maintenance - This section provides instructions on file maintenance. It explains the procedures used to make changes to the data.

SECTION II

BACKGROUND

This section of the Users Manual presents background material on the flow of information, file contents, and the OPERATION HOMECOMING Data Management System.

1. INFORMATION FLOW

The activation of the OPERATION HOMECOMING Plan initiated the flow of data concerning returnees and non-returnees. As the returnees processed through the Recovery/Reception Point, the Joint Central Processing Center and the CONUS Hospitals, selected information concerning captivity was forwarded via message and AUTODIN card output to the Air Force Operations Center. This data was processed into the automated support system which utilized the IBM 360/50 and IBM 360/75 in the Operations Center and the Air Force Data Services Center respectively. The 7602 Air Intelligence Group, Ft. Belvoir, Virginia, had the responsibility for transcribing all reports submitted from the field into the required format for entry of the data into the computer. In addition, the 7602 Air Intelligence Group controlled the master file transactions which were submitted during the recovery operation.

The Recovery/Reception Point transmitted a message to indicate that a specific returnee had been repatriated. The message provided information on recovery location, recovery time, and a quick assessment of the individual's medical condition. One Recovery/Reception Point message could cover data on one or more returnees. The frequency of message transmissions was dictated by the pace of the recovery operation.

The Joint Central Processing Center (JCPC) which was located at Clark AFB, Philippines, transmitted two types of messages, Assessment Reports and Debriefing Reports on casualty data. The Assessment Report, provided information such as returnee condition, and confirmation of his CONUS hospital assignment, plus other data considered useful in the management of the release. The assessment information served relatively the same function as a Situation Report (SITREP). The Debriefing Report is comprised of several different preformatted reports designed to capture information on personnel not repatriated. The information covered in this Phase I Debriefing Report included such items as last-known status of individuals, physical descriptions of personnel not known by name, death and burial data, and any other information which would serve to determine the status of all MIA's and POW's. These reports are covered in detail in Section III of this report.

The CONUS Hospital Bases transmitted teletype messages clarifying Phase I, non-returnee status information and photo verification of the identity of non-returnees. Formatted debriefing reports (DEREPS) to handle the more extensive Phase III debriefings were transmitted via AUTODIN to the Air Force Operations Center. The frequency and volume of transmissions of both teletype

and data cards over AUTODIN was a function of the number of returnees within the system at any one time. The Final Report, Volume III of this report, details information relative to the message traffic loads experienced during OPERATION HOMECOMING.

The messages received by the 7602 Air Intelligence Group were screened by intelligence analysts prior to having their contents transcribed into a format suitable for input into the computer. This activity took place at Arlington Hall. It was designed to insure that irregularities in the communications media, such as receipt of incomplete messages and clarification of garbled segments, was accomplished prior to transcription of each message. In addition, the intelligence analyst annotated each message with the proper Recognition Identification Number (RECID) for each name included in the message. In the event a name could not be correlated with a specific returnee or non-returnee, the intelligence analyst noted on the message that the name should be classified as a "No-Match" or as an "Unknown" within the system. It was the responsibility of the intelligence analyst to request clarification or retransmission of questionable information in the message traffic.

After the intelligence analyst annotated the message, it was forwarded to the transcriber section, where pertinent information was extracted and placed on coding sheets for input into the computer data base. The transcribing activity was adjacent to the work area of the intelligence analysts in Arlington Hall, to insure ready access of personnel in one section to personnel working in the other section. The detailed instructions for the transcribing activity are contained in Section III of this document. This flow is graphically depicted in Figures 1 and 2.

2. FILE STRUCTURE AND CONTENT

The OPERATION HOMECOMING Support System File contains approximately 1800 records of data based or keyed on the PW/MIA name and its associated identifiers. These records contain the background data on the PW/MIA such as incident data, descriptive data, and next-of-kin data. As returnees were debriefed and captivity data received, it was entered in his record.

a. Pre-release Data Elements

The pre-release data elements in the OPERATION HOMECOMING System File are those taken from the Air Force Next-of-Kin File, the DIA PMSEA File, the DOD Casualty File, and the PACAF PW/MIA Index. All PW/MIA data, regardless of source, was transferred to the OPERATION HOMECOMING ADP Support System File in its original form. Where data in these files has been stored in logical arrays, the arrays have been duplicated as well. Data stored in coded form is converted on output reports through the use of code conversion tables.

The pre-release data elements are listed below. Detailed field characteristics of these data elements are found in The

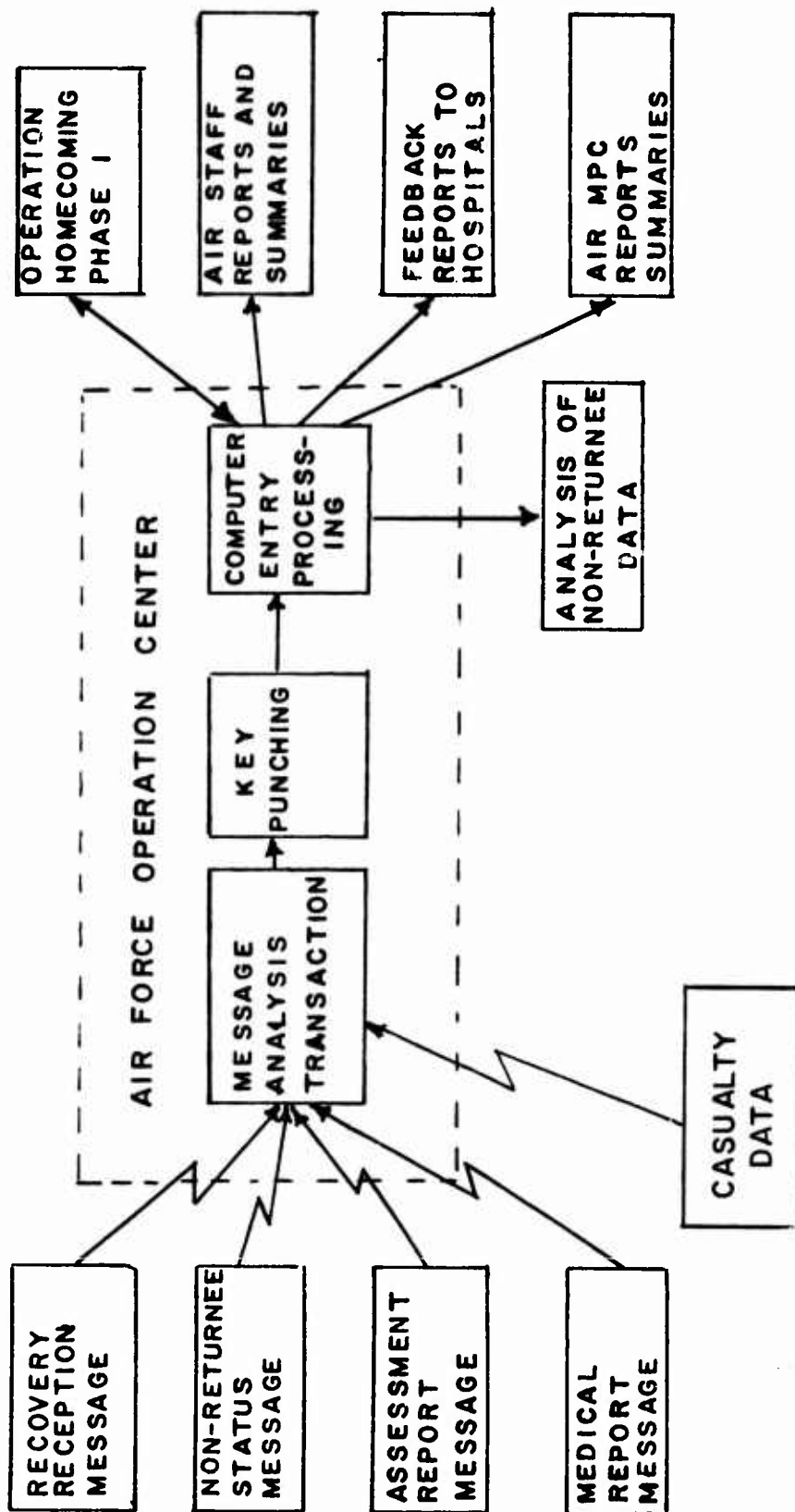


Figure 1. (U) Phase I & II Information Flow

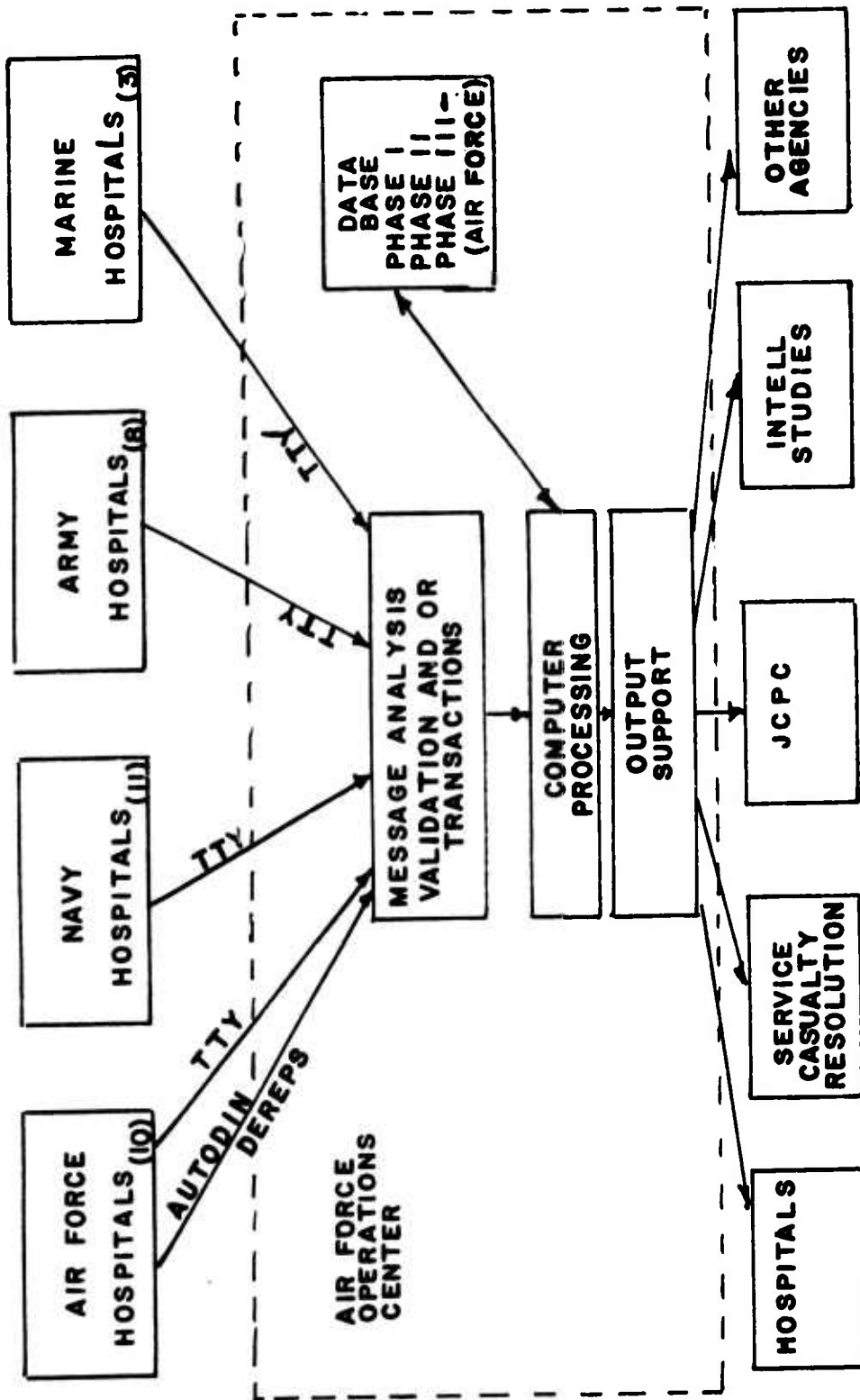


Figure 2. (U) Phase III Information Flow

Systems Manual.

NAME OF PW/MIA
DIA RECORD ID NO.
SERVICE SERIAL NUMBER
SOCIAL SECURITY ACCOUNT NUMBER
PERSONAL AUTHENTICATOR NO.
MARITAL STATUS
RELIGION
HOME OF RECORD
STATE OF RECORD
RANK AT LOSS
CURRENT RANK
SERVICE COMPONENT
DIA STATUS
SERVICE STATUS
DATE OF BIRTH
PLACE OF BIRTH
HEIGHT (IN INCHES)
WEIGHT (IN POUNDS)
COLOR OF HAIR
COLOR OF EYES
RACE ETHNIC GROUP
IDENTIFYING MARKS AND SCARS
INJURIES FROM SHOOTDOWN
INTERVIEW DATA
TAPE DATA
DIA PHOTO REFERENCES
SURVIVAL TRAINING COURSES
TENTATIVE HOSPITAL ASSIGNMENT
NUMBER OF RELATIVES
NAME OF RELATION
RELATIONSHIP CODE
CITY LOCATION OF RELATION
STATE LOCATION OF RELATION
CASUALTY ASSIST BASE FOR RELATION
NUMBER OF CHILDREN - PRIMARY NOK
CREW MEMBERS NAMES
DATE OF INCIDENT
TIME OF INCIDENT
COUNTRY OF INCIDENT
LATITUDE OF INCIDENT
LONGITUDE OF INCIDENT
TYPE ACFT INVOLVED IN INCIDENT
A/C TAIL NUMBER
CREW POSITION
TYPE MISSION
TYPE TARGET
SAR ATTEMPT

SURVIVAL EVID AT TIME OF INCIDENT
CAPTURE EVIDENCE
INJURIES FROM DETENTION
INFO ON PHOTOS OF PW/MIA

b. Post-release Data Elements

The post-release data elements in the OPERATION HOMECOMING ADP Support System File are those collected from Phase II and Phase III messages containing information on non-returnee status, returnee processing, returnee medical condition, and returnee debriefings. Message contents, regardless of source, originate on specially designed worksheets that are completed in the field. Transcribers at Arlington Hall extracted data from these worksheets so that it could be keypunched as system input. Where data from the field was recorded in logical arrays, the array structure is left intact as input cards are keypunched. Code conversion tables are used in generating output reports.

The post-release data elements are listed below. Detailed field characteristics of these data elements are found in Volume I, "Systems Manual".

(1) Phase II

RECOVERY/RECEPTION POINT DATA

PLACE OF RECOVERY
COUNTRY OF RECOVERY
DATE/TIME RECOVERY
MEDICAL CONDITION CODE
MEDICAL CONDITION REMARKS

NON-RETURNEE STATUS DATA

NON-RETURNEE SET ID
NON-RETURNEE NAME
NICKNAME 1
NICKNAME 2
NICKNAME 3
RANK/GRADE
BRANCH OF SERVICE
DATE OF LAST INFO/DEATH
DATE QUALIFIER
INFORMATION SOURCE
LAST KNOWN STATUS
CAMP NAME
CAMP NICKNAME 1
CAMP NICKNAME 2
CAMP NICKNAME 3

PLACE NAME/CITY
COUNTRY CODE
DISTANCE FROM PLACE
DIRECTION FROM PLACE
PHYSICAL CONDITION CODE
PHYSICAL CONDITION COMMENTS
DATE RELEASE PLANNED
PLACE RELEASE PLANNED
NON-RELEASE REASONS
SOURCE OF INFO ON NON-RELEASE
PERSONAL AUTHENTICATOR NO.
CREW POSITION
NATIONALITY
PLACE OF BIRTH
MARITAL STATUS
WIFE'S 1ST NAME
NUMBER CHILDREN
MOTHER'S NAME
FATHER'S NAME
NO. BROTHERS AND SISTERS
BROTHER NAME 1
BROTHER NAME 2
BROTHER NAME 3
SISTER'S NAME 1
SISTER'S NAME 2
SISTER'S NAME 3
RACE
HEIGHT
WEIGHT
AGE
HAIR COLOR
EYE COLOR
MARKS-SCARS
INJURIES
OTHER DESCRIPTIVE DATA
WITNESSES OF DEATH
CIRCUMSTANCES OF DEATH

ASSESSMENT DATA

ASSESSMENT REPORT NUMBER
REPORT DATE
ORIGINATOR/ASSESSOR-NAME
ORIGINATOR/ASSESSOR-RANK
ORIGINATOR/ASSESSOR-TITLE
CONDITIONS OF RELEASE
PHASE I DEBRIEFING STATUS
DEBRIEFING STATUS COMMENTS
DEBRIEFER-NAME
DEBRIEFER-RANK

CONUS HOSPITAL ASSIGNMENT
PLANNED DEPARTURE DATE
ESCORT OFFICERS NAME
ESCORT OFFICERS' RANK
ASSESSMENT OF RETURNEE
PHASE I DATA TRANSMITTED
ADDITIONAL COMMENTS

MEDICAL DATA

PHYSICIAN'S NAME
PHYSICIAN'S RANK
EXAMINATION DATE
EXAMINATION PLACE
DIAGNOSIS
PROGNOSIS

(2) Phase III

CLARIFICATION OF PHASE I DATA

PHOTO IDENTITY VERIFICATION
DIA PRECAPTURE PAGE NO.
DIA POSTCAPTURE PAGE NO.
CREW MEMBER EGRESS FROM AIRCRAFT
CREW MEMBER CONTACTED/OBSERVED ON GROUND
DETAILS OF LAST CONTACT
NON-RETURNEE PLACE OF BURIAL
DIRECTION FROM PLACE
DISTANCE FROM PLACE
NON-RETURNEE COUNTRY OF BURIAL
LATITUDE OF PLACE OF BURIAL
LONGITUDE OF PLACE OF BURIAL
MAP TYPE
MAP SERIES
SHEET NUMBER
MAP SCALE
ITEMS BURIED WITH DECEASED
YEAR OF BURIAL
MONTH OF BURIAL
DAY OF BURIAL
CAMP NAME
CAMP NICKNAME 1
CAMP NICKNAME 2
CAMP NICKNAME 3
HEADSTONE INSCRIPTION
WITNESSES OF BURIAL

DEBRIEFING DATA

CAMP NAME
BEGIN DATE OF CONFINEMENT
END DATE OF CONFINEMENT
CAMP NICKNAME 1
CAMP NICKNAME 2
CAMP NICKNAME 3
PLACE OF CONFINEMENT
COUNTRY OF CONFINEMENT
LATITUDE (CONFINEMENT)
LONGITUDE (CONFINEMENT)
MAP TYPE (CONFINEMENT)
MAP SERIES (CONFINEMENT)
MAP NUMBER (CONFINEMENT)
MAP SCALE (CONFINEMENT)
UTM COORDINATES (CONFINEMENT)
LOCATION REMARKS (CONFINEMENT)
CAMP TYPE (CONFINEMENT)
CAMP CAPACITY (CONFINEMENT)
CAMP AREA (CONFINEMENT)
NUMBER OF BUILDINGS (CONFINEMENT)
CAMP CONTROL (CONFINEMENT)
DATE OF CAMP'S FIRST USE (CONFINEMENT)
DATE OF CAMP'S LAST USE (CONFINEMENT)
COMMENTS (CONFINEMENT)
TYPE OF MISTREATMENT 1
TYPE OF MISTREATMENT 2
TYPE OF MISTREATMENT 3
NAME OF PERSON MISTREATED
RANK OF PERSON MISTREATED
SERVICE OF PERSON MISTREATED
INFORMATION SOURCE (MISTREATMENT)
BEGIN DATE FOR MISTREATMENT
END DATE FOR MISTREATMENT
CAPTIVITY PHASE (MISTREATMENT)
PLACE (MISTREATMENT)
COUNTRY (MISTREATMENT)
CAMP NAME (MISTREATMENT)
CAMP NICKNAME 1 (MISTREATMENT)
CAMP NICKNAME 2 (MISTREATMENT)
CAMP NICKNAME 3 (MISTREATMENT)
FREQUENCY OF MISTREATMENT
DURATION OF MISTREATMENT
REASON FOR MISTREATMENT
RESULTS OF MISTREATMENT
CAPTOR IDENTIFICATION (MISTREATMENT)
COMMENTS (MISTREATMENT)
TYPE OF PROPAGANDA
BEGIN DATE FOR PROPAGANDA EVENT

END DATE FOR PROPAGANDA EVENT
CAPTIVITY PHASE (PROPAGANDA)
PLACE (PROPAGANDA)
COUNTRY (PROPAGANDA)
CAMP NAME (PROPAGANDA)
CAMP NICKNAME 1 (PROPAGANDA)
CAMP NICKNAME 2 (PROPAGANDA)
CAMP NICKNAME 3 (PROPAGANDA)
FREQUENCY OF PROPAGANDA EVENTS
NUMBER OF PROPAGANDA EVENTS, BY YEAR
SIZE OF PW GROUP (PROPAGANDA)
PW KNOWLEDGE OF TAPING (PROPAGANDA)
PW KNOWLEDGE OF FILMING (PROPAGANDA)
TYPE OF COERCION 1 (PROPAGANDA)
TYPE OF COERCION 2 (PROPAGANDA)
TYPE OF COERCION 3 (PROPAGANDA)
TYPE OF COERCION 4 (PROPAGANDA)
TYPE OF COERCION 5 (PROPAGANDA)
FOREIGN PRESS NATIONALITY 1 (PROPAGANDA)
FOREIGN PRESS NATIONALITY 2 (PROPAGANDA)
FOREIGN PRESS NATIONALITY 3 (PROPAGANDA)
FOREIGN PRESS NATIONALITY 4 (PROPAGANDA)
FOREIGN PRESS NATIONALITY 5 (PROPAGANDA)
FOREIGN PRESS NATIONALITY 6 (PROPAGANDA)
RESULTS OF FOREIGN PRESS PARTICIPATION (PROPAGANDA)
COMMENTS (PROPAGANDA)
CAPTOR NAME
CAPTOR NICKNAME 1
CAPTOR NICKNAME 2
CAPTOR NICKNAME 3
CAPTOR RANK
NATIONALITY (CAPTOR IDENTIFICATION)
ORGANIZATION AFFILIATION (CAPTOR IDENTIFICATION)
DIA PHOTO REFERENCE 1 (CAPTOR IDENTIFICATION)
DIA PHOTO REFERENCE 2 (CAPTOR IDENTIFICATION)
DIA PHOTO REFERENCE 3 (CAPTOR IDENTIFICATION)
DIA PHOTO REFERENCE 4 (CAPTOR IDENTIFICATION)
DIA PHOTO REFERENCE 5 (CAPTOR IDENTIFICATION)
DIA PHOTO REFERENCE 6 (CAPTOR IDENTIFICATION)
POSITION/ROLE (CAPTOR IDENTIFICATION)
INFORMATION SOURCE (CAPTOR IDENTIFICATION)
FREQUENCY OF CONTACT (CAPTOR IDENTIFICATION)
LAST CONTACT DATE (CAPTOR IDENTIFICATION)
PLACE (CAPTOR IDENTIFICATION)
COUNTRY (CAPTOR IDENTIFICATION)
CAMP NAME (CAPTOR IDENTIFICATION)
CAMP NICKNAME 1 (CAPTOR IDENTIFICATION)
CAMP NICKNAME 2 (CAPTOR IDENTIFICATION)
CAMP NICKNAME 3 (CAPTOR IDENTIFICATION)

COMMENTS (CAPTOR IDENTIFICATION)
ENEMY INTELLIGENCE ACTIVITY
ACTIVITY TERMINATION DATE
FREQUENCY OF INTELLIGENCE ACTIVITY
NUMBER OF INTELLIGENCE ACTIVITY EVENTS, BY YEAR
CAPTIVITY PHASE (ENEMY INTELLIGENCE)
PLACE (ENEMY INTELLIGENCE)
COUNTRY (ENEMY INTELLIGENCE)
INFORMATION SOURCE (ENEMY INTELLIGENCE)
CAMP NAME (ENEMY INTELLIGENCE)
CAMP NICKNAME 1 (ENEMY INTELLIGENCE)
CAMP NICKNAME 2 (ENEMY INTELLIGENCE)
CAMP NICKNAME 3 (ENEMY INTELLIGENCE)
NAME OF CAPTOR PERSONNEL 1 (ENEMY INTELLIGENCE)
NAME OF CAPTOR PERSONNEL 2 (ENEMY INTELLIGENCE)
NAME OF CAPTOR PERSONNEL 3 (ENEMY INTELLIGENCE)
SIZE OF PW GROUP (ENEMY INTELLIGENCE)
NAMES OF PW PERSONNEL 1 (ENEMY INTELLIGENCE)
NAMES OF PW PERSONNEL 2 (ENEMY INTELLIGENCE)
NAMES OF PW PERSONNEL 3 (ENEMY INTELLIGENCE)
NAMES OF PW PERSONNEL 4 (ENEMY INTELLIGENCE)
DETAILS OF INTELLIGENCE ACTIVITY EVENT
COMMENTS (ENEMY INTELLIGENCE)
DATE OF MISSION (SHOOTDOWN/CAPTURE)
TIME OF LOSS (SHOOTDOWN/CAPTURE)
MISSION TYPE (SHOOTDOWN/CAPTURE)
TARGET TYPE (SHOOTDOWN/CAPTURE)
AIRCRAFT TYPE (SHOOTDOWN/CAPTURE)
CREW POSITION (SHOOTDOWN/CAPTURE)
REASON FOR AIRCRAFT LOSS 1
REASON FOR AIRCRAFT LOSS 2
REASON FOR AIRCRAFT LOSS 3
PLACE OF LOSS (SHOOTDOWN/CAPTURE)
COUNTRY OF LOSS (SHOOTDOWN/CAPTURE)
LATITUDE (SHOOTDOWN)
LONGITUDE (SHOOTDOWN)
SHOOTDOWN LOCATION, DISTANCE FROM PLACE OF LOSS
SHOOTDOWN LOCATION, DIRECTION FROM PLACE OF LOSS
SHOOTDOWN INJURY 1
SHOOTDOWN INJURY 2
SHOOTDOWN INJURY 3
SHOOTDOWN INJURY 4
SHOOTDOWN INJURY 5
EGRESS FROM AIRCRAFT
RADIO CONTACT
SAR ATTEMPTS
REASONS FOR SAR FAILURE
EVASION PERIOD
REASONS FOR EVASION FAILURE
DATE OF CAPTURE

PLACE OF CAPTURE
COUNTRY OF CAPTURE
DISTANCE FROM PLACE OF CAPTURE
DIRECTION FROM PLACE OF CAPTURE
LATITUDE (CAPTURE)
LONGITUDE (CAPTURE)
CAPTOR AFFILIATION (SHOOTDOWN/CAPTURE)
COMMENTS (SHOOTDOWN/CAPTURE)
NATURE OF ILLNESS/INJURY
FREQUENCY OF ILLNESS/INJURY
DURATION OF ILLNESS/INJURY
DATE OF ILLNESS/INJURY
SOURCE OF TREATMENT PROVIDED
CAPTIVITY PHASE (MEDICAL)
PLACE (MEDICAL)
COUNTRY (MEDICAL)
CAMP NAME (MEDICAL)
CAMP NICKNAME 1 (MEDICAL)
CAMP NICKNAME 2 (MEDICAL)
CAMP NICKNAME 3 (MEDICAL)
NAME OF HOSPITAL
DURATION OF HOSPITAL CONFINEMENT
QUALITY OF TREATMENT
NATURE OF TREATMENT
SYMPTOMS/CAUSE OF ILLNESS/INJURY
FORM OF MEDICATION 1
FORM OF MEDICATION 2
FORM OF MEDICATION 3
FORM OF MEDICATION 4
OTHER TREATMENT (MEDICAL)
RESULTS (MEDICAL)
COMMENTS (MEDICAL)
DEBRIEFING STATUS (DEBRIEFING ASSESSMENT)
PROJECTED COMPLETION DATE (DEBRIEFING ASSESSMENT)
DEBRIEFING COMMENTS (DEBRIEFING ASSESSMENT)
PERSONNEL IDENTIFYING RETURNEE (DEBRIEFING ASSESSMENT)
MEDICAL CONDITION (DEBRIEFING ASSESSMENT)
COMMENTS (DEBRIEFING ASSESSMENT)
AUDIO TAPE ID (AUDIO TAPE MESSAGE LOG)
BEGINNING TAPE MARK (AUDIO TAPE MESSAGE LOG)
ENDING TAPE MARK (AUDIO TAPE MESSAGE LOG)
MESSAGE DATE/TIME GROUP (AUDIO TAPE MESSAGE LOG)
YEAR OF MESSAGE TRANSMISSION
MONTH OF MESSAGE TRANSMISSION
DAY OF MESSAGE TRANSMISSION
TIME OF MESSAGE TRANSMISSION
MESSAGE ORIGINATOR

3. OPERATION HOMECOMING DATA MANAGEMENT SYSTEM

The factors which led to the selection of the NMCS Information Processing System (NIPS/360 FFS) as the data management system for the OPERATION HOMECOMING ADP Support System include the flexibility in structuring files, the instruction set for coding edits and updates, optional methods of formulating queries and posturing file extracts, and availability of NIPS at the Air Force Operations Center. The OPERATION HOMECOMING ADP requirements and hardware/software tradeoff analysis are described in a preliminary document entitled "System Design Study to Provide ADP Support to EGRESS RECAP", RADC Technical Report No. 71-315, dated November 1971.

NIPS (360 FFS) is a generalized file management system. It has been designed for automated data processing applications which are characterized by multiple sources of input, fixed interval updating, routine file handling, and formatted output reports. Computer programs that handle file generation, transaction editing, file maintenance, file search and retrieval, and report formatting have been developed as operating components within the total system. These provide the user with a full range of capabilities for satisfying typical data processing requirements.

The design specifications for the OPERATION HOMECOMING ADP Support System depict a highly integrated PW/MIA master file constructed from subsets of other PW/MIA files maintained by DIA, DOD, and the Air Force. Using file structuring features offered under NIPS, segments of these separate files have been combined, and annotated, to enhance the depth and cross-correlation potential of the PW/MIA data which is currently available. NIPS has allowed unrestricted expansion of this master file, both in terms of the number of input sources addressed and the scope of live information collected. Facilities for reconciling different sets of codes or field lengths for common data elements, again provided by NIPS, have been utilized to achieve a greater level of standardization of file contents.

File maintenance logic under NIPS permits master file updating, and transaction editing, based on the unique requirements of each source of input to the OPERATION HOMECOMING ADP Support System and its corresponding file segment. Given the diversity of input sources and the scope of data extracted, this flexibility in addressing master file segments and types of transactions, always on an individual basis, is important. With the OPERATION HOMECOMING ADP Support System, the number of input sources can be increased in a modular fashion through the addition of logic statements. The number of data elements extracted from each of these sources can be expanded as well through slight modifications to existing logic statements.

Reports produced by the OPERATION HOMECOMING ADP Support System, using NIPS retrieval and report formatting capabilities, cover all phases of the captivity and debriefing experience of SEA PWs. These can be subdivided into non-returnee identification reports, debriefing management reports, hospital assignment and medical reports, and ad hoc returnee reports. Segmented by input source, the integrated PW/MIA file offers the user unlimited access

to all information that has been collected from input sources included as part of the OPERATION HOMECOMING ADP Support System and assimilated through automated processing. New reports may be developed, as appropriate, and added to the system through simplified procedures devised for this purpose. Existing reports can be modified, as desired, through slight modifications to control parameters.

4. SYSTEM OPERATION

This section describes the OPERATION HOMECOMING system operational flow from the recovery and initial debriefing of the returned prisoners of war to the computer summaries and reports produced from the CONUS hospital debriefing reports. The steps of the system operational flow are presented in an order that corresponds to the OPERATION HOMECOMING plan for processing the returnees. It should be noted that the possibility for some overlap in these steps exists, depending on the method and location of the PW release. This situation occurred wherein data was being received and processed from all phases of the planned processing cycle at one time. The system's operation was sufficiently flexible to permit all steps associated with the processing of data from the returnees to occur simultaneously.

a. Joint Central Recovery Center (Phase I)

(1) Name, rank, date of recovery, and medical assessment of all returned PWs transmitted to the CONUS facilities engaged in OPERATION HOMECOMING.

(2) Messages received were transcribed to data cards and the pre-release file updated. This updating consisted primarily of changes in status from PW, MIA or KIA to that of a returnee. In addition, the recovery place and medical assessment information was entered in the returnee's record.

(3) Computer reports were produced and transmitted to appropriate users.

b. Joint Central Processing Center (Phase II)

(1) Phase II debriefing conducted of returnees concerning status of crew members and non-returnees only (AUDIO recordings).

(2) Phase II message forms completed and transmitted via teletype to CONUS facilities engaged in OPERATION HOMECOMING.

(3) Assessment Reports on each Air Force returnee were forwarded to Air Force agencies involved with OPERATION HOMECOMING.

- (4) Medical Reports were completed and transmitted as required for Air Force returnees.
- (5) All messages were reviewed and transcribed to coding forms for keypunching and file updating by 7602 AIG transcribers at Ft. Belvoir and Arlington Hall.
- (6) File update and data validation reports were produced for analysis and correction of coding or keypunching errors.
- (7) Computer summary and status reports were produced and transmitted to appropriate users.
- (8) Reports received on unknown non-returnees were consolidated and an extensive analysis effort was expended to identify each individual.

c. CONUS Hospitals (Phase III)

- (1) Phase III debriefings of returnees were recorded on audio tape.
- (2) After each debriefing session the appropriate message forms (casualty information) and/or DEREPS (captivity information) were completed.
- (3) The messages were transmitted to facilities involved in OPERATION HOMECOMING.
- (4) DEREPS were keypunched and transmitted via AUTODIN to the AFOC.
- (5) Phase III data received at the AFOC was reviewed prior to file updating by the 7602 AIG personnel and INCO, Inc.
- (6) Cards received at AFOC via AUTODIN were reviewed and entered directly into the computer for processing and file updating.
- (7) File update and data validation reports were produced for analysis and correction of transmission, coding or keypunching errors.
- (8) Computer summary and status reports were produced as necessary.
- (9) Feed back reports were transmitted to the CONUS hospitals for review by debriefers to insure that data was being properly received and updated at the AFOC.

During the receipt of the Phase III debriefing data, the computers in the Air Force Command Center and at Air Force Data Services were used to process data in order to obtain the maximum amount of useful information for determining the status of a non-returnee. Printouts such as obtaining the names of all returnees who were confined in the same PW camp at approximately the same time were produced to support staff activities concerning PW activities.

SECTION III

DEBRIEFERS INSTRUCTIONS

1. GENERAL

This section presents the debriefers instructions that were used in the field during OPERATION HOMECOMING. The personnel selected to conduct the debriefings received extensive training based on the guidance contained within this section. The same information was published and distributed as the "Debriefers Handbook" to all individuals having a need for it. During the processing of the returning prisoners of war, it became necessary to make several minor adjustments to the instructions as originally published, to meet the operational needs of the system. These modifications have been incorporated in the instructions as they appear within this section of The Users Manual.

The instructions are presented in three parts--an Introduction, Debriefers Guidance, and the Debriefers Reporting Instructions. The introduction provides a brief insight to the overall plan for OPERATION HOMECOMING, covering the objective and describing to the potential debriefer in general terms what would be expected of him. Part II details some pertinent facts on how to conduct a successful debriefing. It also informs the debriefer on the level and type of information expected to be derived from each phase of the debriefings. Part III is devoted to reporting instructions. It provides a detailed breakdown of each report required to support the system.

The following pages present the instructions principally as published in December 1972, with the modifications which were incorporated during the implementation of OPERATION HOMECOMING.

2. INTRODUCTION

OPERATION HOMECOMING is the official nickname given to the plan for processing repatriated U. S. prisoners of war and other detained U. S. personnel. Each Service has an OPERATION HOMECOMING plan as do many major and unified commands throughout the world. These plans are centrally coordinated through the DOD PW/MIA Task Force, an organization that unifies the Services and a wide variety of government agencies in handling all aspects of the PW/MIA issue. A major purpose of this DOD structure is to insure standardization in the processing plans without neglecting important elements that distinguish one Service from another.

The mission of OPERATION HOMECOMING is to establish a worldwide capability to receive repatriated U. S. personnel and give them sensitive, individualized treatment and care. The ultimate goal is twofold: (1) to help each returnee confidently rejoin our society, his family, and his chosen career as quickly and easily as possible; and (2) to insure that no special interest profits at the expense of our men or the interests of our nation.

OPERATION HOMECOMING planning provides four essential elements in the returnees' processing sequence: (1) prompt return to the CONUS commensurate with medical requirements; (2) insurance that medical needs and personal welfare receive priority over all other considerations; (3) considerate debriefing for information relative to the fate of others, to capture, confinement, and release; and (4) personnel counseling and assistance aimed at returning personnel to military or civilian occupations commensurate with individual needs and desires. Throughout, the processing will be scheduled so as to be unhurried, orderly, and free of duplication and excessive waiting for processing services. Where possible, the intent and purpose of processing actions--medical, administrative, and debriefing--will be explained to the returnee and his family. Above all, conflict among elements of the processing team must be avoided. Teamwork is essential.

Based on our experience with past PW returnees, it is apparent that the debriefing process--and the rapport established between the debriefer and the returnee--is second in importance only to the medical processing and treatment. We can expect the returnee to be intensely involved with the captivity environment that he and his associates endured. He will be anxious--sometimes above all else--to tell what he knows about those PW and MIA personnel who do not return from captivity: whether they're dead, missing, or still in captivity. Certainly, the chronological narration of his captivity may be of great therapeutic value to him. By "opening up" to his debriefer about his captivity experiences, the returnee may relieve some concerns, emotions, and problems that could plague him forever if he kept them "bottled up".

On the other hand, the information that we gain from our returnees may be of inestimable value to us. While OPERATION HOMECOMING is concerned primarily with PW returnees and their families, we cannot neglect the families of those who are missing in action. These families will continue to seek information on their loved ones with an eye towards a speedy and accurate status determination. The debriefer, hopefully, will acquire information which will help clarify the status of those who do not return. Finally, other elements of information, covering the time span from shootdown to release, may lead to refinement of training programs, changes in policy, and improvement in equipment, search and rescue techniques, etc.

The task of a debriefer is potentially difficult, challenging, and rewarding. He will develop an unusually close relationship with the returnee; in all likelihood the debriefer will become the returnee's confidant and have a dynamic influence on his rehabilitation and readjustment. The information gathered will have widespread application throughout the military. The task of debriefing is a professional one requiring considerable orientation, forethought, and dedication if it is to be accomplished successfully and in the best interests of the returnee, the Air Force, and the Nation.

The instructions contained herein are not all-inclusive primarily due to the expected variety of individual returnee experiences and situations and the many variables associated with the OPERATION HOMECOMING processing sequence. The debriefer must count on using his judgment and initiative and

implementing approved modifications to the overall plan that may be required to cope with unique or individual circumstances.

3. DEBRIEFING GUIDANCE

a. OPERATION HOMECOMING Processing Phases

OPERATION HOMECOMING processing will normally be accomplished in three phases. This sequence is predicated on a number of current unknowns: the number and medical condition of those released; the place where the returnees rejoin military control; and the method of repatriation, e.g., negotiated settlement, through a third/neutral country, through the auspices of non-government organizations, etc.

Phase I processing will be accomplished as soon after repatriation as possible, normally at the in-theater location, and will involve a cursory medical evaluation and identification of those released. Returnees will then be transported as rapidly as possible to the Joint Central Processing Center (JCPC) for further care.

Phase II processing will take place at the overseas JCPC designated by the applicable unified commander (CINCPAC or USCINCEUR). The processing will include medical evaluation to determine the individual's readiness for aeromedevac return to the CONUS, initiation of medical treatment, initial debriefing for information about others not returned, a cursory update on personal affairs, and administration of key health and welfare items such as partial pay, clothing, a telephone call to next of kin, etc. This processing may take from a few days to, in some cases, two weeks or more depending on the needs of the individual and the decision of the physician in charge. When approved by the physician, the returnee will be brought to the CONUS through the Aeromedevac System.

Phase III processing will be accomplished at a designated medical facility within the CONUS. It is DOD policy that each returnee normally will be sent to the designated facility that is closest to his primary next of kin. The Air Force has ten such facilities; March, Travis, Lackland, Sheppard, Keesler, Maxwell, Scott, Wright-Patterson, Andrews, and Westover Air Force Bases. It is also DOD policy that the wife, children, mother, and father of the returnee be transported to the appropriate processing facility, if desired, and housed there at government expense. CONUS processing will generally include the following items: (1) family reunion; (2) appropriate medical examination/treatment; (3) detailed debriefing; (4) career, financial, and legal counseling as required; (5) re-establishment of administrative currency in all records and actions applicable to the returnee; (6) convalescent leave, as needed; (7) training, counseling, and assistance to meet rehabilitation and readjustment needs for as far into the future as may be

required; and (8) reassignment, separation, retirement, or assignment to another hospital for continued treatment as applicable.

b. Initial Debriefing

As indicated above, the Phase II processing at the JCPC will include initial debriefing. The debriefing objective is to:

(1) Acquire all casualty information about non-returnees that can help establish the status of those PWs not yet released or those individuals missing in action (MIA).
(DEBRIEFING REPORTS)

(2) Assess each returnee's attitude towards, and readiness for, detailed debriefing in CONUS and to ascertain what, if any, conditions the captor had placed on each returnee's release. (ASSESSMENT REPORTS)

This initial debriefing will be accomplished by debriefers already designated, trained, and stationed in the Pacific and European areas, although CONUS debriefers may perform this task under certain conditions (see paragraph D).

c. Detailed Debriefing

Phase III processing includes detailed debriefing. The objective of this detailed debriefing is the clarification of casualty information obtained during Phase II debriefing and the acquisition of information that will lead to a reconstruction of the total captivity experience.

d. Unconventional Release and Processing

Circumstances of release may be such that U. S. PWs are released in a manner which precludes the events described above. It is possible that the returnees may bypass the JCPC and travel directly to CONUS. Following such a release, initial debriefings would be conducted in the CONUS hospitals immediately preceding detailed debriefings. Furthermore, medical and psychological reasons may postpone the initial debriefings of some returnees until CONUS, even though they processed through a JCPC. In these circumstances, the CONUS debriefer must be prepared to conduct the initial debriefings.

e. Pre-Release Nontechnical Debriefing Training

Prior to the release of PWs, an extensive training program was conducted to selected personnel who were to be used as debriefers during OPERATION HOMECOMING. Some of the more important considerations covered in addition to the technical aspect of completing

report forms were as follows:

(1) The man being debriefed will have undergone an unusual and sometimes harrowing experience. Under the best of circumstances, being shot down and captured is traumatic. Following capture, the man may have been physically abused and may have received little or no treatment for his injuries. During periods of his captivity he may have been forced to survive apart from companions who might have assisted him with his injuries and contributed to his morale and mental well being. Throughout captivity, he generally subsisted on a substandard diet that lacked variety and which he may have found unpalatable. Periodically he may have had to summon high levels of mental and physical stamina to resist furnishing his captors with information or becoming involved in propaganda efforts. During captivity, he probably was required to make instinctive, hasty decisions and adjustments within a framework of uncertainties and anxieties. All of these demands and pressures may have affected his personality and may cause him to display degrees of suspicion, hostility, and indecision for a period of time after his release.

(2) Under the stresses and demands of captivity, he may have made concessions to his captor exceeding those he expected to make. If so, he may feel guilty regarding these concessions. The degree of his guilt feelings will be predicated upon the extent and nature of the pre-capture training he received on the Code of Conduct. Such guilt feelings may well cause him to acknowledge to the debriefer certain captivity experiences of which he is less than proud.

The purpose of the foregoing is to prepare the debriefer for the intense vicarious experience he will undergo as he accompanies and sometimes leads the returnee through his story. Regardless of how impassioned or painful his retelling of his experiences may be, the debriefer must remain as dispassionate as possible. A professional composure will assist in the eventual success of both the debriefing process and the returnee's rehabilitation. While the debriefer's understanding may be evident, any over-display of sympathy--or mild condemnation--may cause serious emotional consequences for the returnee. The debriefer must remain on guard not to praise obvious acts of great endurance, stamina, or even heroic resistance. To do so may make the returnee reluctant to report occurrences he might consider damaging to the image he has conveyed.

The role of a debriefer is that of an intelligence debriefer committed to the process of gathering information and providing the returnee an opportunity to tell his story. The debriefer's role should have no investigative connotations

whatsoever. If the returnee should suspect that he is being "interrogated", he may overtly or covertly refuse further cooperation. The best way to establish and maintain rapport and trust between the debriefer and the returnee is to be perfectly honest and sincere at all times. His abilities to recognize, and his sensitivities to, all degrees of insincerity and suspicion have been heightened by personal experience while a captive. A returnee is capable of employing the same resistance techniques in an adverse debriefing situation that he used successfully against his captors.

In addition to being aware of the above, the debriefer can increase his effectiveness as a debriefer by reading the following books:

"Reported to be Alive", by Grant Wofkill and published by Simon and Schuster, 1965, and

"Five Years to Freedom", by James Rowe and published by Little and Co., 1971.

The debriefer training emphasized experiences and conditions of captivity in NVN because much more information is available on captivity there than in all other areas of Southeast Asia. The above two books furnish insight into captivity conditions in South Vietnam and Laos. Both books are available in base libraries.

f. Reporting and Pre-Debriefing Activities

A debriefer will be assigned to a CONUS hospital processing site by his service organization. At this Phase III CONUS processing site, he will be part of the OPERATION HOMECOMING Processing Team that is composed of many disciplines: medical, personnel, finance, public affairs, legal, chaplain, logistics, and intelligence. This team will be managed by the OPERATION HOMECOMING Processing Team Chief. Consultants will also be available from the Veterans Administration, and Internal Revenue Service.

Teamwork is essential. OPERATION HOMECOMING personnel will rely on the judgement of each other to help accomplish their particular duties. For example: the debriefer should never comment to the press but should courteously refer all such inquiries to the public affairs officer. Similarly, inquiries from next of kin for information about PW/MIA personnel not returned should be tactfully referred to the base Casualty Assistance Officer.

If the release allows the planned implementation of OPERATION HOMECOMING, the debriefers should arrive at their assigned debriefing sites at least two days before the arrival of the returnee to be

debriefed. On arrival, the debriefer will report to the Debriefing Team Supervisor (DTS). The DTS or a member of the debriefing support staff should conduct a briefing on the organization of the staff (see Figure 3) and other subjects in which a debriefing officer may require updating.

As much time as possible should be spent by a debriefer in familiarizing himself with the materials described below. Additionally, the debriefer should ascertain if the man to be debriefed had a crewmember or members who are listed as MIA after his release.

The Debriefing Team Supervisor will make the assignment of returnee and debriefer. An effort should be made to match rank and age of the debriefer to that of the returnee. The debriefer must be afforded access to all available intelligence reference material and personal data on the returnee he will debrief. These will include:

(1) The PACAF Intelligence Index of USAF Personnel MIA/PW, SEA. This book contains photographs of USAF PWs and MIAs and operational data on their final mission. Sufficient copies will be at each site. This book also furnishes the current status of the returnee's crewmember/s, where applicable.

(2) Assessment Report. A copy of his Assessment Report dispatched from the JCPC. The Assessment Report will contain the following items of information as applicable:

(a) Conditions of Release.

(b) Comments on debriefing status--this portion will state one of the following possibilities:

-1- Returnee has been initially debriefed and is agreeable to further debriefing on arrival in CONUS.

-2- Returnee has not been initially debriefed because of (medical considerations, personal problems, etc.).

-3- Returnee has been debriefed and is not agreeable to further debriefing because _____.

(c) Assessment of Returnee: Comments to amplify above as required.

(d) Additional Comments.

Even though the Assessment report is primarily designed to assist the debriefing support staff in determining the availability of

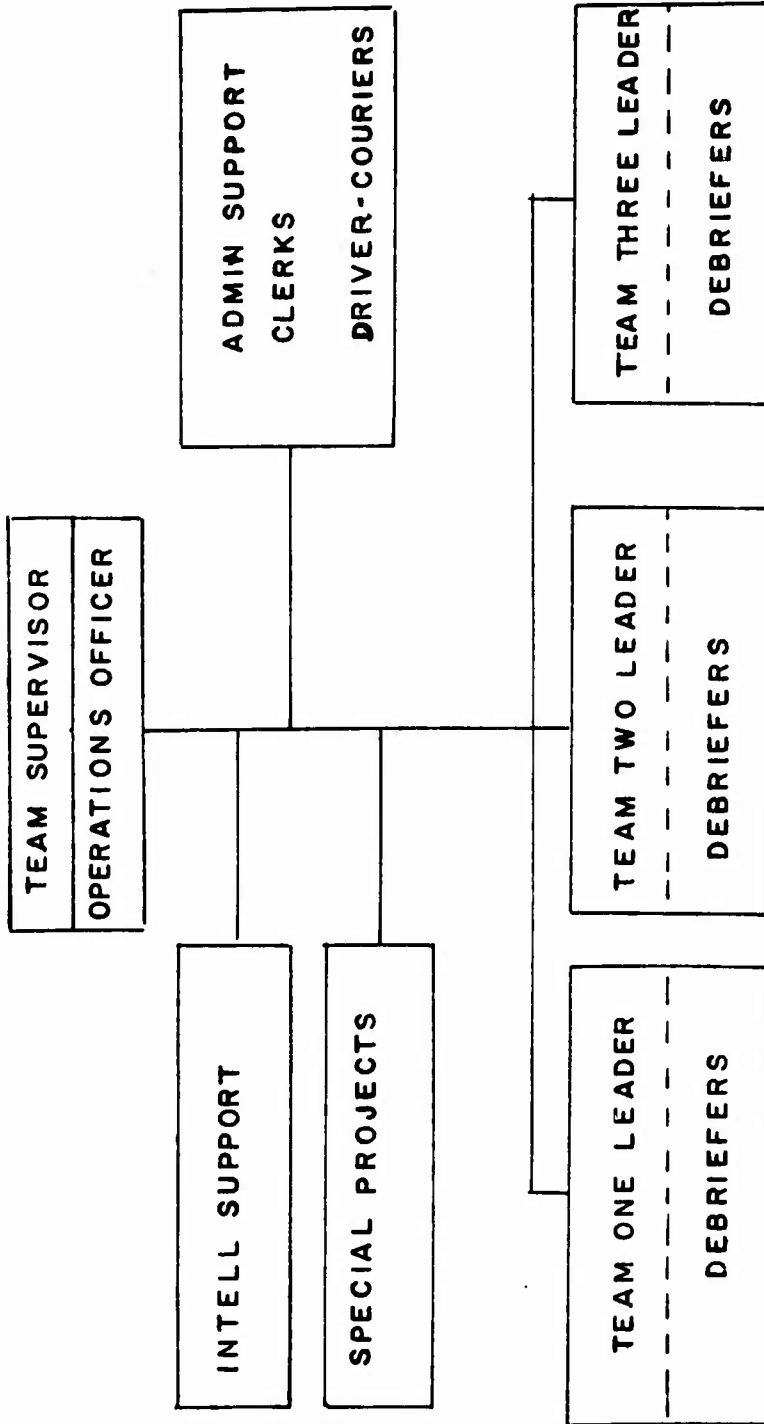


Figure 3. (U) Debriefing Team Organization

a returnee for CONUS debriefing, it also furnishes an insight into his attitudes and possible problem areas.

(3) Debriefing Reports. A copy of the returnee's Debriefing Reports, containing the casualty information on non-returnees which he provided during the initial debriefing, if that debriefing was accomplished at the JCPC. The debriefer should, time permitting, locate the pictures in the DIA photo reference books of the non-returnees reported as known by name in order to verify later with the returnee the identifications he made. (NOTE: If receipt of the Debriefing Reports are delayed, the debriefer should acquaint himself with this report as soon as possible because clarification of these reports at the earliest opportunity is required to satisfy and finalize non-returnee casualty information.)

(4) Crewmember Listing. A crewmember list that will contain the current status and other information on all MIA crewmembers of all known PWs.

(5) Tape Recorder. A high quality equipment will be available and practice in operating it should be accomplished before the first debriefing session. An instruction manual is available for each set.

(6) Photo Books. Two sets of these books will be available:

(a) One set is in two volumes, titled DIA PWs and MIA in SEA (U), Vol. I, Precapture Photographs (DI-367-2-72); and Vol. II, Postcapture Photographs and Index (DI-367-3-72), NOTE: the returnee's key identifier is his DIA ID Number, available in Vol. II. This ID number must appear in every report resulting from this returnee's debriefing.

(b) The other is a single volume titled DIA Unidentified U. S. Prisoners of War in SEA (U) (DI-365-5-72). It contains unidentified photos of PWs acquired from 3rd party sources. Both sets of books will be used during early phases of the debriefing.

(7) Camp and Enemy Personnel Photo Books. DIA publications Prisoner of War Camps in North Vietnam (U) (DI-367-18-72) and North Vietnamese Personnel Associated with U. S. Prisoners of War (U) (DI-367-13-72) will also be available.

The designated Debriefing Team Leader will be qualified to assist and provide guidance in the use of all of the above-mentioned support equipment and materials.

Medical treatment, reunion with family, and other considerations may preclude meeting the returnee soon after his arrival. An introduction to him will take place before the first formal debriefing session. During this initial meeting, the debriefer should set the stage for his future relationship. Let the returnee know that you recognize that his medical needs and time with his family take precedence in his processing and that the debriefing schedule will be worked out with this in mind.

Before actually starting the debriefing, the returnee should be told that the purpose is to gather information that will clarify the status of non-returnees and to acquire all possible information on all aspects of his experience from last mission to release. The debriefer should let him know what sequence you prefer to follow (see paragraph h, following, for a recommended sequence) and that it would be desirable to tape the information he furnishes. The importance of obtaining a taped record should be explained and that he has the option of shutting off the tape recorder whenever he desires.

g. Use of Tape Recorder

An integral part of the record of each debriefing is the taped narrative of the debriefing sessions. They will prove invaluable in extracting elements of information to be reported and also for eventual extraction of the mass of significant data needed for research. For the tape to be useful, the recording must be clearly audible and each tape must be identified as to general subject content. For standardization and ease of later monitoring, tapes are to be recorded at a speed of one and seven eighths inches per second (1-7/8 IPS), using only one side of the tape. This tape speed will allow three continuous hours of recording and one tape should be sufficient for most debriefing sessions. While longer sessions will require the use of additional tapes, no tape will be used for more than one session. Tapes must be rewound following each recording or playback. If the recorder has a stereo capability, record in the stereo mode. When a new tape is placed on the recorder, wind up approximately two feet on the takeup reel, set the tape counter to zero, and make any volume tests necessary. When satisfied with the quality of the recorded sound, rewind the tape and reset the counter to zero to record the debriefing session. Each tape will be identified on the tape box with the following:

- (1) DIA ID Number of the returnee, returnee's name (Last, First, Middle Initial), and rank.
- (2) Debriefers name and rank.
- (3) Tape number in sequence. Each returnee will have his own number sequence.

(4) Date of debriefing/recording session.

(5) Major topics on the tape, e.g., Shootdown, Category 1 non-returnees, Medical Treatment, Camp Organization, etc.

Reports known as DEREPS (see Paragraph 4) require that the tape number and tape reference points for each report be entered. These tape points may be copied from the counter during the debriefing session itself or later during playback.

h. Debriefing Sequence

If the returnee has not been debriefed for non-returnee casualty, or crewmember information at a JCPC or other previous location, the first debriefing task will be to obtain this information, following the instructions that begin in Paragraph 4, under Debriefing Reports. Although he may have little or no information on his crewmember(s) still listed as MIA, the debriefer should obtain and report whatever information the returnee has on him/them as soon as possible.

Based on the experience with previous returnees, the returnees have been most anxious to pass on this type of information. It is impossible to predict the extent of a returnee's knowledge of others or the order in which he will prefer to relate it. He may recite names and other identifying information from memory or he may prefer to write them down. He may even possess a written list he prepared since he was released, or even one he smuggled out of captivity. The information may be in alphabetical order and/or by rank and/or service or be grouped by acquisition chronology. No matter what method he employs, the debriefer must obtain all available details on each individual he reports. At the conclusion of the final debriefing session the information on each individual reported must be categorized and formatted in accordance with the detailed instructions in Paragraph 4. The tapes and any lists he furnished and notes taken during the debriefing will be of great help in assembling this data.

In those situations where a returnee has not been debriefed at a JCPC or not been processed through a JCPC, the debriefer will complete the Assessment Report in accordance with the instructions in Paragraph 4, at the conclusion of the first debriefing session only.

The initial phase of the debriefing concerning non-returnee casualty data after his arrival at the CONUS hospital will be to clarify this data by preparation of DEBRIEFING CLARIFICATION REPORTS. If the initial phase was conducted by a previous debriefer, it will be available along with a list of those prisoners who were personally observed by the returnee. The first clarification step will be to have the returnee make identifications utilizing the DIA Photo Books. Additionally, the debriefer may be furnished, or have acquired

personally, a list of identities he reported earlier but which were not positively identified because the circumstances by which the returnee knew of the individual(s) precluded positive identification. For example, the returnee may have spelled phonetically the man's name and this spelling did not correspond to that of a known MIA or PW. In such instances, clarification will consist simply of ascertaining if he can assist with further details. Instructions for these DEBRIEFING CLARIFICATION REPORTS begin in Paragraph 4e.

After completing the above, the returnee should review all photographs in the following DIA publications for possible further identifications:

DI-367-2-72, PWs and MIA in SEA (U), Vol. I, Precapture photographs.

DI-36703-72, PWs and MIA in SEA (U), Vol. II, Postcapture Photographs and Index.

DI-365-5-72, Unidentified U. S. Prisoners of War in SEA (U).

Any identifications obtained should be reported on preformatted PW IDENT REPORT message forms in accordance with the instructions beginning in Paragraph 4f.

The next step in the debriefing represents the final one in obtaining and clarifying casualty data. It involves acquiring from the returnee a chronological listing and description of the camps he was held in and the arrival and departure dates for each. It should explain to him that his information is needed this early in the debriefing because it will be used to help identify individuals unknown by name but known to have been in certain camps during specific time periods. Once obtained, this information must be entered on the CONFINEMENT CHRONOLOGY REPORT forms. Instructions for preparing this report are contained in Paragraph 4g.

As explained above, all debriefing sessions up to this time have been concerned with obtaining and clarifying non-returnee casualty data. Following completion of this effort, the debriefing of the returnee will concentrate on obtaining as complete an account as possible of his experiences from his last mission until his release. At this point in time the debriefer and the returnee will have established the necessary rapport and can proceed in a mutually agreed upon manner. A chronological account of the returnee's experiences, beginning with his last mission, is the easiest approach. This part of the debriefing should begin with an explanation of its purpose, the reasons for acquiring a detailed account of his captivity experience, and how it will be correlated with information from all other returnees. In addition, it should be pointed out

that the data will be furnished to military agencies concerned with PW affairs, safety, and training, to assist them in making any necessary changes in plans, policy, training, or equipment.

It should be recommended to the returnee that he start with his last mission and tell his entire story, in his own words, at his pace. He should be informed that as the debriefing proceeds, he may be asked an occasional question or requested that he explain some points in greater detail. The returnee should be permitted to tell of his experiences in his own manner and speed.

All of the information that is ultimately desired from his story by the services and the Department of Defense is listed in the appropriate DIA Specific Intelligence Collection Requirements (SICR). Most of this information can be extracted later from the tape recordings, but some of it, however, requires specific reporting by the debriefer. The particular information areas that are to be reported on are:

- (1) Shootdown/Capture
- (2) Mistreatment
- (3) Propaganda
- (4) Enemy Personnel Identification
- (5) Enemy Intelligence Activity
- (6) Captivity Medical Treatment

Each military service will conform to the reporting requirements established within the scope of this handbook, with the exception of the DEREPS which are applicable to the U. S. Air Force personnel debriefings only. The parent service, Army, Navy, or Marines, will establish their own method for submission of the Phase III, CONUS Hospital details of captivity. The Air Force DEREPS instructions are contained in this handbook and are designed to assist the debriefer organize and report this information. So that it may be incorporated promptly and effectively into an automated data base, special preformatted message forms called DEREPS have been developed. Special DEREPS Checklists are furnished to assist the debriefer in filling out these forms. The corresponding DEREPS Checklist should be filled out following each debriefing session in which information on a particular area is reported by the returnee. When the checklist is completed with all pertinent and available information, the debriefer should then fill out the DEREPS message form. Detailed instructions for the preparation of DEREPS begins in Paragraph 4f.

Information required by DIA SICR's but not specified for inclusion in a DEREPA covers the entire spectrum of the returnee's experiences. The applicable SICR's, A-XPD,26477 and D-7CX-49019, along with specially prepared Debriefing Worksheets, will be available at the debriefing site. It is recommended that the debriefer familiarize himself with their contents. The worksheets can be used as a prompter for areas covered in more detail by the SICR's. Familiarization with the SICR's, the associated worksheets, will help insure that the required information is obtained and recorded on tapes.

All of the required preformatted report forms must be turned in to the Debriefing Team Leader as soon as completed. This individual will be responsible for forwarding them through the proper channels. Figure 4 depicts the debriefing reports flow from debriefer to interested agencies.

The foregoing enumerates and describes the various support materials, personnel, and other aids that will be available before, and during the debriefing. It should be remembered that despite all of this support, the most meaningful and detailed information will be consistently obtained by the debriefer who recognizes the need to probe when additional details are needed, and who asks the returnee for his impressions and opinions about the causes and results of, and reactions to, significant events.

4. DEBRIEFER'S REPORTING INSTRUCTIONS

The processing of released prisoners of war will be accomplished in three separate phases, each attempting to acquire specific elements of information. This section of the User's Manual addresses in detail the reports and elements of information associated with each phase of debriefing. The instructions are arranged to provide the debriefer with an insight into the reason for each report, its format, to whom it must be addressed, and specific instructions for each of the data elements within each report. The reports are grouped by the phase of processing to which they apply. Additional guidance concerning the debriefing is provided in Paragraph 3.

If conflicting instructions are discovered, they should be referred to the appropriate Debriefing Team Chief for resolution. All reports will be classified no lower than "SECRET NOFORN". The addressee list indicated on the cover page of each report will be adhered to unless other specific guidance is received from the OPERATION HOMECOMING Coordinator (AFIS/INFPB).

a. Phase I/II Recovery and Medical Report Messages

The initial messages concerning returned U. S. prisoners of war will be submitted from overseas Recovery/Reception Points. These Phase I messages are to be electronically transmitted by Flash Precedence to the Air Force Operations Center, Washington, D. C.,

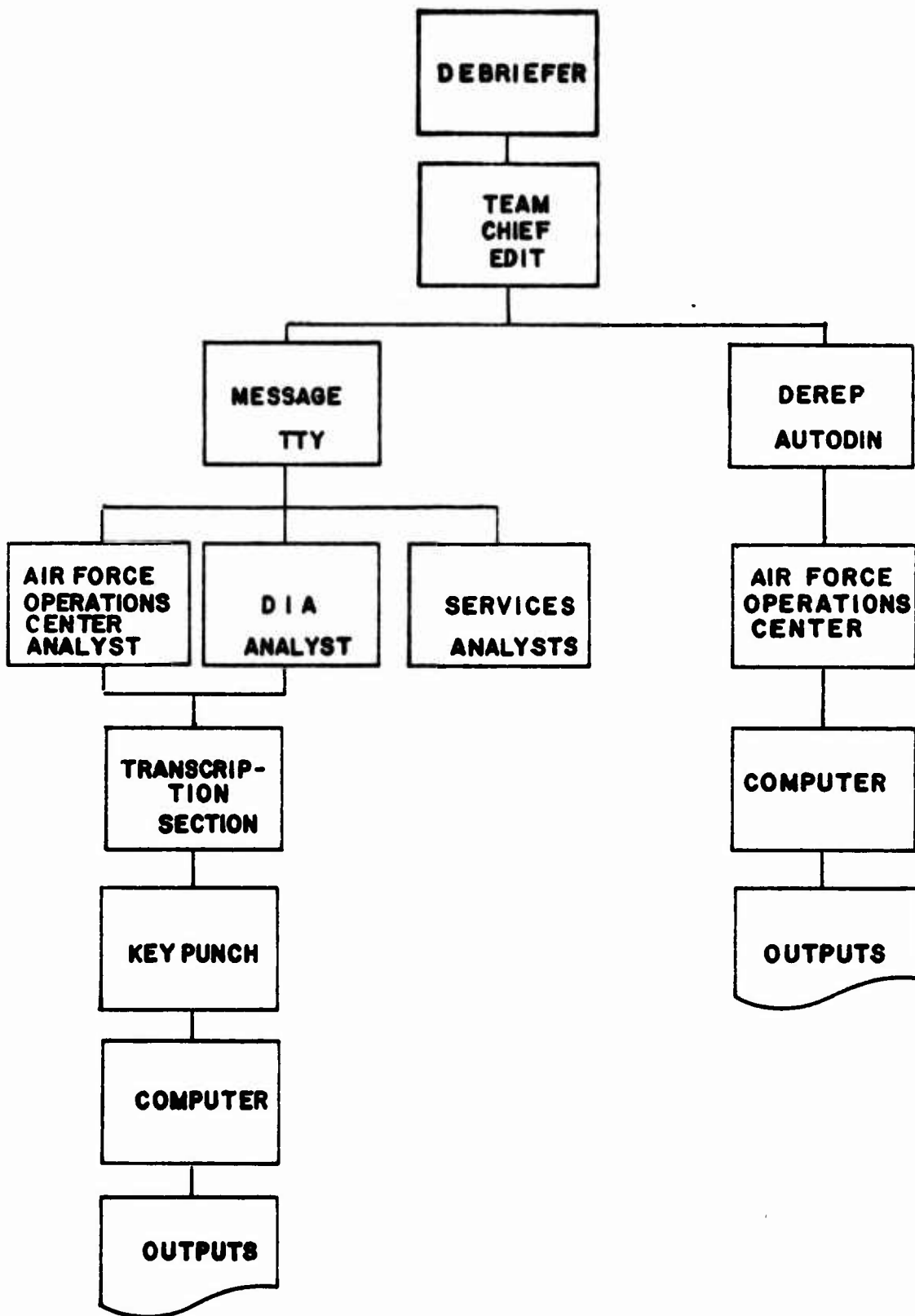


Figure 4 (U) Reports Flow

Attention: OPERATION HOMECOMING Duty Officer. All messages will contain the following: This is an OPERATION HOMECOMING message releasable by Service Casualty Divisions only. These messages are intended to identify those individuals returned to U. S. control. The following are the data elements to be reported for each returnee: (See Figure 5, "Recovery Point Message", on the following page.)

Name
Grade (Rank)
Social Security Account Number/Service Serial Number
Place of Recovery
Country of Recovery
Year of Recovery
Month of Recovery
Day of Recovery
Time of Recovery (Zulu)
Estimate of Physical Condition
Physical Condition Comments

In addition, Phase I/II Medical Reports are to be submitted to the Air Force Operations Center, Attention: OPERATION HOMECOMING Duty Officer by Immediate Precedence message as soon as possible but not later than 60 hours after release. Updates to this medical information will be transmitted as deemed appropriate. Initial medical reports will include the following information. (See Figure 6, "Medical Report", on the page after next.)

Name
Grade (Rank)
Social Security Account Number/Service Serial Number
Physician's Name
Physician's Rank
Date of Examination
Place of Examination
Primary Diagnosis
Other Significant Diagnosis
Current Prognosis and Condition
Medical Considerations Essential to Hospital Assignment
Other Pertinent Factors (e.g., patient preferences, etc.)

b. Phase II Debriefing Instructions

The Phase II debriefing of returned U. S. prisoners of war will only collect casualty data concerning personnel not returned to U. S. control.

During this phase, for returned U. S. Air Force prisoners of war only, initial debriefers will also prepare Assessment Reports on their respective returnees. Detailed debriefings on all other requirements will occur during Phase III debriefing at CONUS facilities.

JOINT MESSAGEFORM							SECURITY CLASSIFICATION					
PAGE	WRITER OR RELEASE TIME	ACT	INFO	AMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY					
01												
								11	0900Z	NOV	72	
MESSAGE HANDLING INSTRUCTIONS												
<p>FROM: AMEMBRY VIENTIANE LAOS</p> <p>TO: AIR FORCE OPERATIONS CENTER ATTN: OPERATION HOMECOMING DUTY OFFICER</p> <p>INFO: AIG 7189</p> <p>SECRET NO FOREIGN DISSEM LIMITS JOPREP JIFFY THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U) RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY</p> <ol style="list-style-type: none"> 1. MAJOR RICHARD P. ROE, 205322466, USAF WAS RELEASED BY NVN AUTHORITIES AT THIS STATION ON 11 NOV 72, 0400Z. 2. MAJ ROE APPEARS HEALTHY BUT HAGGARD AND WITHDRAWN. HE APPEARS TO BE SUFFERING A KIDNEY AILMENT AND AN INJURY TO HIS LEFT LEG BOTH OF WHICH WILL REQUIRE MEDICAL ATTENTION. THE BROKEN LEFT LEG WAS INCORRECTLY SET AND WILL HAVE TO BE RESET AT A CONUS HOSPITAL. THE KIDNEY AILMENT WILL REQUIRE TREATMENT AT A SPECIALIZED FACILITY. <p>(SAMPLE MESSAGE)</p>												
DATA												
WRITER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS						
TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE												
WORKYOUNG												
						SECURITY CLASSIFICATION						

DD FORM 173 (OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF 16-50-108-00 000-00

Figure 5. (U) Recovery Point Message.

JOINT MESSAGEFORM							SECURITY CLASSIFICATION			
PAGE	DRAFTER OR RELEASE TIME	PRIORITY ACT INFO	LMF	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				
						DATE - TIME	MONTH	YR		
						15 0800Z	NOV	72		
MESSAGE HANDLING INSTRUCTIONS										
<p>FROM: OPERATION HOMECOMING CENTRAL PROCESSING CENTER CLARK AFB PHILIPPINE, IS</p> <p>TO: AIR FORCE OPERATIONS CENTER ATTN: OPERATION HOMECOMING DUTY OFFICER</p> <p>INFO: AIG 7189</p> <p>SECRET NO FOREIGN DISSEM LIMITS JOPREP JIFFY THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE(U) RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY</p> <ol style="list-style-type: none"> 1. MAJOR RICHARD P. ROE, 205322466, USAF ARRIVED AT CLARK AFB ON 15 NOV 72, 0500Z. 2. ATTENDING PHYSICIAN IS MAJOR ALBERT P. LORSTAD, USAF. 3. KIDNEY AILMENT IS SUFFICIENTLY SERIOUS TO WARRANT SPECIALIZED, PROLONGED TREATMENT. A CHANGE IN HOSPITAL ASSIGNMENT FROM ANDREWS AFB TO MAXWELL AFB IS BEING CONSIDERED BECAUSE OF REQUIREMENT FOR KIDNEY TREATMENT FACILITIES. 4. MAJOR ROE HAS EXPRESSED A PREFERENCE FOR ASSIGNMENT TO ANDREWS AFB BECAUSE OF PROXIMITY OF NEXT OF KIN. <p>(SAMPLE MESSAGE)</p>										
DISTR										
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS				
RELEASER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										
SIGNATURE										
						SECURITY CLASSIFICATION				

DD FORM 173(00) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF. 48-10-74204 GPO 20-70

Figure 6. (U) Medical Report

Phase II reports will be prepared by the initial debriefer and forwarded from the initial debriefing point, most probably the overseas Joint Central Processing Center. In the unlikely contingency that the returnee is repatriated directly to the U. S., the principal debriefer at the CONUS hospital will obtain this Phase II information and prepare the prescribed forwarding reports.

(1) Debriefing Reports

The contents of the four possible Phase II Debriefing Reports are described below (and shown in Figures 7 to 11):

- o PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE (CATEGORY 1) [Subform D1]
- o PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE (CATEGORY 2) [Subform D2, D2a]
- o PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED (CATEGORY 3) [Subform D3]
- o PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED (CATEGORY 4) [Subforms D4, D4a]

The message forms required for each category of non-return returnee will be completed to record the information provided by each returnee debriefed. Only those data elements (e.g., name, nickname(s), rank, branch of service, etc.) for which the returnee has actually provided information will be electrically transmitted. All other data elements on which no information was reported (e.g., mother's name, hair color, injuries, etc.) are to be lined out on the message form by the debriefer and are not to be transmitted.

The Debriefing Report message forms for each returnee (DD Forms 173-1 [Subforms D1-D4] as shown in Figures 7 to 11) are to be grouped by category and then covered by a DD Form 173 (Subform DF as shown in Figure 7) which provides proper message addressees.

These debriefing reports will be submitted ASAP whenever sufficient information is available to the appropriate message center for transmission by Immediate Precedence Message. The Final debriefing reports will be submitted not later than eight hours after completion of the initial briefing.

(2) General Instructions for Debriefing and Assessment Report Messages

- o Print or write legibly.

- o Gather all information on each non-returnee prior to reporting--DO NOT transmit fragmentary information in multiple messages.
- o If the returnee desires to list all known non-returnees prior to providing details, hold this list and transmit it only when all details can be included with each name on the list.
- o Use the message forms as a debriefing guide to insure that all information requirements are fulfilled.
- o Be consistent in use of terminology (e.g., in source of information, always use "first-hand" or "second-hand", followed by method of acquiring information, for example, "hand signals").
- o Returnee, NOT debriefer, should provide phonetic spelling for non-returnee names.
- o Listings of PW/MIA names and photographs will be used in clarification portion of Phase III debriefing. Returnee should NOT be exposed to any listing of PW/MIA names or photographs until debriefer has exhausted returnee's memory.
- o Complete only those data elements reported by the returnee.
- o Line out all data elements for which information was not provided, prior to submitting the message forms to the Communications Center.
- o Prepare a separate form for each non-returnee reported. The form selected will depend upon the Category (1-4) appropriate to the non-returnee.
- o Page 1 (DD Form 173) need only be completed once per message; that is, all casualty information reported by a given returnee should be included in a single message.
- o Enter dates as Year, Month, and Day.
- o Enter Names as Last, First, and Middle Initial.
- o All forms should be completed in duplicate. One form will be used by the Communications Center for message transmission and the other will remain with the returnee's files.

JOINT MESSAGEFORM						SECURITY CLASSIFICATION	
PAGE	DRAFTEE OR RELEASEE NAME	PRECEDENCE ACT INFO	LINE	CLASS	SIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY	
						DATE-TIME	MONTH YR
OF	MESSAGE HANDLING INSTRUCTIONS						
0000							
<p>FROM:</p> <p>TO: DIA/DI-6 WASH DC</p> <p>AIR FORCE OPERATIONS CENTER WASH DC</p> <p>DA/DAMI-DOO-EP WASH DC</p> <p>DA/DAAG-PSC WASH DC</p> <p>NAVINTCOM WASH DC</p> <p>NAVREPERS WASH DC</p> <p>7602AINTELG/INFPB FT BELVOIR VA</p> <p>AFMPC/DFMPC RANDOLPH AFB TEX</p> <p>CMC/A02A/DNA WASH DC</p> <p>INFO: COMUSMACV/JCRC SAIGON SOUTH VIETNAM</p> <p>SECRET NO FOREIGN DISSEM LIMDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE. RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY. FOR OPERATION HOMECOMING ACTION OFFICERS ONLY.</p> <p>DEBRIEFING REPORT NO.: _____</p> <p>1. RETURNER: _____ RANK: _____</p> <p>2. DEBRIEFER: _____ RANK: _____</p> <p style="text-align: right;">(DF)</p>							
DATE:							
DRAFTEE TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS	
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						
	SIGNATURE					SECURITY CLASSIFICATION	

DD FORM 173
1 JAN 68

REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66, WHICH WILL BE USED IN THE USAF. GPO 48-25-0148-1 421-089

Figure 7. Debriefing Report Cover Sheet

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTEE OR RELEASED TIME	PRECEDENCE ACT	INFO	IMP	CLASS	AIR	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
OF							DATE - TIME	MONTH	YR
BOOK	MESSAGE HANDLING INSTRUCTIONS								
<p>CATEGORY 1: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE</p> <p>NAME: _____</p> <p>NICKNAME(S): _____</p> <p>RANK: _____ BRANCH OF SERVICE: _____</p> <p>CREW DUTY POSITION: _____ AIRCRAFT/VEHICLE: _____</p> <p>UNIT: _____ DUTY STATION: _____</p> <p>DATE OF LAST INFO: _____ DATE QUALIFIER: _____</p> <p>SOURCE OF INFO: _____</p> <p>LAST KNOWN STATUS: _____</p> <p>CAMP NAME: _____ NICKNAME(S): _____</p> <p>PLACE NAME: _____ COUNTRY: _____</p> <p>DISTANCE FROM PLACE: _____ DIRECTION: _____</p> <p>PHYSICAL CONDITION: _____ COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ADDITIONAL COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(D1)</p>									
DATE:									
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SPECIAL INSTRUCTIONS				
RELEASER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
	SIGNATURE								
					SECURITY CLASSIFICATION				

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF. GPO 68-10-2142-1 GSA-100

Figure 8. Category 1, Personnel Known by Name and Believed to be Alive

JOINT MESSAGEFORM										SECURITY CLASSIFICATION	
PAGE	CHAPTER OR RELEASED TIME	PRECEDENCE	IMP	CLASS	SEC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			DATE - TIME	MO	YR
OF											
BOOK	MESSAGE HANDLING INSTRUCTIONS										
<p>CATEGORY 2: PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE:</p> <p>U/I DESIGNATOR: _____ NICKNAME(S): _____</p> <p>RANK: _____ BRANCH OF SERVICE: _____</p> <p>PERSONAL AUTH. NO.: _____ CREW/DUTY POSITION: _____</p> <p>AIRCRAFT/VEHICLE: _____ UNIT: _____</p> <p>DUTY STATION: _____</p> <p>DATE OF CAPTURE: _____ DATE QUALIFIER: _____</p> <p>DATE OF FIRST INFO: _____ DATE QUALIFIER: _____</p> <p>DATE OF LAST INFO: _____ DATE QUALIFIER: _____</p> <p>SOURCE OF INFO: _____</p> <p>OTHERS WHO HAVE SEEN: _____</p> <p>LAST KNOWN STATUS: _____</p> <p>CAMP NAME: _____ NICKNAME(S): _____</p> <p>PLACE NAME: _____ COUNTRY: _____</p> <p>DISTANCE FROM PLACE: _____ DIRECTION: _____</p> <p>PHYSICAL CONDITION: _____ COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(D2)</p>											
DISTR:											
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS					
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										
	SIGNATURE										
						SECURITY CLASSIFICATION					

DD FORM 173
1 JUL 68

REPLACE DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USA.

Figure 9. Category 2, Personnel Unidentified by Name and Believed to be Alive

JOINT MESSAGEFORM										SECURITY CLASSIFICATION	
PAGE	DRAFTER OR		CLASSIFICATION		LANG	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			
RELEASED TIME	ACT	INFO						DATE - TIME	MONTH	YR	
OF											
BOOK											
MESSAGE HANDLING INSTRUCTIONS											
CATEGORY 2: CONTINUED											
ADDITIONAL COMMENTS/DETAILS OF LAST CONTACT: _____											

NATIONALITY: _____ BIRTHPLACE: _____											
HOMETOWN: _____ HOME STATE: _____											
MARITAL STATUS: _____ WIFE'S NAME: _____											
NO. OF CHILDREN: _____ NO. OF BRO. & SIS.: _____											
MOTHER'S NAME _____ FATHER'S NAME: _____											
CHILDREN'S NAME(S): _____											
BROTHER'S NAME(S): _____											
SISTER'S NAME(S): _____											
RACE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____											
COMPLEXION: _____ EYE COLOR: _____											
HAIR COLOR: _____ HAIR STYLE: _____											
GLASSES: _____ NOSE: _____											
EARS: _____ BUILD: _____											
IDENTIFYING MARKS AND SCARS: _____											

(D2a)											
DISTR:											
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE											
TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE											
SIGNATURE											
SPECIAL INSTRUCTIONS											
SECURITY CLASSIFICATION											

DD FORM 173

REPLACE DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF. GPO 68-9-248-1 01-68

Figure 9. Category 2, Personnel Unidentified by Name and Believed to be Alive (continued)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION		
PAGE	ORIGINATOR OR RELEASED TO	PRECEDENCE PRT INFO	LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
OF						DATE - TIME	MONTH	YR
BOOK								
MESSAGE HANDLING INSTRUCTIONS								
<p>CATEGORY 2: CONTINUED</p> <p>INJURIES: _____</p> <p>DISTINCTIVE HABITS: _____</p> <p>FOREIGN LANGUAGE CAPABILITY: _____</p> <p>OTHER DESCRIPTIVE INFO: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(D2b)</p>								
DISTR:								
ORIGINATOR TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS		
RELEASABLE	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE							
	SIGNATURE							
						SECURITY CLASSIFICATION		

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF.

GPO 40-10-6120-1 00-000

Figure 9. Category 2, Personnel Unidentified by Name and Believed to be Alive (continued)

JOINT MESSAGEFORM					SECURITY CLASSIFICATION			
PAGE	ORIGINATOR OR RELEASED TO	REFERENCE ACT	INFO	IMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICAT CTR CENTER ONLY	
							DATE	TIME
OF							MONTH	YR
0000 MESSAGE HANDLING INSTRUCTIONS								
CATEGORY 3: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED								
NAME: _____								
NICKNAME(S): _____								
RANK: _____ BRANCH OF SERVICE: _____								
CREW/DUTY POSITION: _____ AIRCRAFT/VEHICLE: _____								
UNIT: _____ DUTY STATION: _____								
DATE OF DEATH: _____ DATE QUALIFIER: _____								
SOURCE OF INFO: _____								
DISPOSITION OF REMAINS: _____								
CAMP NAME: _____ NICKNAMES: _____								
PLACE NAME: _____ COUNTRY: _____								
DISTANCE FROM PLACE: _____ DIRECTION: _____								
CIRCUMSTANCES OF DEATH: _____								
WITNESSES OF DEATH: _____								
ADDITIONAL COMMENTS/DETAILS OF LAST CONTACT: _____								

(D3)								
DISTR:								
PREPARED BY: TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
SPECIAL INSTRUCTIONS								
R L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE							
	SIGNATURE							
	SECURITY CLASSIFICATION							

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED
IN THE USAF. GPO 65-2-3452-1 61-400

Figure 10. Category 3, Personnel Known by Name and Believed to be Deceased

JOINT MESSAGEFORM						SECURITY CLASSIFICATION	
PAGE	DRAFTEE OR RELEASED TIME	PRECEDENCE ACT (MPP)	LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY	
						DATE - TIME	MONTH YEAR
OF	MESSAGE HANDLING INSTRUCTIONS						
BOOK							
<p>CATEGORY 4: PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED</p> <p>U/I DESIGNATOR: _____ NICKNAME(S): _____</p> <p>RANK: _____ BRANCH OF SERVICE: _____</p> <p>PERSONAL AUTH. NO: _____ CREW/DUTY POSITION: _____</p> <p>AIRCRAFT/VEHICLE: _____ UNIT: _____</p> <p>DUTY STATION: _____</p> <p>DATE OF CAPTURE: _____ DATE QUALIFIER: _____</p> <p>DATE OF FIRST INFO: _____ DATE QUALIFIER: _____</p> <p>DATE OF DEATH: _____ DATE QUALIFIER: _____</p> <p>SOURCE OF INFO: _____</p> <p>DISPOSITION OF REMAINS: _____</p> <p>CAMP NAME: _____ NICKNAME(S): _____</p> <p>PLACE NAME: _____ COUNTRY: _____</p> <p>DISTANCE FROM PLACE: _____ DIRECTION: _____</p> <p>CIRCUMSTANCES OF DEATH: _____</p> <p>_____</p> <p>WITNESSES OF DEATH: _____</p> <p>_____</p> <p style="text-align: right;">(D4)</p>							
DATA:							
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS	
RELEASED BY	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						
	SIGNATURE						
						SECURITY CLASSIFICATION	

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66 WHICH WILL BE USED IN THE USAF. GPO 405-0-242-1 405-000

Figure 11. Category 4, Personnel Unidentified by Name and Believed to be Deceased

JOINT MESSAGEFORM						SECURITY CLASSIFICATION		
PAGE	EXPIRES ON	CLASS	CLASS	CLASS	CLASS	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
	RELEASE TIME	ACT	INFO			DATE - TIME	MONTH - YR	
OF								
BOOK								
MESSAGE HANDLING INSTRUCTIONS								
CATEGORY 4: CONTINUED								
ADDITIONAL COMMENTS/DETAILS OF LAST CONTACT: _____								

NATIONALITY: _____ BIRTHPLACE: _____								
HOMETOWN: _____ HOME STATE: _____								
MARITAL STATUS: _____ WIFE'S NAME: _____								
NO. OF CHILDREN: _____ NO. OF BRO. & SIS.: _____								
MOTHER'S NAME: _____ FATHER'S NAME: _____								
CHILDREN'S NAME(S): _____								
BROTHER'S NAME(S): _____								
SISTER'S NAME(S): _____								
RACE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____								
COMPLEXION: _____ EYE COLOR: _____								
HAIR COLOR: _____ HAIR STYLE: _____								
GLASSES: _____ NOSE: _____								
EARS: _____ BUILD: _____								
IDENTIFYING MARKS AND SCARS: _____								

(D4a)								
NOTE:								

DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS		
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE							
	SIGNATURE							
							SECURITY CLASSIFICATION	

DD FORM 173
1 JUL 62

REPLACES DD FORM 173, 1 NOV 60 AND DD FORM 173-1, 1 NOV 60, WHICH WILL BE USED IN THE USAF.

GPO 625-10-5483-1 G25-225

Figure 11. Category 4, Personnel Unidentified by Name and Believed to be Deceased (continued)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	ORIGINATOR OR PRECEDENCE	LMP	CLASS	SIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				
	RELEASED TIME	ACT	INFO			DATE - TIME	MONTH	YR.	
OF									
0000 MESSAGE HANDLING INSTRUCTIONS									
CATEGORY 4: CONTINUED									
INJURIES: _____									
DISTINCTIVE HABITS: _____									
FOREIGN LANGUAGE CAPABILITY: _____									
OTHER DESCRIPTIVE INFO: _____									

(745)									
0000									
ORIGINATOR TYPE, NAME, TITLE, OFFICE SYMBOL AND PHONE					SPECIAL INSTRUCTIONS				
RECEIVER	TYPE, NAME, TITLE, OFFICE SYMBOL AND PHONE				SECURITY CLASSIFICATION _____				
	SIGNATURE								

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-4, 1 NOV 65, WHICH WILL BE USED IN THE USAP. GPO 48-50-2287-1 02-68

Figure 11. Category 4, Personnel Unidentified by Name and Believed to be Deceased (continued)

c. Phase II Debriefing Reports

The format for each of the Phase II debriefing reports is depicted in Figures 7 to 11. In addition, Figures 12 and 13 provide an example of a completed Category 1 report form to illustrate the method of filling in the desired information. It should be noted that the data elements for which no information was available, or which were not applicable, are lined out. This is done to insure that all data elements were given consideration and also to eliminate the transmission of unnecessary header information.

These DD Forms 173 and 173-1 will be preprinted and available at each debriefing location.

The instructions pertaining to each of the data elements required follow:

(1) Data Element Instructions

The data elements associated with the first four categories of messages that are used primarily in Phase II data collection are addressed below. The type of information expected to be entered for each element is described along with abbreviations that are acceptable. Figure 14 depicts the different message categories to which a particular data element applies. The data elements are arranged in alphabetic order to facilitate finding a specific one.

ADDITIONAL COMMENTS:

This space is provided to permit entry of any pertinent information regarding a non-returnee which would be of value in determining his status or when and where he can be expected to be repatriated. There is no limitation as to the number of words used, however, the additional comment should be as brief as possible. The reliability of the information should be stated--was it first-hand direct contact or hearsay from other sources. The additional comments are also intended to provide space for expanding on other elements of data.

AIRCRAFT/VEHICLE:

Provide the type of aircraft or the vehicle that the non-returnee was associated with at the time of his loss incident (e.g., F105, Jeep, PT Boat).

AGE:

Enter the non-returnee's age, in either exact, if known, or approximate, in terms of range of years (i.e., 30-35, 22-25).

JOINT MESSAGEFORM						SECURITY CLASSIFICATION						
PAGE	CHAPTER OR RELEASED FROM	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY					
		AST	MPD				DATE	TIME	MONTH	YR		
OP												
MESSAGE HANDLING INSTRUCTIONS												
<p>FROM:</p> <p>TO: DIA/DI-6 WASH DC</p> <p>AIR FORCE OPERATIONS CENTER WASH DC</p> <p>DA/DAMI-DOO-HP WASH DC</p> <p>DA/DAAG-PSC WASH DC</p> <p>NAVINTCOM WASH DC</p> <p>NAVBUFERS WASH DC</p> <p>7602AINTELG/INFFB FT BELVOIR VA</p> <p>AFMPC/DFMSC RANDOLPH AFB TEX</p> <p>CAC/AO2A/DNA WASH DC</p> <p>INFO: COMUSMACV/JCRC SAIGON SOUTH VIETNAM</p> <p>SECRET NO FOREIGN DISSEM LINDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE. RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY. FOR OPERATION HOMECOMING ACTION OFFICERS ONLY.</p> <p style="text-align: right;">DEBRIEFING REPORT NO.: <u>1</u></p> <p>1. RETURNEE: <u>Smith, Robert</u> RANK: <u>Maj.</u></p> <p>2. DEBRIEFER: <u>Jones, Charles K.</u> RANK: <u>Maj.</u></p> <p style="text-align: right;">(DF)</p>												
DATE:												
CHAPTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS						
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SECURITY CLASSIFICATION						
	SIGNATURE											

DD FORM 173 1 JUL 68 REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66, WHICH WILL BE USED IN THE USAF. GPO 20-10-6160-1 GPO-1968

Figure 12. Example, Category 1 Report Cover Sheet

JOINT MESSAGEFORM						SECURITY CLASSIFICATION					
PAGE	CHAPTER OR RELEASED TIME	PRECEDENCE ACT	INFO	LMF	CLASS	SIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				
									DATE - TIME	MONTH	YR.
BOOK											
MESSAGE HANDLING INSTRUCTIONS											
CATEGORY 1: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE											
NAME: <u>Doc, John R.</u>											
NICKNAME(S): <u>Sharty</u>											
RANK: <u>Capt.</u> BRANCH OF SERVICE: <u>AF</u>											
CREW/DUTY POSITION: <u>P</u> AIRCRAFT/VEHICLE: <u>F-4</u>											
UNIT: _____ DUTY STATION: _____											
DATE OF LAST INFO: <u>July 72</u> DATE QUALIFIER: <u>Est.</u>											
SOURCE OF INFO: <u>First hand, Visual Observation</u>											
LAST KNOWN STATUS: <u>PW</u>											
CAMP NAME: <u>Halo</u> NICKNAME(S): <u>Hilton</u>											
PLACE NAME: _____ COUNTRY: _____											
DISTANCE FROM PLACE: _____ DIRECTION: _____											
PHYSICAL CONDITION: <u>Fair</u> COMMENTS: <u>Leg broken</u>											
<u>on ejection; Walking on crutches when last</u>											
<u>seen; Leg appeared to be healing normally.</u>											
ADDITIONAL COMMENTS: <u>Smith had visual contact with</u>											
<u>Doc on several occasions at Hilton. Commu-</u>											
<u>nicated with Doc by hand signals</u>											
<u>from across courtyard.</u>											
(D1)											
DATE:											
WRITER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS					
TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE											
NEW YORK											
SECURITY CLASSIFICATION											

DD FORM 173

REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66, WHICH WILL BE USED IN THE USAF.

Figure 13. Example, Category 1 Report Elements

BIRTHPLACE:

Provide the non-returnee's place of birth, by city or town, and state or country.

BRANCH OF SERVICE:

Provide Air Force, Army, Navy, Marine, Civilian or Foreign National, (i.e., AF, AR, NA, MC, CV, or FN).

BROTHERS NAME(S):

Provide only the first name of each brother.

BUILD:

Provide a general description of the non-returnee's build (i.e., medium, heavy, slight, thin, fat, stocky, etc.).

CAMP NAME:

Provide the officially accepted name of the camp in which the non-returnee was last seen, or heard of being seen in, by the returnee. If the camp is listed as known, it is not necessary to include details on its location. In the event the returnee cannot recall a name for a camp, the debriefer will assign a designator such as "Camp Alpha, Camp Bravo, etc."

CHILDREN'S NAME(S):

Provide the first name of the child only.

CIRCUMSTANCES OF DEATH:

Provide a concise statement as to the cause of death of the non-returnee. If the death was the result of the returnee's capture incident, provide any observations of the incident or information told to returnee by his captors. If death occurred during captivity, the cause and circumstances should be specified. Additional related information may also be included under "Details of Last Contact".

COMMENTS (PHYS CONDITION):

The comments field to the right of Physical Condition is provided to further describe the physical condition of the non-returnee. The non-returnee's physical condition at the time of last contact should be entered. Clarify the nature and extent of any sickness or injury and describe the medical treatment received.

COMPLEXION:

Provide a description of the non-returnee's complexion (e.g., ruddy, fair, light, dark, etc.).

COUNTRY:

Provide the name of the country that the non-returnee was last reported to have been located (i.e., North Vietnam, South Vietnam, Laos, Cambodia, or China).

CREW/DUTY POSITION:

Provide the non-returnee's crew or duty position (e.g., pilot, co-pilot, navigator, platoon leader, driver, rifleman, etc.).

DATE OF CAPTURE:

Provide the Day-Month-Year of the non-returnee's capture date. The month should be spelled out or abbreviated to prevent confusion with the day of the month entry.

DATE OF DEATH:

Provide the Day-Month-Year of death. The months should be spelled out or abbreviated to prevent confusion with the day.

DATE OF FIRST INFORMATION:

Provide the Day-Month-Year when the returnee first acquired information about the non-returnee, or the initial date he had contact with the non-returnee.

DATE OF LAST INFORMATION:

Provide the Day-Month-Year of last information pertaining to a non-returnee. Alphabetical characters should be used for identifying the month (i.e., MARCH or MAR).

DATE QUALIFIER:

Provide an indication whether the Dates of Capture, First or Last Info or Death are actual or estimated dates.

DETAILS OF LAST CONTACT:

Provide all relevant information that pertains to the situation during the last contact with the crew members or other non-returnees.

DIRECTION:

Provide the direction of the last known location from the closest village, town or city in points of the compass (e.g., N, NW, SE, etc.; or in degrees, e.g., 360, 325, 135, etc.).

DISPOSITION OF REMAINS:

Provide the manner of disposal of the non-returnee's body (e.g., buried, left on trail, cremated, unknown, etc.).

DISTANCE FROM PLACE:

Provide the distance of the last known location from the closest village, town or city in nautical miles.

DISTINCTIVE HABITS:

Provide a description of any habits that could aid in identifying the unknown non-returnee (e.g., stutter, eye-twitching, etc.).

EARS:

Provide a description of the non-returnee's ears (e.g., normal, large, protruding, flat, etc.).

EYE COLOR:

Provide the color of the non-returnee's eyes (i.e., blue, brown, hazel, black, or green).

FATHER'S NAME:

Provide father's first name.

FOREIGN LANGUAGE:

Provide an indication of foreign languages which the non-returnee could read, write or speak (e.g., French, Vietnamese, German, etc.).

GLASSES:

State whether or not the non-returnee wore glasses.

HAIR COLOR:

Provide the color of the non-returnee's hair (i.e., blond, brown, black, or red).

HAIR STYLE:

Provide a description of the non-returnee's hair style (e.g., bald, thick, thin, wavy, curly, straight, etc.).

HEIGHT:

Provide the non-returnee's height in inches, exact if known, or approximate in terms of a range (i.e., 68-1/2 or 60 to 65).

HOME STATE:

Enter the name of the non-returnee's home state (i.e., Virginia, New York).

HOME TOWN:

Provide the name of the home town of the non-returnee. It should be the village, town, or city that he considers as his home town.

IDENTIFYING MARKS AND SCARS:

Provide a description of the non-returnee's marks and scars by specifying whether a mark is a birthmark or a tattoo and identifying the part of the body (e.g., birthmark/chest; tattoo/right arm, etc.). Specify a scar and identify the part of the body (e.g., scar/left leg, etc.).

INJURIES:

Provide a description of the non-returnee's injuries by specifying the type of injury and identifying the part of the body (e.g., sprain/right ankle, break/left arm, etc.).

LAST KNOWN LOCATION:

The last known location consists of six (6) separate data elements which attempt to pin-point the exact place a non-returnee was last known to be. The following data elements make up the "Last Known Location". Their definitions are located within this list of definitions:

CAMP NAME
CAMP NICKNAME(S)
PLACE NAME
COUNTRY
DISTANCE FROM PLACE
DIRECTION

LAST KNOWN STATUS:

Provide the returnee's knowledge of the status of the non-returnee at the date of latest information (i.e., PW, Evadee, Escapee, Voluntary Non-Returnee or unknown).

MARITAL STATUS:

Provide the non-returnee's marital status (i.e., single, married, divorced or separated).

MOTHER'S NAME:

Provide the first name of the non-returnee's mother.

NAME:

Provide Last, First Name, and Middle Initial, or as much of the non-returnee's name as is known. Name spelling should be as provided by the returnee.

NATIONALITY:

Provide the non-returnee's country of birth.

NICKNAME(S) (CAMP):

Provide common nickname(s) used for the camp if not a major PW facility. This field may also be used to indicate a particular part of a camp that a non-returnee was located.

NICKNAME(S) (PERSONNEL):

Provide one or more nicknames by which the non-returnee was known.

NO. OF CHILDREN:

Enter the number of children a non-returnee indicated as having.

NO. OF BROTHERS AND SISTERS:

Enter the number of brothers and sisters a non-returnee indicated as having.

NOSE:

Provide a description of the non-returnee's nose (e.g., normal, long, thick, thin, flat, narrow, straight, crooked, etc.).

OTHER DESCRIPTIVE INFO:

This space is to be utilized for any additional information about a non-returnee that could be used to assist in establishing a positive identification of the individual.

OTHERS WHO HAVE SEEN:

Provide the Name(s), Rank, Branch of Service and Nationality, if other than U. S., of other PWs who could provide verification or clarification regarding the non-returnee.

PERSONAL AUTHENTICATOR NO.:

Enter the non-returnee's four (4) digit Personal Authenticator Number if it is known.

PHYSICAL CONDITION:

Enter the returnee's opinion as to the physical condition of the non-returnee as Good, Fair, or Poor.

PHYSICAL DESCRIPTION:

In order to assist in identification of non-returnees who cannot be specifically identified by a returnee a group of physical characteristics have been selected which can be compared to pre-release data on all personnel missing in action. The following twelve elements were selected, each is defined in this list of definitions;

RACE
AGE
HEIGHT
WEIGHT
COMPLEXION
EYE COLOR
HAIR COLOR
HAIR STYLE
GLASSES
NOSE
EARS
BUILD

PLACE NAME:

Provide the name of the village, town, or city commonly associated with the camp in which the non-returnee was seen or reported.

RACE:

Provide the non-returnee's race (i.e., Caucasian, Oriental, Black, Indian, etc.).

RANK:

Provide the rank, title, or its common abbreviation, of the non-returnee, (i.e., Captain or Capt.).

SISTER'S NAME(S):

Provide the first name of sisters.

SOURCE OF INFO:

Provide the reliability of the information in terms of it being first or second-hand. If first-hand, report whether it was as a result of Direct Contact or through Visual Observation (i.e., the returnee saw the non-returnee and recognized him as a result of knowing him prior to captivity or of having had him identified by name by another PW). If second-hand, report the method of acquiring the information (e.g., hand signals, wall tapping, name seen on a list or wall, etc.) and the source (i.e., if known: Name, Rank, Branch of Service; if unknown, so state). If more than one method or source provided the essential information, so identify and report in similar detail.

UNIT:

Provide the name/type of organization to which the non-returnee was assigned at time of casualty (e.g., 8TFS, 16 SOS, 1st Cavalry Div., 1st Infantry Div., etc.).

U/I DESIGNATOR:

In the event no name or nickname is known for a non-returnee he will be considered as "Unknown" by the Debriefing Officer, and assigned a U/I Designator (i.e., Unknown #1). These U/I Designators will be maintained by the Debriefing Officers in order to insure that the same "Unknown" number is not assigned to information pertaining to another non-returnee. In the event additional data on a previously reported "Unknown" is to be forwarded, his original U/I Designator will be used.

WEIGHT:

Enter the non-returnee's weight in pounds, either exact, if known, or approximate, in terms of a range.

WITNESSES OF DEATH:

Provide the Name, Rank, and Branch of Service of all persons who witnessed the death of the non-returnee. If no other U. S. personnel witnessed the death, provide the names, nicknames or description of captor personnel who witnessed the non-returnee's death.

WIFE'S NAME:

Enter the first name of the non-returnee's wife, if known.

d. Phase II Assessment Reports

Assessment Reports are to be submitted only on all U. S. Air Force returnees from the initial debriefing point: either from the overseas Joint Central Processing Center or from the CONUS hospital, depending on which facility the returnee enters first. (Normally it is expected that the JCPC will be the initial debriefing facility.) These reports provide information on all returnees and the status of their Phase II debriefings, whether pending, in process, deferred, or completed, etc.

Should the returnees unexpectedly be processed initially at a CONUS hospital, bypassing the JCPC, only an initial Assessment Report is to be submitted. Follow-up assessment information will be reported by the CONUS hospital Debriefing Team Chief in his Daily Activities Summary Report.

Assessment Reports are to be submitted only when there is a change in the returnee's debriefing status (e.g., when the debriefing changes from "in process" to "completed") or in any of the other elements of the report itself, such as in the returnee's physical or psychological condition, or future treatment or processing.

Assessment Reports will be electrically transmitted via Immediate Precedence Message to the addressees indicated on preformatted message forms, DD Form 173 (Subform A1) and DD Form 173-1 (Subform A2). Samples of these forms are depicted in Figures 15 and 16.

(1) Data Element Instructions for Assessment Reports

The data elements contained in the Assessment Report are listed below along with the instructions pertaining to each.

ADDITIONAL COMMENTS:

Provide specific information, as soon as it is available, of the returnee's CONUS hospital assignment, estimated departure

DATA ELEMENT	MESSAGE CATEGORY			
	1	2	3	4
Additional Comments	X	X	X	X
Aircraft/Vehicle	X	X	X	X
Age		X		X
Birthplace		X		X
Branch of Service	X	X	X	X
Brother's Name(s)		X		
Build		X		X
Camp Name	X	X	X	X
Children's Name(s)		X		X
Circumstances of Death			X	X
Comments (Phys Cond)	X	X		
Complexion		X		X
Country	X	X	X	X
Crew/Duty Position	X	X	X	X
Date of Capture		X		X
Date of Death			X	X
Date of First Info		X		X
Date of Last Info	X	X		
Date Qualifier	X	X	X	X
Details of Last Contact		X	X	X
Direction	X	X	X	X
Disposition of Remains			X	X
Distance from Place	X	X	X	X
Distinctive Habits		X		X
Duty Station	X	X	X	X
Ears		X		X
Eye Color		X		X
Father's Name		X		X
Foreign Language		X		X
Glasses		X		X
Hair Color		X		X
Hair Style		X		X
Height		X		X
Home State		X		X
Hometown		X		X
Identifying Marks and Scars		X		X
Injuries		X		X
Last Known Location				
Last Known Status		X		X
Marital Status		X		X
Mother's Name		X		X
Name	X		X	
Nationality		X		X

Figure 14. Data Elements by Message Category

DATA ELEMENT	MESSAGE CATEGORY			
	1	2	3	4
Nickname(s) (Camp)	X	X	X	X
Nickname(s) (Person)	X	X	X	X
No. of Children		X		X
No. of Brothers and Sisters		X		X
Nose		X		X
Other Descriptive Info		X		X
Others Who Have Seen		X		
Personal Authenticator No.		X		X
Physical Condition	X	X		
Physical Description				
Place Name	X	X	X	X
Race		X		X
Rank	X	X	X	X
Sister's Name(s)		X		X
Source of Info	X	X	X	X
U/I Designator		X		X
Unit	X	X	X	X
Weight		X		X
Wife's Name		X		X
Witness of Death			X	X

Figure 14, cont. Data Elements by Message Category

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTEE OR RELEASED TO:	ACT	INFO	IMP	CLASS	SIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
OF							DATE - TIME	MONTH	YR
MESSAGE HANDLING INSTRUCTIONS									
<p>FROM:</p> <p>TO: AIR FORCE OPERATIONS CENTER WASH DC</p> <p>INFO: 7602 AINTELG/INFPB FT BELVOIR VA</p> <p>SECRET NO FOREIGN DISSEM LIMDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U).</p> <p>ATTN. OPERATION HOMECOMING DUTY OFFICER</p> <p>ASSESSMENT REPORT NO: _____ DATE OF REPORT: _____</p> <p>RETURNEE: _____ RANK: _____</p> <p>DEBRIEFER: _____ RANK: _____</p>									
<p>CLASS:</p> <p>(A1)</p>									
DRAFTEE TYPE, NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
R L E A S E R	TYPE, NAME, TITLE, OFFICE SYMBOL AND PHONE					SECURITY CLASSIFICATION			
	SIGNATURE								

DD FORM 173
1 Jul 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF. GPO 48-10-6482-1 G21-108

Figure 15. Assessment Report Cover Sheet

JOINT MESSAGEFORM										SECURITY CLASSIFICATION		
PAGE	DRAFTER OR RELEASED TIME	PRECEDENCE		IMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			DATE - TIME	MONTH	YR
		ACT	INFO									
OF												
MESSAGE HANDLING INSTRUCTIONS												
2. ASSESSMENT REPORT INFORMATION: CONDITIONS OF RELEASE: _____ _____ _____ _____ COMMENTS ON DEBRIEFING STATUS: _____ _____ _____ _____ ASSESSMENT OF RETURN: _____ _____ _____ _____ ADDITIONAL COMMENTS: _____ _____ _____												
(A2)												
DATE:												
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS						
RELEASED	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE											
	SIGNATURE											
						SECURITY CLASSIFICATION						

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF. GPO 40-56-5428-1 GPO-68

Figure 16. Assessment Report

from overseas, estimated time and place of arrival in CONUS, and the name and rank of his escort officer.

Provide information requiring special attention of the Operations Center and/or requirements for specialized Phase III debriefings. Such information could include the returnee having knowledge of imminent release/releases of other PWs; information not releasable to news media because of danger of reprisals against those not released, etc.

ASSESSMENT OF RETURNEE:

Provide a brief evaluation of limiting factors (i.e., concerning the physical and psychological state of the returnee), as they may pertain to his willingness/capability or participation in Phase III debriefings upon his return to CONUS.

COMMENTS ON DEBRIEFING STATUS:

Provide the status of the debriefing, such as: in process, deferred, completed, etc. Indicate the reason why the debriefing was deferred or interrupted or other information pertaining to the accomplishment of the Phase II debriefing.

CONDITIONS OF RELEASE:

Provide comments or constraints imposed on the returnee by the enemy. Circumstances of shutdown, capture, captivity, or release that could impact on subsequent intelligence debriefing are pertinent to future releases, or could endanger the welfare of personnel still held captive.

DATE OF REPORT:

Provide the Day, Month, and Year. The month should be spelled out or abbreviated (e.g., October or Oct.).

DEBRIEFER:

Provide the debriefer's Last Name, First Name, and Middle Initial.

RANK (RETURNEE'S AND DEBRIEFER'S):

Provide the current rank description/abbreviation (e.g., CAPT, MAJOR, LCOL, etc.) or 2-character rank designator (e.g., 03, 04, 05, CV, etc.) of the returnee and the debriefer.

REPORT NO.:

Assign a sequential number, beginning with 1, to each Assessment Report submitted by the Joint Processing Center during Phase II.

RETURNEE:

Provide the Last Name, First Name, and Middle Initial of the returnee.

e. Phase III Debriefing Instructions

Phase III reports will be reported via teletype messages. The following preformatted message forms were developed for submission of data. These forms and detailed instructions for their completion are presented below. General instructions for Phase II Reports (see paragraph 4b(2) of this section) also apply to the preparation of Phase III reports.

(1) Debriefing Clarification Reports, Phase III

The initial debriefing task during the Phase III processing of PW returnees at the CONUS hospitals is concerned with the review and clarification of non-returnee information reported by returnees during Phase II processing; in particular, additional information will be requested concerning the non-returnees whose names could not be correlated with a name on the OPERATION HOMECOMING PW/MIA List. In the event the returnee did not engage in a Phase II debriefing, non-returnee information possessed by the returnee will be collected by the debriefer as soon as possible during Phase III, using the Phase II and Phase III message forms, where applicable.

The contents of the four possible Phase III Debriefing Clarification Reports are described below (and shown in Figures 17 to 21):

- o CLARIFICATION OF PHASE II INFO ON PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE (Category 1) [Subform C1]
- o CLARIFICATION OF PHASE II INFO ON PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE (Category 2) [Subform C2]
- o CLARIFICATION OF PHASE II INFO ON PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED (Category 3) [Subform C3]

o CLARIFICATION OF PHASE II INFO ON PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED (Category 4)
[Subform C4]

After review of the Phase II non-returnee information, if it is necessary to add, change, or delete previously reported information, the debriefer will utilize Phase III message forms and in the Additional Comments space, precede the information with "add", "change" or "delete", as appropriate (e.g., add MARITAL STATUS: single; change DATE OF LAST INFO: from 160667 to 120968; delete PHYSICAL CONDITION: good).

In addition to the clarification of Phase II non-returnee information, additional data is required from the initial Phase III debriefings. This additional data is developed by photo verification of the identity of non-returnees with whom the returnee had direct contact, or whom he observed personally during his captivity, through review of the DIA Photo Albums containing pre- and post-capture photos of all U. S. PW/MIA personnel. Other data includes burial details of deceased U. S. personnel and the identification of personnel in photos of unidentified prisoners of war. In addition, a confinement chronology will be established for each returnee.

If, during this phase of debriefing, the returnee recalls for the first time a non-returnee that he had not reported previously, a DEBRIEFING REPORT (see instructions beginning at paragraph 4b) will be used to forward all available information recalled. Subsequently, if warranted, a DEBRIEFING CLARIFICATION REPORT may be submitted on this newly reported non-returnee.

Phase III debriefers will be required to become familiar with non-returnee identifiers entered by transcribers of Phase II data; see the next three paragraphs. (Specially trained transcribers will prepare all Phase II and Phase III debriefing information for incorporation into an automated data handling system. The resulting ADP printouts concerning non-returnees will be available to Phase III debriefers.

(a) NAME KNOWN AND MATCH FOUND:

If the name was known and correctly spelled, or sufficient data was available to correlate the identification of a non-returnee with a name on the OPERATION HOMECOMING PW/MIA List, an intelligence data analyst will assign the appropriate DIA ID NO to the non-returnee and inform the transcriber of Phase II data to enter this number.

(b) NAME KNOWN AND NO MATCH FOUND:

If the name was known by the returnee and reported but an analyst could not match the name with a name in the OPERATION HOMECOMING PW/MIA List, the transcriber of the Phase II data will assign a unique identifier in the form of NM01, NM02, etc. This indicates that the name was either misspelled or the non-returnee was not included in the OPERATION HOMECOMING ADP Support System File. This identifier was assigned sequentially starting with NM01 for each no match reported by a returnee. For example, if returnee John Smith reported on 4 non-returnees whose names could not be matched with a name in the OPERATION HOMECOMING PW/MIA List, the Phase II transcriber will enter NM01, NM02, NM03, and NM04. Also, if returnee Joe Doe reported on 4 non-returnees in the no match category, he will also have 4 entries of NM01, NM02, NM03, and NM04. If a name was known to the returnee but it was a phonetic spelling, and so indicated on the message, and if the phonetic spelling cannot be associated with a name on the OPERATION HOMECOMING PW/MIA List, the Phase II transcriber will assign a NM identifier in appropriate sequence with the other no matches.

(c) NAME UNKNOWN:

If a non-returnee was reported in Phase II but his name was unknown, an unknown identifier will be assigned and included in the message. For example, if the returnee reported on three unknown non-returnees, the Phase II debriefer will have entered an identifier on each unknown such as Unknown 1, Unknown 2, and Unknown 3. This in turn will have been transcribed in Phase III as UN01, UN02, and UN03. If the message did not provide an unknown identifier number, the Phase II transcriber will have assigned a sequential identifier number, starting with UN50, for each returnee.

A listing of all non-returnees reported by each returnee will be provided the Phase II debriefer as a "Phase II Non-Returnee Report". If, during the clarification of the Phase II non-returnee information, sufficient information is obtained to change the information on a previously reported NM (No-Match), or UN (Unknown) non-returnee; or a non-returnee in one of the foregoing categories is identified through review of the DIA Photo Album, information on the newly identified non-returnee is reported in the appropriate Debriefing Clarification message form using the DIA ID NO from the OPERATION HOMECOMING PW/MIA List.

Debriefing Clarification Report message forms required for each category of non-returnee will be completed to record only the data elements (i.e., Name, Rank, Branch of Service, etc.) which the returnee has provided followed by the clarifying or additional information derived from him.

The message forms for each returnee (DD Forms 173-1 [Subforms C1-C4], as shown in Figures 18 to 21) are to be grouped by category and then covered by a DD Form 173 (Subform CF), see Figure 17, which provides proper message addressees.

(2) Data Element Instructions for Clarification Reports

The following list of Data Elements and their accompanying instructions pertain to the clarification reports which are to be prepared early in the Phase III debriefing period. These reports are to be electrically transmitted via Immediate Precedence message. The data elements are listed in alphabetical order to facilitate their being located. Immediately following the Data Element Instructions, Figure 22 depicts the different clarification reports using a particular Data Element.

ADDITIONAL COMMENTS:

Provide any additional information relevant to the verification of the identity of the non-returnee or of the burial of the deceased that would assist in identifying the location of the grave site.

BRANCH OF SERVICE:

Identify branch of service as Air Force, Army, Navy, Marine Corps or Civilian Agency or use abbreviations (i.e., AF, AR, NA, MC, CV).

CAMP NAME:

Provide the official camp name if the deceased was buried in or near a camp and the camp is one of the camps on the list of PW camps known to U. S. intelligence. If the camp did not have an official name, use the previously assigned designator (e.g., Camp Alpha, Bravo, etc.) as the camp name.

COUNTRY:

Provide the name or 2-character designator for the country in which the deceased was buried (i.e., North Vietnam (VN), South Vietnam (VS), Laos (LA), Cambodia (CB), or China (CH)).

JOINT MESSAGEFORM										SECURITY CLASSIFICATION	
PAGE	DRAFTER OR PRELIMINARY TIME	PRECEDENCE ACT INFO	CLASS	CLASS	SIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			DATE - TIME	MONTH	YR
OF											
MESSAGE HANDLING INSTRUCTIONS											
<p>FROM:</p> <p>TO: DIA/DI-6 WASH DC AIR FORCE OPERATIONS CENTER WASH DC DA/DAMI-DOO-HP WASH DC DA/DAAG-PSC WASH DC NAVINTCOM WASH DC NAVBUERS WASH DC 7602 AINTELG/INFPB FT BELVOIR VA AFMPC/DPMSC RANDOLPH AFB TEX CNC/AOZA/DRA WASH DC</p> <p>INFP: COMUSMACV/JCRC SAIGON SOUTH VIETNAM</p> <p>SECRET NO FOREIGN DISSEM LIMDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE. RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY. FOR OPERATION HOMECOMING ACTION OFFICERS ONLY.</p> <p>DEBRIEFING CLARIFICATION REPORT NO: _____</p> <p>RETURNEE: _____ RANK: _____</p> <p>DEBRIEFER: _____ RANK: _____</p> <p style="text-align: right;">(CF)</p>											
DATE:											
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS					
RELEASABLE	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										
	SIGNATURE										
						SECURITY CLASSIFICATION					

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF. GPO 25-70-252-1 (2-68)

Figure 17. Debriefing Clarification Report Cover Sheet

JOINT MESSAGEFORM							SECURITY CLASSIFICATION			
PAGE	BRANCH OR	ACT	INFO	IMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		DATE-TIME (MONTH, YR)	
OF										
MESSAGE HANDLING INSTRUCTIONS										
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 1: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE</p> <p>NAME: _____ RANK: _____</p> <p>BRANCH OF SERVICE: _____ DIA ID NO.: _____</p> <p>IDENTITY VERIFICATION: _____</p> <p>PHOTO REFERENCES:</p> <p>PRECAPTURE, VOLUME I, PAGE NO.: _____</p> <p>POSTCAPTURE, VOLUME II, ID (MO/YR) NO.: _____</p> <p>ADDITIONAL COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>										
										(C1)
SIGNATURE										
PREPARED BY: TYPE NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS				
TYPE NAME, TITLE, OFFICE SYMBOL AND PHONE										
SIGNATURE										
						SECURITY CLASSIFICATION				

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66, WHICH WILL BE USED IN THE LEAD. GPO 48-10-2425-1 00-000

Figure 18. Category 1, Personnel Known by Name and Believed to be Alive

JOINT MESSAGEFORM										SECURITY CLASSIFICATION		
PAGE	PREPARED BY	RELEASER	CLASS	CLASS	SIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			DATE-TIME			
		AST	INFO									
MESSAGE HANDLING INSTRUCTIONS												
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 2: PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE</p> <p>U/I DESIGNATOR: _____ NICKNAME(S): _____</p> <p>NAME: _____ RANK: _____</p> <p>BRANCH OF SERVICE: _____ DIA ID NO.: _____</p> <p>IDENTITY VERIFICATION: _____</p> <p><u>PHOTO REFERENCES:</u></p> <p>PRECAPTURE, VOLUME I, PAGE NO.: _____</p> <p>POSTCAPTURE, VOLUME II, ID (MO/YR) NO.: _____</p> <p>ADDITIONAL COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>												
												(C2)
DATE:												
PREPARED BY NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS						
R E L E A S E R	NAME, TITLE, OFFICE SYMBOL AND PHONE											
	SIGNATURE											
						SECURITY CLASSIFICATION						

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 FEB 68, WHICH WILL BE USED IN THE USAF. GPO 40-55-542-1 50-108

Figure 19. Category 2, Personnel Unidentified by Name and Believed to be Alive

JOINT MESSAGEFORM						SECURITY CLASSIFICATION		
PAGE	CHAPTER OR SECTION	AMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY	DATE - TIME	MONTH	YR
	RELEASED TIME	ACT	IN PD					
OF								
BOOK								
MESSAGE HANDLING INSTRUCTIONS								
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 3: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED</p> <p>NAME: _____ RANK: _____</p> <p>BRANCH OF SERVICE: _____ DIA ID NO.: _____</p> <p>IDENTITY VERIFICATION: _____</p> <p>PHOTO REFERENCES:</p> <p>PRECAPTURE, VOLUME I, PAGE NO.: _____</p> <p>POSTCAPTURE, VOLUME II, ID (MO/YR) NO.: _____</p> <p>DATE OF BURIAL: _____ DATE QUALIFIER: _____</p> <p>PLACE OF BURIAL: _____ COUNTRY: _____</p> <p>DISTANCE FROM PLACE: _____ DIRECTION: _____</p> <p>LAT/BURIAL: _____ LONG/BURIAL: _____</p> <p>CAMP NAME: _____ WICKNAME(S): _____</p> <p>MAP TYPE: _____ SERIES: _____ SHEET NO.: _____</p> <p>MAP SCALE: _____ UTM COORD.: _____</p> <p>HEADSTONE INSCRIPTION: _____</p> <p>ITEMS BURIED WITH DECEASED: _____</p> <p>_____</p> <p>WITNESSES OF BURIAL: _____</p> <p>_____</p>								
								(C3)
DATE:								
CHAPTER TYPE: NAME, TITLE, OFFICE SYMBOL AND PHONE								
SPECIAL INSTRUCTIONS								
TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
NONE								
SECURITY CLASSIFICATION								

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF.

GPO 50-10-6140-1 01-688

Figure 20. Category 3, Personnel Known by Name and Believed to be Deceased

JOINT MESSAGEFORM							SECURITY CLASSIFICATION		
PAGE	DRAFTER OR RELEASE TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
		ACT	INFO				DATE - TIME	MONTH	YR
OF									
BOOK	MESSAGE HANDLING INSTRUCTIONS								
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 3: CONTINUED</p> <p>ADDITIONAL COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(C3a)</p>									
DATE:									
DRAFTER TYPEB NAME, TITLE, OFFICE SYMBOL AND PHONE					SPECIAL INSTRUCTIONS				
RELEASE	TYPEB NAME, TITLE, OFFICE SYMBOL AND PHONE								
	SIGNATURE								
					SECURITY CLASSIFICATION				

DD FORM 173 1 JAN 63 REPLACES DD FORM 173, 1 NOV 61 AND DD FORM 173-1, 1 NOV 61 WHICH WILL BE USED IN THE LEAF. GPO 48-55-0140-1 00-000

Figure 20. Category 3, Personnel Known by Name and Believed to be Deceased (continued)

JOINT MESSAGEFORM										SECURITY CLASSIFICATION		
PAGE	CHAPTER OR RELEASE TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY					
		ACT	INFO				DATE - TIME	MONTH	YR			
OF												
BOOK	MESSAGE HANDLING INSTRUCTIONS											
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 4: PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED</p> <p>U/I DESIGNATOR: _____ NICKNAME(S): _____</p> <p>NAME: _____ RANK: _____</p> <p>BRANCH OF SERVICE: _____ DIA ID NO.: _____</p> <p>IDENTITY VERIFICATION: _____</p> <p><u>PHOTO REFERENCES:</u></p> <p>PRECAPTURE, VOLUME I, PATE NO.: _____</p> <p>POSTCAPTURE, VOLUME II, ID (MO/YR) NO.: _____</p> <p>DATE OF BURIAL: _____ DATE QUALIFIER: _____</p> <p>PLACE OF BURIAL: _____ COUNTRY: _____</p> <p>DISTANCE FROM PLACE: _____ DIRECTION: _____</p> <p>LAT/BURIAL: _____ LONG/BURIAL: _____</p> <p>CAMP NAME: _____ NICKNAME(S): _____</p> <p>MAP TYPE: _____ SERIES: _____ SHEET NO.: _____</p> <p>MAP SCALE: _____ UTM COORD: _____</p> <p>HEADSTONE INSCRIPTION: _____</p> <p>ITEMS BURIED WITH DECEASED: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(C4)</p>												
DATA:												
DRAFTER TYPE: NAME, TITLE, OFFICE SYMBOL AND PHONE							SPECIAL INSTRUCTIONS					
R E L E A S E	TYPER NAME, TITLE, OFFICE SYMBOL AND PHONE											
	SIGNATURE											
											SECURITY CLASSIFICATION	

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF. GPO 445-16-8440-1 GSI-008

Figure 21. Category 4, Personnel Unidentified by Name and Believed to be Deceased

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTER OR RELEASED NAME	REFERENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
		ACT	INFO				DATE - TIME	MONTH	YR
OF									
BOOK	MESSAGE HANDLING INSTRUCTIONS								
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 4: CONTINUED</p> <p>WITNESSES OF BURIAL: _____</p> <p>_____</p> <p>ADDITIONAL COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(C/a)</p>									
DATE:									
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
RELEASER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
	WHEREFORE								
						SECURITY CLASSIFICATION			

DD FORM 173 1 JUL 68 REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF. GPO 68-10-2548-1 12-68

Figure 21. Category 4, Personnel Unidentified by Name and Believed to be Deceased (continued)

DATE OF BURIAL:

Provide the Day, Month and Year of Burial to the extent of the returnee's best recollection. The month should be spelled out or abbreviated (e.g., October or Oct.).

DATE QUALIFIER:

Provide an indication as to whether the Date of Burial is an Actual or Estimated date.

DIA ID NO.:

Provide the 4-character identification number assigned to each PW/MIA. This number is a unique number assigned by DIA and incorporated in the USAF OPERATION HOMECOMING ADP Support System. Obtain this number from the SEA PW/MIA List.

DIRECTION:

Provide the direction in compass points from the village, town, or city nearest the place the deceased was buried (e.g., NW, SSE, S, etc.).

DISTANCE FROM PLACE:

Provide the distance in meters from the village, town, or city nearest the place the deceased was buried.

HEADSTONE INSCRIPTION:

Provide the name, date, or other information inscribed on the headstone of the deceased. Indicate the languages used (e.g., VN for Vietnamese, etc.).

IDENTITY VERIFICATION:

Provide confirmation of the identity of the non-returnee based on review of the DIA Photo Albums (i.e., Positive, Negative, Probably, Possible, Uncertain).

ITEMS BURIED WITH DECEASED:

Provide an identification and/or description of any items known to have been buried with the deceased that could assist in subsequent confirmation of his identity.

LAT/BURIAL:

Provide the latitude of the place the deceased was buried to the nearest second. Use XX for the seconds portion if the latitude is an approximation.

LONG/BURIAL:

Provide the longitude of the place the deceased was buried to the nearest second. Use XX for the seconds portion if the longitude is an approximation.

MAP SCALE:

Provide the scale of the map used to obtain the geographic or UTM coordinates of the place the deceased was buried (e.g., 1:250,000, enter 250,000).

MAP TYPE:

Provide the abbreviation for the name of the map type used to locate the place the deceased was buried (e.g., Joint Operation Graphic - enter JOG).

NAME:

For message categories 1 and 3, provide the name of the non-returnee as originally reported by the returnee during Phase II processing. If the returnee is able to identify a previously reported unknown (message categories 2 and 4), provide the Last Name, First Name, and Middle Initial as found in the PW/MIA List or the Index in the back of Volume II, Post-Capture Photo Album.

NICKNAME(S) (CAMP):

Provide one or more nicknames by which the camp was known where the deceased was buried as reported by the returnee.

NICKNAME(S) (PERSON):

Provide one or more Nicknames by which the non-returnee was known.

PLACE OF BURIAL:

Provide the name of the village, town, city, or other landmark nearest to the place the deceased was buried.

POSTCAPTURE, VOLUME II, ID (MO/YR) NO:

Provide the identification number (month/year) from the DIA postcapture photo album that contained the photos, if any, which were the basis for the returnee's verification of identity of a non-returnee.

PRECAPTURE, VOLUME I, PAGE NO:

Provide the page number from the DIA precapture photo album that contained the photos which were the basis for the returnee's verification of the identity of the non-returnee.

RANK:

Provide the rank description/abbreviations (e.g., TSGT, LT, CAPT, MAJOR, LCOL, etc.) or 2-character rank designators (e.g., E6, 02, 03, 04, 05, CV, etc.).

SERIES:

Provide the identification of the map series used to obtain coordinates of the place the deceased was buried (e.g., 1501).

SHEET NO:

Provide the number of the map sheet used to obtain the coordinates of the place the deceased was buried (e.g., NE 48-7).

U/I DESIGNATOR:

In the event no name or nickname is known for the non-returnee, he will be considered as "Unknown" by the Debriefing Officer. Each Debriefing Officer is responsible to insure that the correct previously assigned U/I Designator is used when sending a clarification report. It is the responsibility of the Debriefing Officer to maintain a log of U/I Designators he has used in order to relate additional information on an "Unknown" non-returnee to the previously reported data.

UTM COORD:

Provide the UTM coordinates of the place the deceased was buried to 3 places in the X and Y axis (e.g., WF 730521).

WITNESSES OF BURIAL:

Provide the name, rank, and branch of service of U. S. personnel known to have witnessed the deceased's burial through participation or observation. If only enemy personnel participated in the burial, provide their names or nicknames and rank, if known.

DATA ELEMENT	MESSAGE CATEGORY			
	1	2	3	4
Additional Comments	X	X	X	X
Branch of Service	X	X	X	X
Camp Name			X	X
Country			X	X
Date of Burial			X	X
Date Qualifier			X	X
DIA ID NO.			X	X
Direction			X	X
Distance from Place			X	X
Headstone Inscription			X	X
Identity Verification	X	X	X	X
Items Buried With Deceased			X	X
Lat/Burial			X	X
Long/Burial			X	X
Map Scale			X	X
Map Type			X	X
Name	X	X	X	X
Nickname(s) (Camp)			X	X
Nickname(s) (Person)		X		X
Place of Burial			X	X
Postcapture, Vol II ID (Mo/Yr) No.	X	X	X	X
Precapture, Vol I, Page No.	X	X	X	X
Rank	X	X	X	X
Series			X	X
Sheet No.			X	X
U/I Designator		X		X
UTM Coord			X	X
Witnesses of Burial			X	X

Figure 22. Clarification Report Data Elements by Message Category

f. PW Identification Reports, Phase III

Additional reports to be submitted during the initial stage of Phase III debriefing concern the identification of prisoners of war whose photographs are in DIA Publication DI-365-5-72, "Unidentified U. S. Prisoners of War in Southeast Asia (U)". If a returnee, upon review of this document, identifies one or more prisoners, this information will be submitted in a special teletype message utilizing the preformatted message forms developed: DD Form 173-1 (Subform P2) covered by a DD Form 173 (Subform PF). Sample message forms are shown in Figures 23 and 24, followed by the instructions for submission of the desired information.

(1) Data Element Instructions for PW Ident Report

The following instructions apply to the data elements associated with the PW Identification Report.

UNIDENTIFIED PW PHOTO NO(S):

Provide the number(s) of the photograph(s) in the DIA Publication DI-365-5-72, "Unidentified U. S. Prisoners of War in Southeast Asia (U)" which the returnee associates with the identity of a U. S. Prisoner of War.

COMMENTS ON PHOTO(S):

Provide the name, rank, and branch of service of the U. S. Prisoner of War portrayed in the Unidentified PW photograph and provide the date, place, and nature of the event photographed, to the returnee's best recollection.

g. Confinement Chronology Reports

Confinement Chronology Reports are to be completed for each returnee during the Phase III debriefing at the CONUS hospital. The purpose of this data is to determine which returnees were at a given location (place of detention) during a specific period of time and to identify and provide essential information concerning previously unknown PW camps.

Preformatted message forms are to be used to create the Confinement Chronology Reports; however, only the specific data elements (i.e., Name, Rank, Date of Capture, etc.) for which the returnee has provided information should be electrically transmitted. Sample message forms for Confinement Chronology Reports using DD Form 173-1 (Subforms H2 and H3) and the message cover on DD Form 173 (Subform HF) are shown in Figures 25 and 26, followed by an alphabetical listing of each data element appearing on the Confinement Chronology Report.

JOINT MESSAGEFORM						SECURITY CLASSIFICATION	
PAGE	DRAFTEE OR RELEASED TIME	PRIORITY ACTY INFO	AMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY	
						DATE - TIME	MONTH YR
OF	MESSAGE HANDLING INSTRUCTIONS						
<p>FROM:</p> <p>TO: DIA/DI-6 WASH DC</p> <p>AIR FORCE OPERATIONS CENTER WASH DC</p> <p>DA/DAMI-DOO-HP WASH DC</p> <p>DA/DAAG-PSC WASH DC</p> <p>NAVJTCOM WASH DC</p> <p>NAVJUPERS WASH DC</p> <p>7602AINTELG/INFPB FT BELVOIR VA</p> <p>AFMPC/DPHSC RANDOLPH AFB TEX</p> <p>CMC/A02A/DNA WASH DC</p> <p>INFO: COMUSMACV/JCRC SAIGON SOUTH VIETNAM</p> <p>SECRET NO FOREIGN DISSEM LHMDS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U). RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY. FOR OPERATION HOMECOMING ACTION OFFICERS ONLY.</p> <p>PW IDENT. REPORT NO.: _____</p> <p>RETURNEE: _____ RANK: _____</p> <p>DEBRIEFER: _____ RANK: _____</p> <p style="text-align: right;">(PF)</p>							
DISTR:							
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS	
DRAFTER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SECURITY CLASSIFICATION	
	<p>WREAYGHE</p>						

DD FORM 173

REPLACES DD FORM 173, 1 NOV 60 AND DD FORM 173-1, 1 NOV 60, WHICH WILL BE USED IN THE USAF.

Figure 23. PW Ident Report Cover Sheet

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTER OR RELEASED TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
		ACT	INFO				DATE - TIME	MO-TH	YR
01									
MESSAGE HANDLING INSTRUCTIONS									
<p>2. PW IDENTIFICATION REPORT</p> <p>UNIDENTIFIED PW PHOTO NO(S): _____</p> <p>_____</p> <p>COMMENTS ON PHOTO(S): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>									
(P)									
DISTR:									
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE									
SIGNATURE									
SECURITY CLASSIFICATION									

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF GPO 440-16-0148-1 GSI-005

Figure 24. PW Ident Report

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTER OR RELEASE TIME	PRECEDENCE		AMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
		ACT	INFO				DATE - TIME	MONTH	YR
OF									
BOOK	MESSAGE HANDLING INSTRUCTIONS								
<p>FROM:</p> <p>TO: DIA/DI-6 WASH DC</p> <p>AIR FORCE OPERATIONS CENTER WASH DC</p> <p>DA/DAMI-DOO-HP WASH DC</p> <p>NAVJINTCOM WASH DC</p> <p>7602 AINTELG/INFPB FT BELVOIR VA</p> <p>CMC/AJ2A WASH DC</p> <p>SECRET NO FOREIGN DISSEM LINDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U).</p> <p>FOR OPERATION HOMECOMING ACTION OFFICERS ONLY.</p> <p>1. CONFINEMENT CHRONOLOGY REPORT NO: _____</p> <p>DATE OF REPORT: _____</p> <p style="text-align: right;">(HP)</p>									
DISTR:									
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
RELEASED	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
	REKEYUNE								
						SECURITY CLASSIFICATION			

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 67 AND DD FORM 173-1, 1 NOV 67, WHICH WILL BE USED IN THE USAF. GPO 68-10-618-1 61-000

Figure 25. Confinement Chronology Report Cover Sheet

JOINT MESSAGEFORM						SECURITY CLASSIFICATION		
PAGE	ORIGINATOR OR RELEASED TIME	PRECEDENCE ACT INFO	IMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY DATE - TIME MONTH YEAR		
OF								
BOOK	MESSAGE HANDLING INSTRUCTIONS							
<p>CONFINEMENT CHRONOLOGY</p> <p>RETURNEE: _____ RANK: _____</p> <p>DEBRIEFER: _____ RANK: _____</p> <p>A. DATE OF CAPTURE: _____ DATE QUALIFIER: _____</p> <p>CAPTORS: _____ COUNTRY: _____</p> <p>LOCATION/LAT.: _____ LONG.: _____ UTM: _____</p> <p>B. CAMP NAME: _____ NICKNAME(S): _____</p> <p>FROM: _____ TO: _____ DATE QUALIFIER: _____</p> <p>PLACE NAME: _____ COUNTRY: _____</p> <p>LOCATION/LAT.: _____ LONG.: _____ UTM: _____</p> <p>IDENT/LOC REMARKS: _____</p> <p>_____</p> <p>_____</p> <p>TYPE CAMP: _____ CONTROLLED BY: _____</p> <p>CAPACITY: _____ QUALIFIER: _____</p> <p>NO. US PWS: _____ QUALIFIER: _____</p> <p>SIZE OF CAMP: _____ NO. OF BLDGS.: _____</p> <p>UTILIZED/FROM: _____ TO: _____</p>								
(12)								
UNSTM								
ORIGINATOR TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS		
DEBRIEFER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE							
	SIGNATURE							
						SECURITY CLASSIFICATION		

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED
IN THE USAF. GPO 68-10-0130-1 G11-403

Figure 26. Confinement Chronology Report

JOINT MESSAGEFORM										SECURITY CLASSIFICATION			
PAGE	DRAFTER OR RELEASE TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY						
		ACT	INFO				DATE - TIME		MONTH	YR			
OF													
BOOK	MESSAGE HANDLING INSTRUCTIONS												
<p>CONFINEMENT CHRONOLOGY (CONTINUED)</p> <p>ADDITIONAL COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>CAMP NAME: _____ NICKNAME(S): _____</p> <p>FROM: _____ TO: _____ DATE QUALIFIER: _____</p> <p>PLACE NAME: _____ COUNTRY: _____</p> <p>LOCATION/LAT.: _____ LONG: _____ UTM: _____</p> <p>IDENT/LOC. REMARKS: _____</p> <p>_____</p> <p>_____</p> <p>TYPE CAMP: _____ CONTROLLED BY: _____</p> <p>CAPACITY: _____ QUALIFIER: _____</p> <p>NO. US PWS: _____ QUALIFIER: _____</p> <p>SIZE OF CAMP: _____ NO. OF BLDGS.: _____</p> <p>UTILIZED FROM: _____ TO: _____</p> <p>ADDITIONAL COMMENTS: _____</p> <p>_____</p>													
(H)													
DATA:													
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE							SPECIAL INSTRUCTIONS						
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE												
	SIGNATURE												
SECURITY CLASSIFICATION													

DD FORM 173
1 JUL 61

REPLACES DD FORM 173, 1 NOV 55 AND DD FORM 173-1, 1 NOV 55 WHICH WILL BE USED IN THE USAF. GPO 1961 O-2642-1 631-662

Figure 26. Confinement Chronology Report (continued)

JOINT MESSAGEFORM							SECURITY CLASSIFICATION					
PAGE	DRAPPER OR RELEASE TIME	PRECEDENCE ACT INFO		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY					
OF	MESSAGE HANDLING INSTRUCTIONS											
<p>CONFINEMENT CHRONOLOGY (CONTINUED)</p> <p>ADDITIONAL COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>												
											(H3a)	
DATE:												
DRAPPER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS						
RELEASEE	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE											
	SIGNATURE											
						SECURITY CLASSIFICATION						

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66, WHICH WILL BE USED IN THE USAF. GPO 68-25-6422-1 607-608

Figure 26. Confinement Chronology Report (continued)

(1) Data Element Instructions, Confinement Chronology Report

The data elements specified in the Chronology Report are listed alphabetically below, along with the instructions pertaining to each.

ADDITIONAL COMMENTS:

Provide any additional information relevant to the returnee's period of confinement at a particular camp (e.g., in solitary entire time), or information that would be valuable in determining where a particular camp may have been located.

CAMP NAME:

Provide the places of confinement for the returnee beginning with his first confinement and ending with his place of confinement at time of release. Confinement in facilities immediately after capture should be included only if the confinement was other than an overnight stopover enroute to transfer to a temporary or permanent detention facility and included enemy interrogation/indoctrination and/or association with other prisoners of war other than crew members. Absences from a detention facility for the purposes of medical treatment, propaganda films, etc., should be treated as a change in confinement from one detention facility to another, if the period was for greater than 72 hours (3 days) and confinement was at another detention facility.

Report the official camp name if it is on the list of PW camps known to U. S. intelligence. It is unnecessary to report additional descriptive information if the official camp name is known. If a place of confinement cannot be correlated with one of the camps on the list of PW camps known to U. S. Intelligence, provide as much descriptive information as possible. Assign to the first camp of this nature the designator "Alpha", to the second camp the designator "Bravo", etc. If the returnee transfers to a previously named or designated place of confinement, the previous camp name or designator should be used.

CAPACITY:

Provide the number of PWs the place of confinement was considered capable of holding.

CAPTORS:

Provide the organizational element(s) with which the captors of the returnee were affiliated (e.g., civilians, local militia, NVA, Viet Cong, etc.).

CONFINEMENT CHRONOLOGY REPORT NO:

Assign a sequential number, beginning with 1, to each Confinement Chronology Report submitted on a returnee during Phase III debriefings at a CONUS hospital base.

CONTROLLED BY:

Provide the name of the military/political group in charge of the camp (e.g., Viet Cong, N. Vietnamese, Pathet Lao, etc.).

COUNTRY:

Provide the name or 2-character designator for the country in which the returnee was captured or where the camp was located (i.e., North Vietnam (VN), South Vietnam (VS), Laos (LA), Cambodia (CB), or China (CH).)

DATE OF CAPTURE:

Provide the Year, Month, and Day of the returnee's capture date. The month should be spelled out or abbreviated (e.g., March or Mar.).

DATE OF REPORT:

Provide the Year, Month, and Day that the Confinement Chronology Report was prepared for transmission. The month should be spelled out or abbreviated (e.g., December or Dec.).

DATE QUALIFIER:

Provide an indication whether the dates of capture and/or confinement are Actual or Estimated date.

DEBRIEFER:

Provide the debriefer's Last Name, First Name, and Middle Initial.

FROM:

Provide the Year, Month, and Day of the beginning of a confinement period to the returnee's best recollection (e.g., 660517 for 17 May 1966). If any part of the date is unknown, enter zeros (e.g., 660500).

IDENT/LOC REMARKS:

Provide any additional information that could aid in the identification/location of the place of confinement (e.g.,

distance and direction from a place name, aerial identification features, etc.).

LOCATION/LAT:

Provide the latitude of the place of confinement to the nearest second. Use XX for the seconds portion if the latitude is an approximation (e.g., 211550N or 2115XXN).

LONG:

Provide the longitudes of the place of capture and confinement to the nearest second. Use XX for the seconds portion if the longitude is an approximation (e.g., 1062810E or 10628XXE).

NICKNAME(S):

Provide one or more nicknames by which the camp was known to the returnee. Use the space provided for either a nickname or as a means of pinpointing the exact location within a camp that the confinement took place (e.g., Ha Lo, Camp Unity, Bldg. 1, Room 2).

NO. OF BLDGS:

Provide the number of buildings/structures comprising the camp (e.g., 18).

NO. OF US PWS:

Provide the number of U. S. PWs held at the place of confinement at the time of the returnee's departure from the camp (e.g., 80).

PLACE NAME:

Provide the name of the village, town, or city commonly associated with or nearest to the camp. This data is not necessary for camps which are listed and known in DIA's publication on PW Camps.

QUALIFIER:

Provide an indication as to whether the number of prisoners held is an Actual or Estimated number.

RANK:

Provide the debriefer's rank (e.g., CAPT, MAJOR, LCOL, or 2-character rank designator, 03, 04, 05, CV, etc.).

RETURNEE:

Provide the Last Name, First Name, Middle Initial, etc. of the returnee.

SIZE OF CAMP:

Provide the approximate size of the camp area in square feet (e.g., if the camp was 80' x 80' in size enter 6400).

TO:

Provide the Year, Month, and Day of the ending of the confinement period to the returnee's best recollection (e.g., 661221 for 21 December 1966). If any portion of the date is unknown, zeros will be used (e.g., 661200).

TYPE CAMP:

Provide the type place of confinement (i.e., Permanent or Temporary detention facility).

UTILIZED/FROM:

Provide the Year, Month, Day the camp was known by the returnee to be first used as a PW camp (e.g., 660520). This date may only be known by a PW if he was among a group opening a new camp. If any portion of the date is unknown, zeros will be used (e.g., 660000).

UTILIZED/TO:

Provide the Year, Month, Day the camp was last used as a PW camp if it is known to have been disbanded (e.g., 670621). This date may only be known by a PW if he were at a closing of a prison camp. If any portion of a date is unknown, zeros will be used (e.g., 670000).

UTM:

Provide the UTM coordinates of the place of capture and confinement to 3 places in the X and Y axis (e.g., WF 703521).

h. Daily Activities Summary and Special Reports, Phase III

There are two additional report forms in support of USAF OPERATION HOMECOMING, the Daily Activities Summary Report and the Special Report, for use during Phase III debriefing activities which are to be addressed as indicated on their preprinted cover sheets. These report forms,

both primarily free text, are for use by the Debriefing Team Supervisor at each debriefing installation.

The "Daily Activities Summary Report" will be used to report information regarding any significant change in a specific returnee's condition or status. The following will be reported on each returnee:

RETURNEE NAME/RANK
DEBRIEFER NAME/RANK
DATE DEBRIEFING INITIATED
CHANGE IN DEBRIEFING STATUS (Suspended, Terminated, etc.)
DATE OF CHANGE IN STATUS
IF SUSPENDED, REASON AND ESTIMATED DATE OF RESUMPTION.
RETURNEE ASSIGNMENT (WHEN RELEASED FROM HOSPITAL),
HOME ADDRESS IF DISCHARGED FROM SERVICE.

In the event there is a change in debriefers, the reason for change, date of change and new debriefer's name and rank will be included in the Daily Activities Summary Report.

It will be recalled that should any USAF returnee be unexpectedly processed initially at a CONUS hospital, bypassing the overseas JCPC, an initial Assessment Report is to be submitted. The Daily Activities Summary Report will then be used to report follow-up assessment information.

The "Special Report" will be used to reply to special information queries desired by staff elements of Headquarters USAF or the Defense Department. It is possible that debriefers may be required to conduct special interviews with returnees to acquire the information desired. In other cases, the special information may have been provided already by the returnees and recorded on the debriefing tapes. In all instances, and to the degree possible, special reports should endeavor to identify the particular tape reels and segments where the special information is recorded.

Figures 27 through 30 provide the format for these reports. Each type of report will be numbered consecutively beginning with the first report submitted by a debriefing location.

i. Phase III Debriefing Instructions for DEREPS

Phase III DEREPS are to be completed by USAF returnee debriefers at the CONUS hospitals after debriefing sessions. Information relevant to one or more types of DEREPS will be extracted from the debriefing tapes and notes and coded on to the proper DEREPS Form for transmission to the AF Command Post, Pentagon, Washington, D. C. These preformatted reports encompass a wide range of PW captivity information that is of high interest to the Headquarters USAF, Air Staff. The following are the report titles of the DEREPS:

JOINT MESSAGEFORM						SECURITY CLASSIFICATION		
PAGE	DRAFTER OR PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
	RELEASE TIME	ACT IN PD				DATE - TIME	MONTH	YR
OF								
MESSAGE HANDLING INSTRUCTIONS								
<p>FROM:</p> <p>TO: AIR FORCE OPERATIONS CENTER WASH DC</p> <p>7602AINTELG/INTPB FT BELVOIR VA</p> <p>SECRET NO FOREIGN DISSEM LINDIS JOPLEP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U).</p> <p>ATTN: OPERATION HOMECOMING DUTY OFFICER.</p> <p>DAILY ACTIVITIES SUMMARY REPORT NO.: _____</p> <p>DATE OF REPORT: _____</p> <p style="text-align: right;">(S1)</p>								
DATE:								
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS		
R E L E A S E R	TYPER NAME, TITLE, OFFICE SYMBOL AND PHONE					SECURITY CLASSIFICATION		
	SIGNATURE							

DD FORM 173 (OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAP 16-7000-1 GPO 500-707

Figure 27. Daily Activities Summary Report Cover Sheet

JOINT MESSAGEFORM						SECURITY CLASSIFICATION
PAGE	DRAFTER OR RELEASED TIME	PRIORITY ACT INFO	LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY DATE - TIME MONTH YR
01						
MESSAGE HANDLING INSTRUCTIONS						
<p>FROM:</p> <p>TO: AIR FORCE OPERATIONS CENTER WASH DC</p> <p>INFO: 7602AINTELG/INFPB FT BELVOIR VA</p> <p>SECRET NO FOREIGN DISSEM LINDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U).</p> <p>ATTN: OPERATION HOMECOMING DUTY OFFICER.</p> <p>SPECIAL REPORT NO.: _____</p> <p>DATE OF REPORT: _____</p> <p>SUBJECT: _____</p>						
						(X1)
DISTR:						
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SPECIAL INSTRUCTIONS	
R E L E A S E R	TYPER'S NAME, TITLE, OFFICE SYMBOL AND PHONE					SECURITY CLASSIFICATION
	SIGNATURE					

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF. GPO 68-10-6420-1 681-000

Figure 29. Special Report Cover Sheet

Shutdown/Capture Summary
Mistreatment
Validity of Propaganda
Identification of Enemy Personnel
Enemy Intelligence Activity
Captivity Medical Treatment

In addition, "Additional Comments" DEREPS may also be submitted. Current plans are for DEREPS to be completed by debriefers at the CONUS hospitals, keypunched and transmitted by AUTODIN, or teletype, to the Air Force Operations Center for direct input to the OPERATION HOME-COMING ADP Support System. A sample DEREPS is provided in Figure 31.

General Reporting instructions for each DEREPS and DEREPS Checklist for debriefers are detailed in this paragraph. Sample DEREPS message forms are also provided, along with instructions for all data elements of each message.

(1) General DEREPS Instructions

The following general instructions are applicable for the preparation of DEREPS associated with the Phase III debriefing activities.

- o Print clearly one character per block.
- o Leave one space between words.
- o Begin data entry in first space after colon (i.e., left justified). If there is not enough space for the data to be entered, abbreviate the data to the maximum extent possible, and, if necessary, put the information in the "ADDL COMMENTS" field. Do not put data in columns beyond the defined areas.
- o Abbreviate entries if necessary to fit data in space provided, using standard abbreviations whenever possible.
- o Place a slash through the number zero (i.e., 0) and print the number one as 1.
- o Print the following letters as shown: I, Z, L.
- o In multiple line entries continue words in first space of second line if word is divided by an end of line.
- o Provide data in all spaces of numeric fields. If four spaces are allocated for a number and only three digits are needed, supply leading zeros in the field (i.e., 0325 for 325).

- o Enter DATES (day, month, and year sequence) as numerics (e.g., 12 January 1972 would be entered as 120172). When the day and/or month is unknown, enter 00 for day and/or month (e.g., March 1972 would be entered as 000372).
- o Enter PW/MIA NAMES as last, first, middle initial or NMI (no middle initial) and other suffixes (e.g., Jr., III, etc.). Leave blanks between words or initials, do not use commas (e.g., Jones John J or Smith James T Jr or Brown Thomas NMI).
- o Enter RANK as a 2-character designator (e.g., Major as 04, Sgt as E4, civilian as CV, etc.).
- o Enter BRANCH OF SERVICE as a 2-character abbreviation (i.e., Air Force as AF, Navy as NA, Army as AR, Marine Corps as MC).
- o Enter COUNTRY as a 2-character code (i.e., North Vietnam as VN, South Vietnam as VS, Laos as LA, Cambodia as CB, and China as CH).
- o Enter the DIA ID NO. on every DERE P transmitted to the Air Force Operations Center. Obtain the ID number from the OPERATION HOMECOMING SEA PW/MIA List.
- o If a DATE or QUANTITY is the actual date or amount and an EST follows the field, strike out the EST by marking through it (i.e., EST) prior to submitting the DERE P for AUTODIN transmission.
- o If information is lacking for all the fields in a line, it is permissible to strike out all the field names by marking through them (i.e., ~~MISTREATED-PERSON+--ID-NO+~~) prior to submitting the DERE P for AUTODIN, or teletype transmission.
- o If it is necessary to add or modify information previously reported in a DERE P, add the word (CHANGE) in the columns provided following the title of the DERE P (e.g., OPERATION HOMECOMING/AIR FORCE MESSAGE - MISTREATED (CHANGE): complete lines 2, 3, and 4 as submitted on the initial DERE P and provide the field names and the information to be added or modified.
- o If it is necessary to delete information previously reported, follow the procedure described above for adding or modifying information and retransmit all the data except the field or fields which are to be deleted.

- o If it is necessary to transmit additional information for which space has not been provided in the DERE, use the "ADDITIONAL COMMENTS CONTINUED" DERE.

(2) Shootdown/Capture Summary Debriefing Report

The Shootdown/Capture Summary Debriefing Report is to be completed for each returnee during the Phase III debriefing at the CONUS hospital. The purpose of this report is to permit compilation of reasons for aircraft loss, SAR failures and integration of this data with pre-release information concerning these events. In addition, this report will provide the actual loss location of the returnee's aircraft, establish his date and place of capture by the enemy and possibly aid in locating the approximate burial location of crew members killed in action. An example of this report is depicted in Figure 32.

(a) Data Element Instructions

Detailed instructions for reporting Shootdown/Capture information are listed below in the sequence in which each data element appears in the report.

DEBRIEFER:

Provide the last name, first name, and middle initial of the debriefer conducting the debriefing of the returnee.

RANK:

Provide the rank of the debriefer conducting the debriefing of the returnee in terms of a 2-character designator (e.g., Ø3, Ø4, Ø5, CV, etc.).

DEBRIEF DATE:

Provide the end day, month and year of the debriefing session (e.g., 21Ø672 for 21 June 1972).

RETURNEE:

Provide the last name, first name, middle initial, etc. of the returnee as shown on the USAF OPERATION HOMECOMING SEA PW/MIA List.

RANK:

Provide the current rank of the returnee in terms of a 2-character designator (e.g., E7, Ø3, Ø4, Ø5, etc.).

(SAMPLE MESSAGE)

RTCUZYUW RUCLERA

ZNR UUUUU

R 241808Z MAY 72

FM KESSLER AFB MS

TO AFOC PENT WASH D C

BT

UNCLAS DC DOK ATTN OPERATION HOMECOMING DUTY OFFICER

OPERATION HOMECOMING/AIR FORCE MESSAGE-MISTREATMENT

DEBRIEFER-MATTHEWS HUGH S

RANK-04 DEBRIEF DATE-261172

RETURNEE-ABBOTT JOSEPH S

RANK-04 DIA ID NO-A033

AUDIO TAPE IDENT NO-06 BEGIN PT-0005 END PT-0450

ME-04 TYPE MISTREATMENT-BEATINGS

DIA ID NO-UN02

SOURCE-CONVERSATION WITH C WATKINS

FROM-010167 TO-020167 EST

PHASE OF CAPTIVITY-CONFINEMENT

PLACE-SONTAY

CTRY-VN

CAMP NAME-SONTAY ANNEX

FREQUENCY OF MISTREATMENT-ONCE

DURATION-02-DAY

REASON-REFUSAL TO PARTICIPATE IN PROPAGANDA BROADCAST

RESULTS-UNKNOWN PW WAS PHOTOGRAPHED BUT NOT INTERVIEWED

INFLECT-WAN HUONG LO, ASSISTANT TO CAMP COMMANDANT

ADDL COMMENTS-HEAD WOUND WAS NEVER TREATED

BT

1650

NNNN

Figure 31. A Mistreatment DEREK

EGRESS RECAP PHASE III DEBRIEFING REPORT

SHOOTDOWN/CAPTIVE SUMMARY 11

EGRESS RECAP/AIR FORCE MESSAGE - SHOOTDOWN/CAPTURE SUMMARY []
 DEBRIEFER [] RANK [] DEBRIEF DATE []
 RETURNEE [] RANK [] DIA ID NO []
 AUDIO TAPE IDENT NO [] BEGIN PT [] END PT []
 MISSION DATE [] LOSS TIME [] MISSION TYPE []
 TGT TYPE [] TYPE A/C [] CREW POS []
 REASON FOR A/C LOSS []
 PLACE OF LOSS [] CTRY [] LAT [] LONG []
 DISTANCE FROM PLACE OF LOSS [] DIRECTION FROM PLACE OF LOSS []
 SHOOTDOWN INJURIES []
 EGRESS A/C [] RADIO CONTACT [] SAR []
 REASONS FOR SAR FAILURE []
 EVASION PERIOD [] REASONS FOR EVASION FAILURE []
 CAPTURE DATE [] PLACE OF CAPTURE [] COUNTRY []
 DISTANCE FROM PLACE OF CAPT [] DIRECTION FROM PLACE OF CAPT []
 LAT/CAPT [] LONG/CAPT [] CAPTOR AFFILIATION []
 ADDL COMMENTS []
 []

Figure 32. Shootdown/Capture Report

DIA ID NO.:

Provide a 4-character identification number assigned to each PW/MIA. This number is a unique number assigned by DIA and incorporated in the USAF OPERATION HOMECOMING ADP Support System (see OPERATION HOMECOMING PW/MIA List).

AUDIO TAPE IDENT NO.:

Provide the 2-digit number assigned by the debriefer to the audio tape used during the debriefing session which obtained the returnee's shutdown/capture summary (e.g., 03).

BEGIN PT:

Provide the position of the audio tape at the beginning of the debriefing session which obtained the returnee's shutdown/capture summary (e.g., 0093).

END PT:

Provide the position of the audio tape at the end of the debriefing session which obtained the returnee's shutdown/capture summary (e.g., 1427).

MISSION DATE:

Provide the day, month and year of the returnee's last mission (e.g., 120566 for 12 May 1966).

LOSS TIME:

Provide the approximate local time of aircraft shutdown or aircraft impact (e.g., 1330). Only numeric times are acceptable to the system, comments such as "late afternoon" must be translated into a four digit time (i.e., 1600).

MISSION TYPE:

Provide the type of last mission using one of the following terms:

Strike
Close Air Support
Escort
Armed Recce
Flak Suppression
Photo Recce
Rescue
MIG Cap

SAM Suppression
Combat Airlift
Visual Recce
FAC Strike
Search (SAR)
Administrative
Liaison
Other

TGT TYPE:

Provide an abbreviated description of the intended target (e.g., military barracks, flak position, SAM site, road, railroad bridge, highway bridge, ammo factory, storage area, etc.). If the mission was not a combat mission, leave blank.

TYPE A/C:

Provide the type aircraft in which the returnee was flying on his last mission (e.g., F105D, RF4C, AC47, etc.).

CREW POS:

Provide the crew position of the returnee on his last mission using one of the following descriptors:

A/C Commander
Backseater (GIB)
Copilot
Crew Chief
Elect Warfare
Flare Handler
Flight Eng
Gunner
Instructor Plt
Instructor Nav
Loadmaster
Navigator (Nav/Bomb)
Para Medic
Pilot
Radio Operator
Other (Observer, Non-crew, etc.).

REASON FOR A/C LOSS:

Provide the reason for the loss of the returnee's aircraft using up to three of the following terms:

AAA
SAM
AW

MIG
Fuel Depletion
Flameout
Mid-Air Coll
Loss of Control
Struct Failure
Terrain Impact
Other
Unknown

PLACE OF LOSS:

Provide the name of the village, town or city nearest to the place the returnee landed after bailout or upon aircraft impact.

CTRY:

Provide the country in which the returnee landed after bailout or upon aircraft impact. Use one of the following 2-character designators: VN, VS, LA, CB, TH or CH.

LAT:

Provide the latitude of the place the returnee landed after bailout or upon aircraft impact to the nearest second (e.g., 211210N). Use XX in the seconds portion if the latitude is an approximation.

LONG:

Provide the longitude of the place the returnee landed after bailout or upon aircraft impact to the nearest second (e.g., 1062825E). Use XX in the seconds portion if the longitude is an approximation.

DISTANCE FROM PLACE OF LOSS:

Provide the distance in nautical miles from the village, town or city nearest the place the returnee landed (e.g., 05NM, 18 NM, 32 NM, etc.).

DIRECTION FROM PLACE OF LOSS:

Provide the direction in compass points from the village, town or city nearest the place the returnee landed (e.g., NW, SSE, S, etc.).

SHOOTDOWN INJURIES:

Provide the type injury and part of body (e.g., burn/left arm, laceration/head, etc.).

EGRESS A/C:

Provide the method the returnee used in departing the aircraft either in flight or after impact (e.g., ejection, bailout, blown out, walked away, etc.).

RADIO CONTACT:

Provide an indication as to whether the returnee attempted to establish voice radio contact with other friendly aircraft or a SAR attempt after reaching the ground and if he was successful or unsuccessful (i.e., not attempted, successful, unsuccessful).

SAR:

Provide an indication as to whether the returnee was aware of a search and rescue attempt to recover him or his crew members (i.e., unknown, attempt made, not attempted).

REASONS FOR SAR FAILURE:

Use the appropriate two-digit code provided below followed by a brief textual description of the returnee's opinion as to the reasons for failure of an attempted SAR effort. Enter the two-digit code in the first two columns provided for in REASONS FOR SAR FAILURE.

WX - Weather
NT - Night
LE - Lost Contact/No Equipment
LF - Lost Contact/Equipment Failure
LD - Lost Contact/Equipment Damage
NE - No Contact/No Equipment
NF - No Contact/Equipment Failure
ND - No Contact/Equipment Damage
HG - Hostile Activity/Ground Forces
HA - Hostile Activity/Aircraft
HF - Hostile Activity/Flak, SAM, etc.
HM - Hostile Activity/Any Combination
IT - Inaccessible Terrain
OT - Other

EVASION PERIOD:

Provide the length of time the returnee successfully evaded capture in terms of hours, days, weeks, months or years (e.g., 10 hrs, 03/days, 06/wks, 04/mos, 02/yrs, etc.).

REASON FOR EVASION FAILURE:

Provide a brief textual description of the reasons for eventual capture.

CAPTURE DATE:

Provide the day, month and year the returnee was captured by the enemy (i.e., 130566 for 13 May 1966).

PLACE OF CAPTURE:

Provide the name of the village, town or city nearest to the place the returnee was captured.

COUNTRY:

Provide the name of the country in which the returnee was captured. Use one of the following 2-character country designators: VN, VS, LA, CB, or CH.

DISTANCE FROM PLACE:

Provide the distance in nautical miles from the village, town or city nearest the location of the returnee's capture (e.g., 08, 12, 25, etc.).

DIRECTION FROM PLACE:

Provide the direction in compass points from the village, town, or city nearest the location of the returnee's capture (e.g., 135° would be SSE).

LAT/CAPT:

Provide the latitude of the place of capture of the returnee to the nearest second (e.g., 211250N). Use XX in the seconds portion if the latitude is an approximation.

LONG/CAPT:

Provide the longitude of the place of capture of the returnee to the nearest second (e.g., 1062810E). Use XX in the seconds portion if the longitude is an approximation.

CAPTOR AFFILIATION:

Provide the organizational element(s) with which the captors of the returnee were affiliated (e.g., civilians, militia, NVN Army, Viet Cong, etc.).

ADDL COMMENTS:

Provide any additional data or information needed to clarify information reported in preceding data elements.

(b) Shootdown/Capture Summary Checklist

The following checklist has been prepared to provide the debriefer with a prompter to insure that all significant information areas are covered related to the shootdown/capture report.

SHOOTDOWN/CAPTURE SUMMARY CHECKLIST

DEBRIEF DATE:
AUDIO TAPE IDENT NO:
BEGIN PT:
END PT:
MISSION DATE:
LOSS TIME: (LOCAL TIME)
MISSION TYPE:
TGT TYPE:
TYPE A/C:
CREW POS:
REASON FOR A/C LOSS:
PLACE OF LOSS:
CTRY: (OF LOSS)
LAT: (OF LOSS)
LONG: (OF LOSS)
DISTANCE FROM PLACE OF LOSS:
DIRECTION FROM PLACE OF LOSS:
SHOOTDOWN INJURIES:
EGRESS A/C: (METHOD OF EGRESS)
RADIO CONTACT:
SAR: (SEARCH AND RESCUE)
REASONS FOR SAR FAILURE:
EVASION PERIOD: (LENGTH OF TIME)
REASONS FOR EVASION FAILURE:
CAPTURE DATE:
PLACE OF CAPTURE:
COUNTRY:
DISTANCE FROM PLACE OF CAPT:
DIRECTION FROM PLACE OF CAPT:
LAT/CAPT:

LONG/CAPT:
CAPTOR AFFILIATION:
ADDL COMMENTS:

(3) Mistreatment Debriefing Report

Mistreatment Debriefing Reports are to be completed by Phase III debriefers at the termination of a debriefing session during which a returnee has reported having been mistreated, or having knowledge of the mistreatment of a fellow PW, by the enemy. The purpose of submitting these reports is to permit a compilation of all enemy actions of that nature toward captured U. S. personnel in order to determine the nature and extent that mistreatment was practiced by the enemy.

Mistreatment of U. S. prisoners of war by captors will range from light or moderate to severe physical abuse (starvation and torture) and from minimal to extensive psychological pressures (threats of death or serious bodily injury or extended solitary confinement in close quarters). The selection of an event to be reported in a Mistreatment DEREK should be based on an evaluation of the mistreatment by the debriefer and a determination that the mistreatment reported is either unusual in terms of its severity or prolonged nature or because of the results that were achieved so as to constitute a significant deviation from the usual degraded form of treatment accorded U. S. PWs. The format for this report is illustrated in Figure 33.

Provide a separate Mistreatment DEREK in the following instances:

- o Mistreatment of more than one type for either the returnee or fellow PW.
- o Mistreatment of a returnee that occurred during more than one phase of his captivity.
- o Mistreatment of a fellow PW if a returnee also reports mistreatment of himself.

(a) Data Element Instructions

Detailed instructions for reporting mistreatment information are listed below in the order that they appear on the report.

DEBRIEFER:

Provide the last name, first name and middle initial of the debriefer performing the debriefing of the returnee.

EGRESS RECAP PHASE III DEBRIEFING REPORT

MISTREATMENT 12

EGRESS RECAP/AIR FORCE MESSAGE-MISTREATMENT []
 DEBRIEFER- [] RANK- [] DEBRIEF DATE- []
 RETURNEE- [] RANK- [] DIA ID NO- []
 AUDIO TAPE IDENT NO- [] BEGIN PT- []
 ME- [] TYPE MISTREATMENT- [] END PT- []
 MISTREATED PERSON- [] RANK- [] SERV- [] DIA ID NO- []
 SOURCE- [] FROM- [] TO- []
 PHASE OF CAPTIVITY- [] PLACE- []
 CAMP NAME- [] CAMP NICKNAMES- []
 FREQUENCY OF MISTREATMENT- [] DURATION- []
 REASON- []
 RESULTS- []
 IMPLICIT- []
 ADDL COMMENTS- []

Figure 33. Mistreatment Report

RANK:

Provide the rank of the debriefer in terms of a 2-character rank designator (e.g., Ø3, Ø4, Ø5, CV, etc.).

DEBRIEF DATE:

Provide the end day, month and year of the debriefing session (e.g., 21Ø672 for 21 June 1972).

RETURNEE: .

Provide the last name, first name, middle initial, etc. of the returnee, as shown on the USAF OPERATION HOMECOMING SEA PW/MIA List.

RANK:

Provide the current rank of the returnee in terms of a 2-character rank designator (e.g., E7, Ø3, Ø4, Ø5, etc.).

DIA ID NO:

Provide the 4-character identification number assigned to each PW/MIA. This number is a unique number assigned by DIA and incorporated in the USAF OPERATION HOMECOMING ADP Support System. (See OPERATION HOMECOMING PW/MIA List.)

AUDIO TAPE IDENT NO:

Provide the 2-digit number assigned by the debriefer to the audio tape used during the debriefing session which described the mistreatment event, or events, reported by the returnee (e.g., Ø7).

BEGIN PT:

Provide the position of the audio tape at the beginning of the description of the mistreatment event or events (e.g., Ø72Ø).

END PT:

Provide the position of the audio tape at the end of the description of the mistreatment event or events (e.g., 421Ø).

ME:

Provide the sequential number for each mistreatment event reported by the returnee beginning with Ø1.

TYPE MISTREATMENT:

Provide the type mistreatment experienced by the returnee, or a fellow PW, citing up to three types of mistreatment. The following are examples of some of the types of mistreatment that may be encountered:

Starvation
Beatings
Solitary
Threats
Ropes
Stand/sit
No sleep
No water
No medical
Death

MISTREATED PERSON:

Provide the last name and initials if the mistreatment incident being reported concerns a PW other than the returnee. If it concerns the returnee being reported on, line out this data element identifier.

RANK:

Provide the rank of the mistreated person other than the returnee in terms of a 2-character designator (e.g., E6, Ø3, Ø4, Ø5, etc.).

SERV:

Provide the branch of service of the mistreated person other than the returnee in terms of the following 2-character designators: AF, AR, NA, MC or CV. If unknown, use "UN" indicator used in the casualty report (i.e., UNØ5, etc.).

DIA ID NO:

Provide the 4-character identification number assigned to the PW other than the returnee being reported upon as given in the OPERATION HOMECOMING SEA PW/MIA List.

SOURCE:

Provide the reliability of the information concerning the mistreatment event of a fellow PW in terms of it being first- or second-hand. If first-hand, report whether it was as a result of direct participation or through visual

observation. If second-hand, report the method of acquiring the information (e.g., hand signals, wall tapping, info written on a list or wall, etc.), and the source (i.e., name, rank, branch of service or report if the source is unknown).

FROM:

Provide the day, month and year, to the returnee's best recollection of the date the mistreatment occurred or was begun (e.g., 190767 for 19 July 1967). If mistreatment period spans only one day, enter same date in From and To.

TO:

Provide the day, month and year, to the returnee's best recollection of the date the mistreatment occurred or was concluded (e.g., 070867 for 7 August 1967). If mistreatment period spans only one day, enter same date in From and To.

EST:

Provide the abbreviation for estimated (i.e., EST) if the begin or end dates of mistreatment (either or both) are not precisely known. If both dates are accurate, strike out EST (i.e., ~~EST~~).

PHASE OF CAPTIVITY:

Provide the phase of captivity during which the mistreatment was experienced either by the returnee or a fellow PW. One of the following phases should be reported:

Capture
Move to conf.
Hospitalization
Temp. conf.
Confinement
Post-escape
Transfer
Pre-release

PLACE:

Provide the name of the closest village, town or city if the mistreatment did not take place within the confines of a camp.

CAMP NAME:

Provide the official camp name if it is on the list of PW camps known to U. S. Intelligence. If the camp did

not have an official name, use the previously assigned designator from the Confinement Chronology Report, (e.g., Alpha, Bravo, etc.) as the camp name.

COUNTRY:

Provide the 2-character designator for the country in which the mistreatment occurred (i.e., VN, VS, LA, CB, or CH).

CAMP NICKNAME(S):

Provide one or more nicknames by which the camp where the mistreatment occurred was known to the returnee. Report phonetic spellings of the camp name as a nickname.

FREQUENCY OF MISTREATMENT:

Provide an indication of the frequency with which mistreatment occurred (e.g., once, intermittently, occasionally, continuously, weekly, monthly, etc.) within the time period indicated in the From-To statement.

DURATION:

Provide the length of time of the mistreatment in terms of hours, days, weeks, months or years (e.g., 02/hrs, 01/days, 03/wks, 04/mos, 02/yrs, etc.).

REASON:

Provide a brief textual description of reason for the mistreatment, if known (e.g., failure to supply information; refusal to participate in propaganda broadcast; arbitrary action of guard; agitation of local populace, etc.).

RESULTS:

Provide a brief textual description of the results of the mistreatment. State whether the mistreatment achieved its purpose and describe its impact on the physical and psychological condition of the returnee or fellow PW. Continue in ADDL COMMENTS if necessary.

INFLICT:

Provide the name/nickname, rank and branch of service of captor personnel (up to 3) involved in the mistreatment of the returnee or a fellow PW. Maximum use of abbreviations will be used if additional comments are required, enter in ADDL COMMENTS.

ADDL COMMENTS:

Provide any additional information concerning the mistreatment event, in particular, whether the mistreatment was a standard procedure to achieve certain objectives or an arbitrary action on the part of captor personnel. Also, include information here for which there was inadequate space in the TYPE MISTREATMENT and INFLICT fields.

MISTREATMENT CHECKLIST

DEBRIEF DATE:
AUDIO TAPE IDENT NO:
BEGIN PT:
END PT:
ME: (MISTREATMENT EVENT)
TYPE MISTREATMENT:
MISTREATED PERSON: (OTHER THAN RETURNEE)
RANK:
SERVICE:
DIA ID NO: (FROM SEA PW/MIA LIST)
SOURCE: (OF INFORMATION)
FROM: (BEGIN DATE)
TO: (END DATE)
EST: (DATE QUALIFIER)
PHASE OF CAPTIVITY:
PHASE: (OF MISTREATMENT)
CTRY: (COUNTRY)
CAMP NICKNAME(S):
FREQUENCY OF MISTREATMENT:
DURATION: (OF MISTREATMENT)
REASON: (FOR MISTREATMENT)
RESULTS: (OF MISTREATMENT)
INFLICT: (INFLICTED BY)
ADDL COMMENTS:

(4) Validity of Propaganda Debriefing Report

Validity of Propaganda Debriefing Reports are to be completed during the Phase III debriefing at the CONUS hospital. The purpose of this data is to document the methods employed by the enemy in using prisoners of war for propaganda purposes and to place the returnee's required participation in these events in its proper perspective. The format for this report is illustrated in Figure 34.

(a) Data Element Instructions

Detailed instructions for reporting Validity of Propaganda information are listed below in the order in which the data elements appear in the report.

EGRESS HECAP PHASE III DEBRIEFING REPORT

VALIDITY OF PROPAGANDA IS

1 EGRESS RECAP/AIR FORCE MESSAGE-VALIDITY OF PROPAGANDA [] 55
 2 DEBRIEFER- [] 56 RANK- [] 57 DEBRIEF DATE- []
 3 RETURNEE- [] 58 RANK- [] 59 DIA ID NO- []
 4 AUDIO TAPE IDENT NO- [] 60 BEGIN PT- [] 61 END PT- []
 5 PE- [] 62 TYPE PROPAGANDA- [] 63 FROM- [] 64 TO- [] 65 (EST)
 6 PHASE OF CAPTIVITY- [] 66 PLACE- [] 67 CTRY- []
 7 CAMP NAME- [] 68 CAMP NICKNAMES- [] 69
 8 FREQUENCY- [] 70 YEARS- [] 71 [] 72 [] 73 [] 74 [] 75 [] 76 [] 77 [] 78 [] 79 [] 80 [] 81 [] 82 [] 83 [] 84 [] 85 []
 9 SIZE OF GROUP- [] 86 (EST) 87 TAPED- [] 88 FILMED- [] 89
 10 TYPE COERCION- [] 90 [] 91 [] 92 [] 93 [] 94 [] 95 [] 96 [] 97 [] 98 [] 99 [] 100 []
 11 FOREIGN PRESS PARTICIPATION- [] 101 [] 102 [] 103 [] 104 [] 105 [] 106 [] 107 [] 108 [] 109 [] 110 []
 12 RESULTS OF PARTICIPATION- [] 111 [] 112 [] 113 [] 114 [] 115 [] 116 [] 117 [] 118 [] 119 [] 120 []
 13 ADDL COMMENTS- [] 121 [] 122 [] 123 [] 124 [] 125 [] 126 [] 127 [] 128 [] 129 [] 130 []
 14 [] 131 [] 132 [] 133 [] 134 [] 135 [] 136 [] 137 [] 138 [] 139 [] 140 []
 15 [] 141 [] 142 [] 143 [] 144 [] 145 [] 146 [] 147 [] 148 [] 149 [] 150 []
 16 [] 151 [] 152 [] 153 [] 154 [] 155 [] 156 [] 157 [] 158 [] 159 [] 160 []
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 20 [] 191 [] 192 [] 193 [] 194 [] 195 [] 196 [] 197 [] 198 [] 199 [] 200 []
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 36 [] 351 [] 352 [] 353 [] 354 [] 355 [] 356 [] 357 [] 358 [] 359 [] 360 []
 37 [] 361 [] 362 [] 363 [] 364 [] 365 [] 366 [] 367 [] 368 [] 369 [] 370 []
 38 [] 371 [] 372 [] 373 [] 374 [] 375 [] 376 [] 377 [] 378 [] 379 [] 380 []
 39 [] 381 [] 382 [] 383 [] 384 [] 385 [] 386 [] 387 [] 388 [] 389 [] 390 []
 40 [] 391 [] 392 [] 393 [] 394 [] 395 [] 396 [] 397 [] 398 [] 399 [] 400 []
 41 [] 401 [] 402 [] 403 [] 404 [] 405 [] 406 [] 407 [] 408 [] 409 [] 410 []
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 51 [] 501 [] 502 [] 503 [] 504 [] 505 [] 506 [] 507 [] 508 [] 509 [] 510 []
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 60 [] 591 [] 592 [] 593 [] 594 [] 595 [] 596 [] 597 [] 598 [] 599 [] 600 []
 61 [] 601 [] 602 [] 603 [] 604 [] 605 [] 606 [] 607 [] 608 [] 609 [] 610 []
 62 [] 611 [] 612 [] 613 [] 614 [] 615 [] 616 [] 617 [] 618 [] 619 [] 620 []
 63 [] 621 [] 622 [] 623 [] 624 [] 625 [] 626 [] 627 [] 628 [] 629 [] 630 []
 64 [] 631 [] 632 [] 633 [] 634 [] 635 [] 636 [] 637 [] 638 [] 639 [] 640 []
 65 [] 641 [] 642 [] 643 [] 644 [] 645 [] 646 [] 647 [] 648 [] 649 [] 650 []
 66 [] 651 [] 652 [] 653 [] 654 [] 655 [] 656 [] 657 [] 658 [] 659 [] 660 []
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 69 [] 681 [] 682 [] 683 [] 684 [] 685 [] 686 [] 687 [] 688 [] 689 [] 690 []
 70 [] 691 [] 692 [] 693 [] 694 [] 695 [] 696 [] 697 [] 698 [] 699 [] 700 []
 71 [] 701 [] 702 [] 703 [] 704 [] 705 [] 706 [] 707 [] 708 [] 709 [] 710 []
 72 [] 711 [] 712 [] 713 [] 714 [] 715 [] 716 [] 717 [] 718 [] 719 [] 720 []
 73 [] 721 [] 722 [] 723 [] 724 [] 725 [] 726 [] 727 [] 728 [] 729 [] 730 []
 74 [] 731 [] 732 [] 733 [] 734 [] 735 [] 736 [] 737 [] 738 [] 739 [] 740 []
 75 [] 741 [] 742 [] 743 [] 744 [] 745 [] 746 [] 747 [] 748 [] 749 [] 750 []
 76 [] 751 [] 752 [] 753 [] 754 [] 755 [] 756 [] 757 [] 758 [] 759 [] 760 []
 77 [] 761 [] 762 [] 763 [] 764 [] 765 [] 766 [] 767 [] 768 [] 769 [] 770 []
 78 [] 771 [] 772 [] 773 [] 774 [] 775 [] 776 [] 777 [] 778 [] 779 [] 780 []
 79 [] 781 [] 782 [] 783 [] 784 [] 785 [] 786 [] 787 [] 788 [] 789 [] 790 []
 80 [] 791 [] 792 [] 793 [] 794 [] 795 [] 796 [] 797 [] 798 [] 799 [] 800 []
 81 [] 801 [] 802 [] 803 [] 804 [] 805 [] 806 [] 807 [] 808 [] 809 [] 810 []
 82 [] 811 [] 812 [] 813 [] 814 [] 815 [] 816 [] 817 [] 818 [] 819 [] 820 []
 83 [] 821 [] 822 [] 823 [] 824 [] 825 [] 826 [] 827 [] 828 [] 829 [] 830 []
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 85 [] 841 [] 842 [] 843 [] 844 [] 845 [] 846 [] 847 [] 848 [] 849 [] 850 []
 86 [] 851 [] 852 [] 853 [] 854 [] 855 [] 856 [] 857 [] 858 [] 859 [] 860 []
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 89 [] 881 [] 882 [] 883 [] 884 [] 885 [] 886 [] 887 [] 888 [] 889 [] 890 []
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 91 [] 901 [] 902 [] 903 [] 904 [] 905 [] 906 [] 907 [] 908 [] 909 [] 910 []
 92 [] 911 [] 912 [] 913 [] 914 [] 915 [] 916 [] 917 [] 918 [] 919 [] 920 []
 93 [] 921 [] 922 [] 923 [] 924 [] 925 [] 926 [] 927 [] 928 [] 929 [] 930 []
 94 [] 931 [] 932 [] 933 [] 934 [] 935 [] 936 [] 937 [] 938 [] 939 [] 940 []
 95 [] 941 [] 942 [] 943 [] 944 [] 945 [] 946 [] 947 [] 948 [] 949 [] 950 []
 96 [] 951 [] 952 [] 953 [] 954 [] 955 [] 956 [] 957 [] 958 [] 959 [] 960 []
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 98 [] 971 [] 972 [] 973 [] 974 [] 975 [] 976 [] 977 [] 978 [] 979 [] 980 []
 99 [] 981 [] 982 [] 983 [] 984 [] 985 [] 986 [] 987 [] 988 [] 989 [] 990 []
 100 [] 991 [] 992 [] 993 [] 994 [] 995 [] 996 [] 997 [] 998 [] 999 [] 1000 []

Figure 34. Validity of Propaganda Report

DEBRIEFER:

Provide the last name, first name and middle initial of the debriefer performing the debriefing of the returnee.

RANK:

Provide the rank of the debriefer in terms of a 2-character rank designator (e.g., Ø3, Ø4, Ø5, CV, etc.).

DEBRIEF DATE:

Provide the end day, month and year of the debriefing session (e.g., 21Ø672 for 21 June 1972).

RETURNEE:

Provide the last name, first name, middle initial, etc. of the returnee, as shown on the USAF OPERATION HOMECOMING SEA PW/MIA List.

RANK:

Provide the current rank of the returnee in terms of a 2-character rank designator (e.g., E7, Ø3, Ø4, Ø5, etc.).

DIA ID NO:

Provide the 4-character identification number assigned to each PW/MIA. This number is a unique number assigned by DIA and incorporated in the USAF OPERATION HOMECOMING ADP Support System.

AUDIO TAPE IDENT NO:

Provide the 2-digit number assigned by the debriefer to the audio tape used during the debriefing session which described the propaganda event (e.g., Ø8).

BEGIN PT:

Provide the position of the audio tape at the beginning of the debriefing session which described the propaganda event (e.g., 6Ø1Ø).

END PT:

Provide the position of the audio tape at the end of the debriefing session which described the propaganda event (e.g., 695Ø).

PE:

Provide a sequential 2-character number for each propaganda event reported by the returnee beginning with 01.

TYPE PROPAGANDA:

Provide a brief description of the propaganda event in which the returnee was a participant (e.g., staged capture, religious services, recreation, radio/TV Broadcast, interviews, etc.).

FROM:

Provide the day, month and year of the beginning of the propaganda event to the returnee's best recollection (e.g., 170566 for 17 May 1966). For a one-day period enter same date in From and To.

TO:

Provide the day, month and year of the ending of the propaganda event to the returnee's best recollection (e.g., 210566 for 21 May 1966). For a one-day period enter same date in From and To.

EST:

Provide an indication as to whether the beginning or end date of the propaganda event is an estimated date. If both dates are accurate, cross out EST (i.e., ~~EST~~).

PHASE OF CAPTIVITY:

Provide the phase of captivity during which the propaganda event occurred. One of the following phases should be reported:

Capture
Move to conf.
Hospitalization
Temp. conf.
Confinement
Post-escape
Transfer
Pre-release

PLACE:

Provide the name of the village, town or city, if the propaganda event did not take place within the confines of a camp.

CTRY:

Provide the 2-character designator for the country in which the propaganda event occurred (i.e., VN, VS, LA, CB, or CH).

CAMP NAME:

Provide the official camp name if it is one on the list of PW camps known to U. S. Intelligence. If the camp did not have an official name, use the previously assigned designator (e.g., Alpha, Bravo, etc.) as the camp name.

CAMP NICKNAME(S):

Provide one or more nicknames by which the camp where the propaganda event occurred was known to the returnee. Report phonetic spellings of the camp name as a nickname.

FREQUENCY:

Provide an indication of the frequency with which the propaganda event occurred (e.g., once, intermittently, occasionally, continuously, weekly, monthly, etc.) within time period designated in From-To statement.

YEARS:

Provide the year, or years, in which the propaganda event took place. A maximum of ten years are permitted. Enter 2-characters for each year (e.g., 66 for 1966, 68 for 1968, etc.).

SIZE OF GROUP:

Provide the number of U. S. personnel involved in the propaganda event. Three-characters are provided. Use leading zeros, if necessary (e.g., 004 or 025).

EST:

Provide an indication as to whether the size of the group of U. S. personnel involved in the propaganda event

was an actual or estimated figure. If the size of the group was an accurate figure cross out EST (i.e., EST).

TAPED:

Provide information as to whether the returnee was aware that the propaganda event was being taped (i.e., yes, no, possibly, unknown).

FILMED:

Provide information whether the returnee was aware that the propaganda event was being filmed (i.e., yes, no, possibly, unknown).

TYPE COERCION:

Provide up to five descriptors indicating the coercion used (if any) to obtain the returnee's participation in the propaganda event (e.g., drugs, threats, beatings, starvation, solitary, etc.).

FOREIGN PRESS PARTICIPATION:

Provide the countries (up to six) represented by the foreign press participating in the propaganda event, if known (e.g., France, Poland, Japan, China, Russia, etc.).

RESULTS OF PARTICIPATION:

Provide the known or anticipated results of the returnee's participation in the propaganda event in free text form. Use standard abbreviations if space is insufficient. Identify changes in treatment of PWs or the publication and distribution of the propaganda materials.

ADDL COMMENTS:

Provide any additional information concerning the propaganda event, in particular, include information here for which there was inadequate space in the "Results of Participation" field.

VALIDITY OF PROPAGANDA CHECKLIST

DEBRIEF DATE

AUDIO TAPE IDENT NO:

BEGIN PT:

END PT:

PE: (PROPAGANDA EVENT NUMBER)

TYPE PROPAGANDA:
FROM: (DATE)
TO: (DATE)
EST: (DATE QUALIFIER)
PHASE OF CAPTIVITY:
PLACE:
CTRY: (COUNTRY)
CAMP NAME:
CAMP NICKNAMES:
FREQUENCY: (OF PROPAGANDA EVENT)
YEARS:
SIZE OF GROUP: (NUMBER)
EST: (SIZE QUALIFIER)
TAPED:
FILMED:
TYPE COERCION:
FOREIGN PRESS PARTICIPATION: (COUNTRIES)
RESULTS OF PARTICIPATION:
ADDL COMMENTS:

(5) Identification of Enemy Personnel Debriefing Report

Identification of Enemy Personnel Debriefing Reports are to be completed during the Phase III debriefing at the CONUS hospital. The purpose of this data is to provide identification of those enemy personnel currently known to be associated with U. S. Prisoners of War as well as other enemy personnel who are currently unknown to U. S. intelligence but are associated with U. S. Prisoners of War. The format of this report is illustrated in Figure 35.

(a) Data Element Instructions

Detailed instructions for reporting Identification of Enemy Personnel information are listed below, in the order in which they appear on the report.

DEBRIEFER:

Provide the last name, first name and middle initial of the debriefer performing the debriefing of the returnee.

RANK:

Provide the rank of the debriefer in terms of a 2-character rank designator (e.g., 03, 04, 05, CV, etc.).

DEBRIEF DATE:

Provide the end day, month and year of the debriefing session (e.g., 210672 for 21 June 1972).

EGRESS RECAP PHASE III DEBRIEFING REPORT

IDENTIFICATION OF ENEMY PERSONNEL 1A

EGRESS RECAP/AIR FORCE MESSAGE-IDENT OF ENEMY PERSONNEL	17
DEBRIEFER-	18
RETURNEE-	19
AUDIO TAPE IDENT NO-	20
EP-	21
NICKNAMES-	22
NATIONALITY-	23
DIA PHOTO REF-	24
CAPACITY/ROLE-	25
FREQUENCY OF CONTACT-	26
PLACE-	27
CAMP NICKNAMES-	28
ADDL COMMENTS-	29
	30
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Figure 35. Identification of Enemy Personnel

RETURNEE:

Provide the last name, first name, middle initial, etc. of the returnee, as shown on the USAF OPERATION HOMECOMING SEA PW/MIA List.

RANK:

Provide the current rank of the returnee in terms of a 2-character rank designator (e.g., E7, Ø3, Ø4, Ø5, etc.).

DIA ID NO:

Provide the 4-character identification number assigned to each PW/MIA. This number is a unique number assigned by DIA and incorporated in the USAF OPERATION HOMECOMING ADP Support System.

AUDIO TAPE IDENT NO:

Provide the 2-digit number assigned by the debriefer to the audio tape used during the debriefing session (e.g., Ø9).

BEGIN PT:

Provide the position of the audio tape at the beginning of the debriefing session which obtained the data (e.g., ØØ1Ø).

END PT:

Provide the position of the audio tape at the end of the debriefing session which obtained the data (e.g., 1Ø5Ø).

EP:

Provide a 2-character sequential number for each enemy identified by the returnee beginning with Ø1.

ENEMY NAME:

Provide the name of the enemy (last and first), if known. Use phonetic spellings if necessary.

RANK:

Provide the rank of the enemy, if known, or a description of his rank insignia, if observed (e.g., captain, major, or 2 stars over a bar, etc.).

NICKNAMES:

Provide up to three nicknames by which the enemy was known. Fifteen characters are provided for each nickname.

NATIONALITY:

Provide a 2-character code for the country representing the nationality of the enemy being identified (e.g., VN for North Vietnam, CH for Chinese, etc.).

CAPTOR AFFILIATION:

Provide the organizational element with which the enemy being identified was affiliated (e.g., civilian, NVN Army, Viet Cong, etc.).

DIA PHOTO REF:

Provide the photo references (up to six) contained in the Defense Intelligence Agency document DI-367-14-72, entitled North Vietnamese Personnel Associated with U. S. Prisoners of War (U).

CAPACITY/ROLE:

Provide the capacity or role of the enemy being identified in his contact(s) with the returnee (e.g., interrogator, indoctrinator, guard, etc.).

SOURCE:

Provide the reliability of the information concerning the identification of the enemy in terms of its being first- or second-hand. If first-hand, report whether it was as a result of direct participation or through visual observation. If second-hand, report the method of acquiring the information (e.g., hand signals, wall tapping, info written on a list or wall, etc.) and the source (i.e., name, rank, branch of service or report if the source is unknown). Use standard abbreviations whenever necessary in order to gain space.

FREQUENCY OF CONTACT:

Provide an indication of the frequency with which the contact with the enemy occurred (e.g., once, intermittently, occasionally, continuously, etc.).

LAST CONTACT DATE:
Provide the day, month and year of the date of last contact with the enemy being identified to the extent that the returnee's recollection permits (e.g., 211268 for 21 December 1968).

EST:

Provide the abbreviation for estimated (i.e., EST) if the date of last contact with enemy is not precisely known. If the date is accurate strike out EST (i.e., ~~EST~~).

PLACE:

Provide the name of the village, town or city if the last contact with the enemy did not take place within the confines of a camp.

COUNTRY:

Provide the 2-character designator for the country in which the last contact with the enemy was known to the returnee.

CAMP NAME:

Provide the official camp name if it is one on the list of PW camps known to U. S. Intelligence. If the camp did not have an official name, use the previously assigned designator (e.g., Alpha, Bravo, etc.) as the camp name.

CAMP NICKNAME(S):

Provide one or more nicknames by which the camp where the last contact with the enemy occurred was known to the returnee. Report phonetic spellings of the camp name as a nickname.

ADDL COMMENTS:

Provide any additional data or information needed to clarify information reported in preceding data elements.

IDENTIFICATION OF ENEMY PERSONNEL CHECKLIST

DEBRIEF DATE:

AUDIO TAPE IDENT NO:

BEGIN PT:

END PT:

EF: (ENEMY PERSONNEL NUMBER)
ENEMY NAME:
RANK:
NICKNAMES:
NATIONALITY:
AFFILIATION:
DIA PHOTO REF:
CAPACITY/ROLE:
SOURCE: (OF INFORMATION)
FREQUENCY OF CONTACT:
LAST CONTACT DATE:
EST: (DATE QUALIFIER)
PLACE:
COUNTRY:
CAMP NAME:
CAMP NICKNAMES:
ADDL COMMENTS:

(6) Enemy Intelligence Activity Debriefing Report

Enemy Intelligence Activity Debriefing Reports are to be completed during the Phase III debriefing at the CONUS hospital. The purpose of this data is to document the nature and extent of enemy intelligence activities vis-a-vis U. S. prisoners of war. The format for this report is presented in Figure 36.

(a) Data Element Instructions

Detailed instructions for reporting Enemy Intelligence Activity information are listed below in the order in which they appear in the report.

DEBRIEFER:

Provide the last name, first name and middle initial of the debriefer performing the debriefing of the returnee.

RANK:

Provide the rank of the debriefer in terms of a 2-character rank designator (e.g., Ø3, Ø4, Ø5, CV, etc.).

DEBRIEF DATE:

Provide the end day, month, and year of the debriefing session (e.g., 21Ø672 for 21 June 1972).

RETURNEE:

Provide the last name, first name, middle initial, etc. of the returnee, as shown on the USAF OPERATION HOMECOMING SEA PW/MIA List.

RANK:

Provide the current rank of the returnee in terms of a 2-character rank designator (e.g., E7, Ø3, Ø4, Ø5, etc.).

DIA ID NO:

Provide the 4-character identification number assigned to each PW/MIA. This number is a unique number assigned by DIA and incorporated in the USAF OPERATION HOMECOMING ADP Support System. (See OPERATION HOMECOMING PW/MIA List).

AUDIO TAPE IDENT NO:

Provide the 2-digit number assigned by the debriefer to the audio tape used during the debriefing session which obtained information concerning the enemy intelligence activity (e.g., 12).

BEGIN PT:

Provide the position of the audio tape at the beginning of the debriefing session which obtained information concerning the enemy intelligence activity (e.g., 2Ø1Ø).

END PT:

Provide the position of the audio tape at the end of the debriefing session which obtained information concerning the enemy intelligence activity (e.g., 265Ø).

IE:

Provide a sequential 2-character number for each enemy intelligence activity event reported by the returnee beginning with Ø1.

ENEMY INTELL ACT:

Provide a brief description of the type of enemy intelligence activity of which the returnee is knowledgeable. A maximum of 17-characters are permitted. Use standard abbreviations, if necessary (e.g., recruitment, interest in U. S. oper, etc.).

LAST EVENT DATE:

Provide the day, month and year, to the extent that the returnee's recollection permits of the last date the enemy intelligence activity event occurred or was concluded (e.g., 070867 for 7 August 1967).

EST:

Provide an indication as to whether the last date of enemy intelligence activity event is an estimated date. If the date is accurate, cross out EST (i.e., ~~EST~~).

FREQUENCY:

Provide an indication of the frequency with which the enemy intelligence activity event occurred (e.g., once, intermittently, occasionally, continuously, etc.).

YEARS:

Provide the year, or years, in which the intelligence activity event took place. A maximum of ten years are permitted. Enter 2-characters for each year (e.g., 66 for 1966, 68 for 1968, etc.).

PHASE OF CAPTIVITY:

Provide the phase of captivity during which the enemy intelligence activity event occurred. One of the following phases should be reported:

Capture
Move to conf.
Hospitalization
Temp. conf.
Confinement
Post-escape
Transfer
Pre-release

PLACE:

Provide the name of the village, town or city if the enemy intelligence activity event did not take place within the confines of a camp.

COUNTRY:

Provide the 2-character designator for the country in which the intelligence activity event occurred (i.e., VN,

VS, LA, CV, or CH).

SOURCE:

Provide the source of the information concerning the enemy intelligence activity event in terms of it being first- or second-hand. If first-hand, report whether it was as a result of direct participation or through visual observation. If second-hand, report the method of acquiring the information (e.g., hand signals, wall tapping, info written on a list or wall, etc.) and the source (i.e., name, rank, branch of service or report if the source is unknown).

CAMP NAME:

Provide the official camp name if it is one on the list of PW camps known to U. S. Intelligence. If the camp did not have an official name, use the previously assigned designator (e.g., Alpha, Bravo, etc.) as the camp name.

CAMP NICKNAME(S):

Provide one or more nicknames by which the camp where the intelligence activity event occurred was known to the returnee. Report phonetic spellings of the camp name as a nickname.

IDENT OF ENEMY PER:

Provide the names or nicknames of up to three enemy personnel who were involved in the intelligence activity event. Fifteen characters are provided for each name. Use phonetic spellings, if necessary.

SIZE OF GROUP:

Provide the number of U. S. personnel involved in the enemy intelligence activity event. Three characters are provided. Use leading zeros, if necessary (i.e., 004 or 025).

EST:

Provide an indication as to whether the size of the group of U. S. personnel involved in the event was an actual or estimated figure. If the size of the group was an accurate figure, cross out EST (i.e., ~~EST~~).

US PERSONNEL:

Provide the last name and initials of up to four U. S. personnel, in addition to the returnee, involved in the enemy intelligence activity event. Fifteen characters are provided for each name. Leave a blank after the last name and between initials. If a name exceeds the allowable number of characters, truncate by deleting all letters after the first 15.

DETAILS OF EVENT:

Provide all relevant details concerning the enemy intelligence activity event so that its significance can be assessed.

ADDL COMMENTS:

Provide any additional information relevant to the enemy intelligence activity event. In particular, include names of U. S. personnel, if more than four were involved.

ENEMY INTELLIGENCE ACTIVITY CHECKLIST

DEBRIEF DATE:
AUDIO TAPE IDENT NO:
BEGIN PT:
END PT:
IE: (INTELLIGENCE ACTIVITY EVENT NUMBER)
ENEMY INTEL ACT: (TYPE)
LAST EVENT DATE:
EST (DATE QUALIFIER)
FREQUENCY: (OF EVENT)
YEARS:
PHASE OF CAPTIVITY:
PLACE:
CTRY: (COUNTRY)
SOURCE: (OF INFORMATION)
CAMP NAME:
CAMP NICKNAMES:
IDENT OF ENEMY PER: (NAMES)
SIZE OF GROUP: (NUMBER)
EST: (SIZE QUALIFIER)
US PERSONNEL: (NAMES)
DETAILS OF EVENT:
ADDL COMMENTS:

(7) Captivity Medical Treatment Debriefing Report

Captivity Medical Treatment Debriefing Reports are to be completed during the Phase III debriefing at the CONUS hospital. The purpose of this data is to document all injuries and illnesses incurred by the returnee during his captivity and the medical treatment provided by the enemy or through self-treatment. First aid provided by the enemy or applied by the returnee for shutdown/capture injuries should also be described. Separate Medical Treatment DEREPS should be submitted for different illnesses and injuries unless the illnesses were related (e.g., intestinal parasites and malnutrition) or multiple injuries were incurred at the same time. The format for this report is illustrated in Figure 37.

(a) Data Element Instructions

Detailed instructions for reporting Captivity Medical Treatment information are listed below in the order in which they appear in the report.

DEBRIEFER:

Provide the last name, first name and middle initial of the debriefer performing the debriefing of the returnee.

RANK:

Provide the rank of the debriefer in terms of a 2-character rank designator (e.g., Ø3, Ø4, Ø5, CV, etc.).

DEBRIEF DATE:

Provide the end day, month and year of the debriefing session (e.g., 21Ø672 for 21 June 1972).

RETURNEE:

Provide the last name, first name, middle initial, etc. of the returnee, as shown on the USAF OPERATION HOMECOMING PW/MIA List.

RANK:

Provide the current rank of the returnee in terms of a 2-character rank designator (e.g., E7, Ø3, Ø4, Ø5, etc.).

DIA ID NO:

Provide the 4-character identification number assigned to each PW/MIA. This number is a unique number assigned by

DIA and incorporated in the USAF OPERATION HOMECOMING ADP Support System. (See OPERATION HOMECOMING PW/MIA List.)

AUDIO TAPE IDENT NO:

Provide the 2-digit number assigned by the debriefer to the audio tape used during the debriefing session which described the returnee's illness/injury and the medical treatment (e.g., 02).

BEGIN PT:

Provide the position of the audio tape at the beginning of the debriefing session which described the returnee's illness/injury and the medical treatment (e.g., 3250).

END PT:

Provide the position of the audio tape at the end of the debriefing session which described the returnee's illness/injury and medical treatment (e.g., 7245).

MT:

Provide a 2-character sequential number for each illness (type) or injury incurred by the returnee during captivity beginning with 01.

ILLNESS/INJ:

Provide an identification of the illness or injury (e.g., malaria, anemia, malnutrition, hookworm, broken arm, etc.). A maximum of 15-characters are provided. Use standard abbreviation, if necessary.

FREQ:

Provide an indication of the frequency with which the illness or injury occurred (e.g., once, intermittently, occasionally, continuously, etc.).

DURATION:

Provide the length of time the returnee was ill or how long it took for the injury to heal in terms of hours, days, weeks, months or years (e.g., 02/hours, 01/day, 03/wks, 04/mos, 02/yrs, etc.).

DATE OF INJURY/LAST ILLNESS:

Provide the day, month and year, to the extent that the returnee's recollection permits, of the date of occurrence of an injury or last illness (e.g., 070867 for 7 August 1967).

EST:

Provide an abbreviation for estimated (i.e., EST) if the date of injury or last illness (of the type being reported) is not precisely known. If the date is accurate, strike out EST (i.e., ~~EST~~).

TREATMENT PROVIDED BY:

Provide an indication as to whether the medical treatment was provided by the returnee, the enemy or both (i.e., self, enemy or both).

PHASE OF CAPTIVITY:

Provide the phase of captivity during which the injury or illness of the returnee or a fellow PW occurred. One of the following phases should be reported:

Capture
Move to conf.
Hospitalization
Temp. conf.
Confinement
Post-escape
Transfer
Pre-release

PLACE:

Provide the name of the village, town or city if the medical treatment did not take place within the confines of a camp.

CTRY:

Provide the 2-character designator for the country in which the medical treatment occurred (i.e., VN, VS, LA, CB, or CH).

CAMP NAME:

Provide the official camp name if it is one on the list of PW camps known to U. S. Intelligence. If the

camp did not have an official name, use the previously assigned designator (e.g., Alpha, Bravo, etc.) as the camp name.

CAMP NICKNAMES:

Provide one or more nicknames by which the camp where the medical treatment occurred was known to the returnee. Report phonetic spellings of the camp name as a nickname.

HOSPITAL:

Provide an identification (name, if known) of the hospital where the returnee received medical treatment.

DURATION:

Provide the length of time of the hospitalization in terms of hours, days, weeks, months or years (e.g., 02/hrs, 01/day, 03/wks, 04/mos, 02/yrs, etc.).

QUALITY OF TREATMENT:

Provide the opinion of the returnee as to whether the quality of medical treatment received was Good, Fair or Poor.

PROCEDURES/TESTS CONDUCTED:

Provide a free-text description of the medical/surgical procedures and tests conducted in the process of treating the injury/illness of the returnee.

SYMPTOMS/ILLNESS OR CAUSE/INJURY:

Provide a free-text description of the symptoms of the illness or the cause of the injury for which the returnee received medical treatment.

MEDICATIONS:

Provide a brief description of medications (up to four) used in the treatment of the returnee's illness/injury. Also provide the source of the medications, if known.

OTHER TREATMENT:

Provide a free-text description of medical treatment provided the returnee to the extent that the returnee's recollection and understanding of medical practices permits.

RESULTS:

Provide a brief textual description of the results of the medical treatment. State whether the treatment achieved its purpose and describe its impact on the physical and psychological condition of the returnee.

ADDL COMMENTS:

Provide any additional information concerning the medical treatment, in particular, whether the treatment was a standard procedure. Also, include information here for which there was inadequate space in the "OTHER TREATMENT" and "RESULTS" fields.

CAPTIVITY MEDICAL TREATMENT CHECKLIST

DEBRIEF DATE:
AUDIO TAPE IDENT NO:
BEGIN PT:
END PT:
MT: (MEDICAL TREATMENT NUMBER)
ILLNESS/INJ: (TYPE)
FREQ: (FREQUENCY)
DURATION: (OF ILLNESS/INJURY)
DATE OF INJURY/LAST ILLNESS:
EST: (DATE QUALIFIER)
TREATMENT PROVIDED BY:
PHASE OF CAPTIVITY:
PLACE:
CTRY: (COUNTRY)
CAMP NAME:
CAMP NICKNAMES:
HOSPITAL:
DURATION:
QUALITY OF TREATMENT:
PROCEDURES/TESTS CONDUCTED:
SYMPTOMS/ILLNESS OR CAUSE/INJURY:
MEDICATION:
OTHER TREATMENT:
RESULTS:
ADDL COMMENTS:

(8) Phase III Additional Comments Debriefing Report

Phase III Additional Comments Debriefing Reports are to be completed by debriefers at the CONUS hospital bases. The Additional Comments DEREPS is intended to facilitate the AUTODIN transmission of additional information pertaining to any of the standard Phase III DEREPS (e.g., SHOOTDOWN/CAPTURE, MISTREATMENT,

etc.) and is to be submitted in free-text form as a continuation of the DEREK for which there was not adequate space in the ADDL COMMENTS field. The format of the Additional Comments is shown in Figure 38. Note that each line permits only 55 characters of text.

(9) Additional Areas of Debriefing Coverage

There are a number of subjects of interest to various agencies of the U. S. Government for long term research and analysis. It is anticipated that most, if not all, of these subjects will be surfaced during the normal course of the debriefing. If in the closing phase of the debriefing, it is determined that the returnee did not discuss the following subjects, the debriefer will ask him for his comments and opinions.

- o Enemy reaction to PW's organizing and to the SROs.
- o Affect of U. S. PW publicity.
- o Enemy knowledge of U. S. operations.
- o Enemy interrogation (methods, frequency, etc.).
- o Enemy political indoctrination.
- o Escape attempts by returnee or others.
- o Camp security.
- o Religious activities.
- o Effectiveness of training in the following areas:
evasion and escape, survival, resistance, religion.

A structured debriefing report for each of the above is not considered appropriate. It is necessary, however, for an analyst to know where on the tape the discussion of each of the subjects was recorded. Since these subjects are for long term research, the debriefer must annotate the tape box in accordance with the instructions in paragraph 5g. An example of the report format is presented in Figure 39, for enemy reaction to PW's organizing and to the SROs.

EGRESS RECAP PHASE III DEBRIEFING REPORT

ADDITIONAL COMMENTS CONTINUED 17

ADDITIONAL COMMENTS -

[A series of 17 horizontal lines, each consisting of a series of small vertical tick marks, forming a grid for handwritten text.]

Figure 38. Additional Comments Continuation Sheet

JOINT MESSAGEFORM										SECURITY CLASSIFICATION		
PAGE	DRAFTER OR PRECEDENCE		CLASS	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				DATE - TIME	MONTH	YR
	RELEASE TIME	ACT				INFO						
OF	MESSAGE HANDLING INSTRUCTIONS											
BOOK												
<p>FROM</p> <p>TO: 7602 AINTELG FT BELVOIR VA</p> <p>SECRET NO FOREIGN DISSEM</p> <p>FOR INFPB. THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE.</p> <p>1. RETURNEE: _____ RANK: _____</p> <p>2. DEBRIEFER: _____ RANK: _____</p> <p>3. WHAT PENALTIES WERE INCURRED BY THOSE INDIVIDUALS WHO ATTEMPTED TO EXERCISE RANK AND LEADERSHIP IN AN EFFORT TO ORGANIZE THE PWS?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>												
DISTR:												
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										SPECIAL INSTRUCTIONS		
RELEASER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										SECURITY CLASSIFICATION	
	SIGNATURE											

DD FORM 173 (OCR) REPLACES DD FORM 173, 1 NOV 61 AND DD FORM 173-1, 1 NOV 61, WHICH WILL BE USED IN THE USAF. 16-49-10000 410 80-10

Figure 39. Additional Information Report

JOINT MESSAGEFORM					SECURITY CLASSIFICATION		
PAGE	DRAFTER OR PRECEDENCE		IMP	CLASS	VIA	TO MESSAGE CENTER/COMMUNICATIONS CENTER	
	RELEASED TIME	ACT INFO				DATE	TIME
01							
BOOK							
MESSAGE HANDLING INSTRUCTIONS							
<p>4. WERE RANKING PWS ABLE TO FORM AND OPERATE AN EFFECTIVE PW ORGANIZATION DESPITE CAPTOR OPPOSITION AND PENALTIES?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>							
DISTR:							
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SPECIAL INSTRUCTIONS		
R L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE				SECURITY CLASSIFICATION		
	SIGNATURE						
DD FORM 173 (OCR) REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF. 648-10-70 648-10-70 648-10-70							

Figure 39. Additional Information Report (continued)

SECTION IV
TRANSCRIBERS INSTRUCTIONS

1. GENERAL

The casualty information on non-returnees forwarded by message from the overseas processing points and the CONUS hospitals, as described in Section III of this manual, requires a considerable amount of additional manual processing prior to being entered into the computer base. The data contained in the formatted messages are the principal source of information about the non-returnees and it must be reformatted for entry into the computer. Information received via the DEREK system will be transmitted from the field, via AUTODIN, and delivered in punched cards at the Air Force Operations Center, requiring only routine editing before being placed in the computer. Therefore, this section will be devoted to the processing of the non-returnee data received during Phase I, II, and the early part of Phase III debriefings.

The work flow in processing casualty data is depicted in Figure 4.

The information concerning the last known status of non-returnees will be transmitted by the debriefers, in the prescribed message format shown in Section III, to the OPERATION HOMECOMING facility within the USAF Operations Center, at the Pentagon. A copy of each message was then forwarded to the DIA OPERATION HOMECOMING facility.

A team of Intelligence Analysts, at the HOMIC, then screened the information contained in the messages and annotated each with the DIA Identification Number for each individual mentioned within a message. They also identified, as "No-Matches", those names of individuals which could not be correlated with names of known missing personnel. The analyst also attempted to identify personnel indicated as "Unknowns" by the returnees. In the event that an analyst considered certain information as highly important, he underlined it to insure that it would be transcribed and placed in the computer data base. After completing their actions, the analysts forwarded the message to the Joint Transcription Section located in an adjacent room.

The Joint Transcription Section then processed the information contained in the messages onto a series of special forms. These transcription forms and the data elements involved are covered in detail later in this section of the Users Manual. The transcription forms were designed to approximate to the maximum extent possible the same data arrangement of the input messages in order to facilitate the transfer of the information from the message to a computer acceptable format. Details concerning the instructions provided to the Joint Transcription Section (JTS) are also contained within this section. After the data was placed on the transcription sheets and proofed, the sheets were forwarded to the keypunch section.

The keypunch section transferred the data on the transcription sheets to punched cards and forwarded the cards to the INCO, INC. representative

responsible for the computer operations in support of OPERATION HOMECOMING, for entry into the system.

The remainder of this section is devoted to the instructions provided to the Joint Transcription Section and are basically the same as those published in the "Transcribers Handbook". The only modifications made were to align the instructions with what actually took place during the implementation of OPERATION HOMECOMING.

2. GENERAL OPERATING PROCEDURES FOR TRANSCRIBERS

The Joint Transcription Section supervisors will log in messages and assign them to transcribers for action. The transcribers will review each message, determine the coding sheets required, transcribe the message, proofread their work, and return the messages and completed coding sheets to the shift supervisors. The shift supervisors will log return of the messages, proofread the coding sheets, file the messages in the case files of the respective returnees, and forward the coding sheets (via courier) to the key-punch facility. When the coding sheets have been returned they will be logged in and filed by returnee.

3. RESPONSIBILITIES OF DIA ANALYSTS

DIA Analysts will review incoming HOMECOMING messages to determine the proper classification of non-returnees reported by respective returnees. Following review and determination of classification, the analysts will post Record ID numbers or no-match indicators for returnee and non-returnees referenced in each message. A copy of the annotated message will then be routed to the JTS for transcription.

4. RESPONSIBILITIES OF THE TRANSCRIPTION SHIFT SUPERVISORS

As HOMECOMING message traffic is received from the HOMIC, shift supervisors are responsible for the following tasks:

- o All incoming messages will be logged in the master message log indicating message originator, message date-time-group, returnee's name, message type, and time of receipt.
- o Each message will be carefully reviewed to insure that Record ID numbers and/or no-match indicators are noted after each returnee/non-returnee name. A name/no-match log will be maintained on each returnee. The file will consist of the returnee's name and his record ID number, plus the names and record ID's of each non-returnee reported and classified as a no-match (NM) (i.e., Abbott, J. S., AØ33, Johnson, Bill NM _____). When the DIA analyst has indicated that names reported by a returnee are no-matches, the shift supervisor will assign the no-match numbers chronologically in the returnee's name/no-match log (i.e., NMØ1, NMØ2, NMØ3, etc.).

- o After the message has been logged in the name/no-match log, the shift supervisor will assign the message to a transcriber for action.
- o When transcription is completed, the time of return of the message and the coding sheets will be entered in the master message log. The shift supervisor will then proof the coding sheets and the message to insure that:

All names reported by the returnee are included on the coding sheets.

Record IDs of the returnee and non-returnees are as indicated by the DIA analyst's entry.

Coding sheets are numbered to reflect individual sheet numbers and total number of sheets used to transcribe the message.

All internal control items on each coding sheet are complete (i.e., message originator, date-time-group, returnee name, transcriber name, etc.).

All errors are corrected prior to forwarding the coding sheets for keypunching.

- o The shift supervisor will then prepare a Data Services Center Work Request (AFHQ Form 35), forward the coding sheets to the Data Services Center for keypunching, and indicate the time of dispatch in the master log.
- o When the keypunch work request is completed, the message from which the coding sheets were transcribed will be filed in the returnee's case file, held at the JTS.
- o When the coding sheets have been returned from keypunching, the time will be entered in the master message log and filed by returnee.

5. RESPONSIBILITIES OF THE TRANSCRIBER

The transcriber is responsible for accurately transferring the data contained within the message to the transcription form. The descriptive data contained in the comments field of the messages must be carefully evaluated by the transcriber to determine the salient portions of the information in order to condense the information without losing important and relevant parts of it. It must be stressed that "accuracy" and not volume of output is the key in the transcription effort. The following general guidance should be observed:

- o Review each message to determine type and which coding sheets will be required.
- o Transcribe each message, condensing only those portions which are too lengthy to fit within the space allocated.
- o Use prescribed data conversion tables to enter data on coding sheets.
- o Complete all control identification items on each coding sheet (i.e., message DTG, returnee name, non-returnee name, transcriber name, message originator, etc.).
- o Number each coding sheet to reflect how many sheets have been used to transcribe a particular message.
- o Return completed coding sheets and the respective message to the shift supervisor for proofreading.
- o In the event a questionable entry is found, bring it to the attention of the shift supervisor for resolution.

6. TRANSCRIPTION SHEETS

There were sixteen (16) Transcription Forms designed to capture the salient data on non-returnee casualty information. The forms were developed to conform as closely as possible with the ordering of information in the formatted messages. Each line on the Transcription Form represents an 80 character punched card and the instructions for completing the data elements, on each, is covered later in this section. The following is a list of available transcription sheets and their associated form number. It should be noted that the titles of the transcription sheets are directly related, where applicable, to the category of message to which they apply.

<u>TITLE</u>	<u>FORM NO.</u>
Message Log for Name Known	1
Message Log for Name Unknown/No-Match	2
Recovery Point Message	3
Medical Report	4
Assessment Report	5
Category No. 1 Report, Personnel Known by Name and Believed to be Alive	6 (2 sheets)
Category No. 2 Report, Personnel Unidentified by Name and Believed to be Alive	7 (4 sheets)
Category No. 3 Report, Personnel Known by Name and Believed to be Deceased	8 (2 sheets)
Category No. 4 Report, Personnel Unidentified by Name and Believed to be Deceased and No-Match	9 (4 sheets)

<u>TITLE</u>	<u>FORM NO.</u>
Clarification Report Category No. 1, Personnel Known by Name and Believed to be Alive	11
Clarification Report Category No. 2, Personnel Unidentified by Name and Believed to be Alive and No-Match	12
Clarification Report Category No. 3, Personnel Known by Name and Believed to be Deceased	13 (2 sheets)
Clarification Report Category No. 4, Personnel Unidentified by Name and Believed to be Deceased and No-Match	14 (2 sheets)
Photo Identification Report	16 R-1
Confinement Chronology Report	17 (2 sheets)

A reduced size copy of each of the above forms is presented in Figures 40 to 54. The coding instructions for completing the data elements on each form are present immediately following Figure 54. These instructions cover the various card types and are ordered in card type sequence, rather than by form number, since one card type may be used on more than one transcription sheet. A set of General Coding Instructions which apply to all the transcription sheets precedes the instruction for each card type.

a. General Coding Instructions

There are several conventions which have been established concerning the coding of information in preparation for keypunching of the data. In addition, every computerized data handling system has its unique set of ground rules governing the format of the data to be entered into the system. The following general instructions apply to the OPERATION HOMECOMING System when filling in the Transcription Forms.

- o Print legibly in block letters using red-ink ballpoint pen.
- o There are special rules to distinguish the letter "Z" from the numeral "2" and the zero from the letter "O". The "Z" will be printed as "Z" and the zero as "0".
- o Look up the proper system abbreviation for data fields requiring a coded entry (e.g., North Vietnam = VN).

- o Data fields which call for a number to be entered, such as the data element "Camp Area", 2000 square feet would be entered with all leading zeros, 0002000.
- o The Additional Comments should be as concise as possible, but covering all salient points. Each line should be started in the first space available. When a word split becomes necessary at the end of a line, it will be made in accordance with normal grammatical rules. In the event more space is required, comments may be extended by using additional lines on another transcriber sheet of the same type. Care must be taken to modify the sequence numbers on additional sheets to reflect the correct ordering of each line of comment. Note that comment fields that have less than six lines allocated on the transcription sheets cannot be extended using additional sheets.
- o Use the proper data card to enter information into the system. Each category classification, Name Known Alive, Name Known Deceased, Name Unknown/No-Match Alive, and Name Unknown/No-Match Deceased have specific transcription forms to accommodate data in the messages.
- o When follow-up information is furnished from the field, care must be exercised not to over-write comments. The last line number used for a particular entry must be determined, before entering the follow up information. The system will reject a comment with a line sequence number already in use.
- o The "Record ID" and "Short Name" data elements, on all input cards, are used for control purposes in the computer and must correspond to valid information as presented in the OPERATION HOMECOMING (EGRESS RECAP) SEA PW/MIA List. A miss-matched Record ID and Short Name will cause the computer to reject the input data.

b. Transcriber's Data Card Instructions

The following instructions provide guidance directed toward properly filling in all data elements contained in the data input cards for the casualty data submitted during Phase I, II, and early in Phase III. They are ordered by the card type number for ease of search when working with a transcription sheet.

RECOVERY POINT MESSAGE

MESSAGE ORIGINATOR

TRANSCRIBER NAME

MESSAGE DTG

NAME OF RETURNEE

4	7	8	12					
RETURNEE	SHORT	RETURNEE						
10	11	13	14	15	16	17	18	19
[A.O.1]	[O.1]	[O.2]	[O.3]	[O.4]	[O.5]	[O.6]	[O.7]	[O.8]
PLACE OF RECOVERY				COUNTRY		DUTY STATION		MEDICAL
RECOVERY TIME				RECOVERY TIME		RECOVERY TIME		RECOVERY TIME
MEDICAL CONDITION COMMENTS								
[RECOVERY POINT MESSAGE]								

Figure 42. Recovery Point Message

MEDICAL REPORT

NAME OF RET. INEE _____

MESSAGE ORIGINATOR _____

MESSAGE DTG _____

TRANSMITTER NAME _____

4 [] 7 [] 8 [] 12 [] 13 [] 16 []
 RETURNEE RECORD ID SHORT RETURNEE NAME DTG COMM VY MESSAGE DTG

1 3 [A.4.1] 10 [] 43 [] 44 [] 46 [] 48 [] 52 [] 71 []
 PHYSICIANS NAME RANK COMM VY DATE PLACE OF EXAMINATION

1 3 [A.4.1] 10 [0.1] 21 [] 79 []
 SEQ NO DIAGNOSIS - PROGNOSIS

1 3 [A.4.1] 10 [0.2] 21 [] 79 []

1 3 [A.4.1] 10 [0.3] 21 [] 79 []

1 3 [A.4.1] 10 [0.4] 21 [] 79 []

1 3 [A.4.2] 10 [0.1] 21 [] 79 []
 HOSPITAL ASSIGNMENT CONSIDERATIONS

1 3 [A.4.2] 10 [0.2] 21 [] 79 []

1 3 [A.4.2] 10 [0.3] 21 [] 79 []

1 3 [A.4.2] 10 [0.4] 21 [] 79 []
 OTHER PERTINENT FACTORS

Figure 43. Medical Report

ASSESSMENT REPORT

PAGE _____ OF _____

MESSAGE ORIGINATOR

NAME OF RETURNEE

MESSAGE D T O

TRANSCRIBER NAME

4	7	8	12
RETURNEE RECORD ID	REPORT NO	SHORT RETURNEE NAME	
1	3	13 15	16
LA.3.1J	REFUGEE NUMBER		DESTINATION NAME
1	3	13 15	16
LA.3.2J	REPORT NUMBER	10.1J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.2J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.3J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.4J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.1J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.2J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.3J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.4J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.1J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.2J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.3J	SEC NO
1	3	13 15	16
LA.3.2J	REPORT NO	10.4J	SEC NO

34 RANK

32

34

39

34

39

39

CONDITIONS OF RELEASE

72

COMMENTS ON DEBRIEFING STATUS

72

ASSESSMENT OF RETURNEE

72

ADDITIONAL COMMENTS

72

72

72

72

72

Figure 44. Assessment Report

CATEGORY NO. 1 REPORT

PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE

MESSAGE ORIGINATOR _____

MESSAGE D T G _____

TRANSCRIBER'S NAME _____

NAME OF RETURNEE _____

NAME OF NON-RETURNEE _____

1	3	[A, I, J]	NON-RETURNEE RECORD	10	22	RETURNEE FULL NAME	47	48	NON-RETURNEE REPORTED NAME	73	74	76
1	3	[A, I, J]	NON-RETURNEE RECORD	6	12	RETURNEE SHORT NAME	17	21	NON-RETURNEE REPORTED NAME	73	74	76
1	3	[A, I, J]	NON-RETURNEE RECORD	7	13	RETURNEE SHORT NAME	17	21	NON-RETURNEE REPORTED NAME	73	74	76
1	3	[A, I, J]	NON-RETURNEE RECORD	22	28	UNIT ASSIGNED	30	44	LAST DUTY STATION	73	74	76
1	3	[A, I, J]	NON-RETURNEE RECORD	22	32	NON-RETURNEE FIRST NICKNAME	33	49	NON-RETURNEE SECOND NICKNAME	73	74	76
1	3	[A, I, J]	NON-RETURNEE RECORD	22	27	DATE OF LAST DUTY INFORMATION	28	33	SOURCE OF INFORMATION	56	59	69
1	3	[A, I, J]	NON-RETURNEE RECORD	22	41	CAMP NAME	41	42	FIRST CAMP NICKNAME	86	89	89
1	3	[A, I, J]	NON-RETURNEE RECORD	22	42	PLACE NAME (City)	42	44	COUNTRY DISTANCE (nm)	46	48	49
1	3	[A, I, J]	NON-RETURNEE RECORD	22	42	LOCATION WITHIN CAMP	42	44	DIRECTION IN DEGREES	62	63	63
1	3	[A, I, J]	NON-RETURNEE RECORD	22	42	PHYSICAL CONDITION	42	44	COMMENTS ON PHYSICAL CONDITION	70	70	70
1	3	[A, I, J]	NON-RETURNEE RECORD	22	42	PHYSICAL CONDITION	42	44	COMMENTS ON PHYSICAL CONDITION	70	70	70
1	3	[A, I, J]	NON-RETURNEE RECORD	22	42	PHYSICAL CONDITION	42	44	COMMENTS ON PHYSICAL CONDITION	70	70	70
1	3	[A, I, J]	NON-RETURNEE RECORD	22	42	PHYSICAL CONDITION	42	44	COMMENTS ON PHYSICAL CONDITION	70	70	70
1	3	[A, I, J]	NON-RETURNEE RECORD	22	42	PHYSICAL CONDITION	42	44	COMMENTS ON PHYSICAL CONDITION	70	70	70

FORM NO. 8-1-2
FEB 73

Figure 45. Category 1 Report (Personnel Known By Name and Believed To Be Alive)

CATEGORY NO. 1 REPORT

PAGE _____ OF _____

PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE

MESSAGE ORIGINATOR

MESSAGE D T G

TRANSCRIBER'S NAME

NAME OF RETURNEE

NAME OF NON-RETURNEE

8 SHORT RETURNEE NAME
9 NON-RETURNEE NAME
10 RETURNEE RECORD ID
11 SHORT RETURNEE NAME

12 DETAILS OF LAST CONTACT

13 NON-RETURNEE RECORD ID
14 SLO NO

1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70

GENERAL COMMENTS

1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70
1	3	[A,I,Z]	[O,I]	22	[A,I,Z]	[O,I]	24	[A,I,Z]	[O,I]	70

Figure 45. Category 1 Report (Personnel Known By Name and Believed To Be Alive)

MESSAGE ORIGINATOR _____
 MESSAGE D Y O _____
 PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE
 AND NO MATCH
 TRANSCRIBER'S NAME _____
 NAME OF RETURNEE _____
 NAME OF NON-RETURNEE _____

CATEGORY NO. 2 REPORT

PAGE ____ OF ____

4	7	8	10	13	16	17	19	20	21	22	23	24	26	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73															
RETURNEE RECORD I.D.		SHORT RETURNEE NAME		NON-RETURNEE RECORD I.D.		NON-RETURNEE NAME		PERSONAL AUTHENTICATOR NUMBER		CREW POSITION		AIRCRAFT--VEHICLE		UNIT--ORGANIZATION ASSIGNED		LAST DUTY STATION		FIRST NICKNAME		SECOND NICKNAME		THIRD NICKNAME		RANK GRADE		BRANCH OF SERVICE		FIRST CAMP NICKNAME		SECOND CAMP NICKNAME		CAMP NAME		CAMP NAME		CAMP NAME		CAMP NAME		CAMP NAME		CAMP NAME		CAMP NAME		CAMP NAME		CAMP NAME																										
1	3	17	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73																	
1	3	[A.Z.1]	[A.Z.2]	[A.Z.3]	[A.Z.4]	[A.Z.5]	[A.Z.6]	[A.Z.7]	[A.Z.8]	[A.Z.9]	[A.Z.10]	[A.Z.11]	[A.Z.12]	[A.Z.13]	[A.Z.14]	[A.Z.15]	[A.Z.16]	[A.Z.17]	[A.Z.18]	[A.Z.19]	[A.Z.20]	[A.Z.21]	[A.Z.22]	[A.Z.23]	[A.Z.24]	[A.Z.25]	[A.Z.26]	[A.Z.27]	[A.Z.28]	[A.Z.29]	[A.Z.30]	[A.Z.31]	[A.Z.32]	[A.Z.33]	[A.Z.34]	[A.Z.35]	[A.Z.36]	[A.Z.37]	[A.Z.38]	[A.Z.39]	[A.Z.40]	[A.Z.41]	[A.Z.42]	[A.Z.43]	[A.Z.44]	[A.Z.45]	[A.Z.46]	[A.Z.47]	[A.Z.48]	[A.Z.49]	[A.Z.50]	[A.Z.51]	[A.Z.52]	[A.Z.53]	[A.Z.54]	[A.Z.55]	[A.Z.56]	[A.Z.57]	[A.Z.58]	[A.Z.59]	[A.Z.60]	[A.Z.61]	[A.Z.62]	[A.Z.63]	[A.Z.64]	[A.Z.65]	[A.Z.66]	[A.Z.67]	[A.Z.68]	[A.Z.69]	[A.Z.70]	[A.Z.71]	[A.Z.72]	[A.Z.73]
1	3	[A.Z.1]	[A.Z.2]	[A.Z.3]	[A.Z.4]	[A.Z.5]	[A.Z.6]	[A.Z.7]	[A.Z.8]	[A.Z.9]	[A.Z.10]	[A.Z.11]	[A.Z.12]	[A.Z.13]	[A.Z.14]	[A.Z.15]	[A.Z.16]	[A.Z.17]	[A.Z.18]	[A.Z.19]	[A.Z.20]	[A.Z.21]	[A.Z.22]	[A.Z.23]	[A.Z.24]	[A.Z.25]	[A.Z.26]	[A.Z.27]	[A.Z.28]	[A.Z.29]	[A.Z.30]	[A.Z.31]	[A.Z.32]	[A.Z.33]	[A.Z.34]	[A.Z.35]	[A.Z.36]	[A.Z.37]	[A.Z.38]	[A.Z.39]	[A.Z.40]	[A.Z.41]	[A.Z.42]	[A.Z.43]	[A.Z.44]	[A.Z.45]	[A.Z.46]	[A.Z.47]	[A.Z.48]	[A.Z.49]	[A.Z.50]	[A.Z.51]	[A.Z.52]	[A.Z.53]	[A.Z.54]	[A.Z.55]	[A.Z.56]	[A.Z.57]	[A.Z.58]	[A.Z.59]	[A.Z.60]	[A.Z.61]	[A.Z.62]	[A.Z.63]	[A.Z.64]	[A.Z.65]	[A.Z.66]	[A.Z.67]	[A.Z.68]	[A.Z.69]	[A.Z.70]	[A.Z.71]	[A.Z.72]	[A.Z.73]
1	3	[A.Z.1]	[A.Z.2]	[A.Z.3]	[A.Z.4]	[A.Z.5]	[A.Z.6]	[A.Z.7]	[A.Z.8]	[A.Z.9]	[A.Z.10]	[A.Z.11]	[A.Z.12]	[A.Z.13]	[A.Z.14]	[A.Z.15]	[A.Z.16]	[A.Z.17]	[A.Z.18]	[A.Z.19]	[A.Z.20]	[A.Z.21]	[A.Z.22]	[A.Z.23]	[A.Z.24]	[A.Z.25]	[A.Z.26]	[A.Z.27]	[A.Z.28]	[A.Z.29]	[A.Z.30]	[A.Z.31]	[A.Z.32]	[A.Z.33]	[A.Z.34]	[A.Z.35]	[A.Z.36]	[A.Z.37]	[A.Z.38]	[A.Z.39]	[A.Z.40]	[A.Z.41]	[A.Z.42]	[A.Z.43]	[A.Z.44]	[A.Z.45]	[A.Z.46]	[A.Z.47]	[A.Z.48]	[A.Z.49]	[A.Z.50]	[A.Z.51]	[A.Z.52]	[A.Z.53]	[A.Z.54]	[A.Z.55]	[A.Z.56]	[A.Z.57]	[A.Z.58]	[A.Z.59]	[A.Z.60]	[A.Z.61]	[A.Z.62]	[A.Z.63]	[A.Z.64]	[A.Z.65]	[A.Z.66]	[A.Z.67]	[A.Z.68]	[A.Z.69]	[A.Z.70]	[A.Z.71]	[A.Z.72]	[A.Z.73]
1	3	[A.Z.1]	[A.Z.2]	[A.Z.3]	[A.Z.4]	[A.Z.5]	[A.Z.6]	[A.Z.7]	[A.Z.8]	[A.Z.9]	[A.Z.10]	[A.Z.11]	[A.Z.12]	[A.Z.13]	[A.Z.14]	[A.Z.15]	[A.Z.16]	[A.Z.17]	[A.Z.18]	[A.Z.19]	[A.Z.20]	[A.Z.21]	[A.Z.22]	[A.Z.23]	[A.Z.24]	[A.Z.25]	[A.Z.26]	[A.Z.27]	[A.Z.28]	[A.Z.29]	[A.Z.30]	[A.Z.31]	[A.Z.32]	[A.Z.33]	[A.Z.34]	[A.Z.35]	[A.Z.36]	[A.Z.37]	[A.Z.38]	[A.Z.39]	[A.Z.40]	[A.Z.41]	[A.Z.42]	[A.Z.43]	[A.Z.44]	[A.Z.45]	[A.Z.46]	[A.Z.47]	[A.Z.48]	[A.Z.49]	[A.Z.50]	[A.Z.51]	[A.Z.52]	[A.Z.53]	[A.Z.54]	[A.Z.55]	[A.Z.56]	[A.Z.57]	[A.Z.58]	[A.Z.59]	[A.Z.60]	[A.Z.61]	[A.Z.62]	[A.Z.63]	[A.Z.64]	[A.Z.65]	[A.Z.66]	[A.Z.67]	[A.Z.68]	[A.Z.69]	[A.Z.70]	[A.Z.71]	[A.Z.72]	[A.Z.73]
1	3	[A.Z.1]	[A.Z.2]	[A.Z.3]	[A.Z.4]	[A.Z.5]	[A.Z.6]	[A.Z.7]	[A.Z.8]	[A.Z.9]	[A.Z.10]	[A.Z.11]	[A.Z.12]	[A.Z.13]	[A.Z.14]	[A.Z.15]	[A.Z.16]	[A.Z.17]	[A.Z.18]	[A.Z.19]	[A.Z.20]	[A.Z.21]	[A.Z.22]	[A.Z.23]	[A.Z.24]	[A.Z.25]	[A.Z.26]	[A.Z.27]	[A.Z.28]	[A.Z.29]	[A.Z.30]	[A.Z.31]	[A.Z.32]	[A.Z.33]	[A.Z.34]	[A.Z.35]	[A.Z.36]	[A.Z.37]	[A.Z.38]	[A.Z.39]	[A.Z.40]	[A.Z.41]	[A.Z.42]	[A.Z.43]	[A.Z.44]	[A.Z.45]	[A.Z.46]	[A.Z.47]	[A.Z.48]	[A.Z.49]	[A.Z.50]	[A.Z.51]	[A.Z.52]	[A.Z.53]	[A.Z.54]	[A.Z.55]	[A.Z.56]	[A.Z.57]	[A.Z.58]	[A.Z.59]	[A.Z.60]	[A.Z.61]	[A.Z.62]	[A.Z.63]	[A.Z.64]	[A.Z.65]	[A.Z.66]	[A.Z.67]	[A.Z.68]	[A.Z.69]	[A.Z.70]	[A.Z.71]	[A.Z.72]	[A.Z.73]

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FEB 75

Figure 46. Category 2 Report (Personnel Unidentified By Name and Believed To Be Alive and No Match)

CATEGORY NO 2 REPORT PAGE OF

PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE
AND NO MATCH

NAME OF RETURNEE _____
NAME OF NON-RETURNEE _____

MESSAGE ORIGINATOR _____
MESSAGE DTG _____

TRANSCRIBER'S NAME _____

4	7	8	12	13	16	17	18	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36	37	38	39	40	41	43	44	45	46	47	48	49	50																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
RETURNEE RECORD ID	SHORT RETURNEE NAME	MON-RETURNEE RECORD ID	PLACE NAME-CITY	COUNTRY	36	37	39	41	43	44	LOCATION WITHIN CAMP	PHYSICAL CONDITION CODE	COMMENTS ON PHYSICAL CONDITION	PLACE OF BIRTH	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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[A,B,C]	[D,E,F]	[G,H,I]	[J,K,L]	[M,N,O]	[P,Q,R]	[S,T,U]	[V,W,X]	[Y,Z,AA]	[AB,AC]	[AD,AE]	[AF,AG]	[AH,AI]	[AJ,AK]	[AL,AM]	[AN,AO]	[AP,AQ]	[AR,AS]	[AT,AU]	[AV,AW]	[AX,AY]	[AZ,BA]	[BB,BC]	[BD,BE]	[BF,BG]	[BH,BI]	[BJ,BK]	[BL,BM]	[BN,BO]	[BP,BQ]	[BR,BS]	[BT,BU]	[BV,BW]	[BX,BY]	[BZ,CA]	[CB,CC]	[CD,CE]	[CF,CG]	[CH,CI]	[CJ,CK]	[CL,CM]	[CN,CO]	[CP,CQ]	[CR,CS]	[CT,CU]	[CV,CW]	[CX,CY]	[CZ,DA]	[DB,DC]	[DD,DE]	[DF,DF]	[DG,DE]	[DH,DF]	[DI,DF]	[DJ,DF]	[DK,DF]	[DL,DF]	[DM,DF]	[DN,DF]	[DO,DF]	[DP,DF]	[DQ,DF]	[DR,DF]	[DS,DF]	[DT,DF]	[DU,DF]	[DV,DF]	[DW,DF]	[DX,DF]	[DY,DF]	[DZ,DF]	[EA,DF]	[EB,DF]	[EC,DF]	[ED,DF]	[EE,DF]	[EF,DF]	[EG,DF]	[EH,DF]	[EI,DF]	[EJ,DF]	[EK,DF]	[EL,DF]	[EM,DF]	[EN,DF]	[EO,DF]	[EP,DF]	[EQ,DF]	[ER,DF]	[ES,DF]	[ET,DF]	[EU,DF]	[EV,DF]	[EW,DF]	[EX,DF]	[EY,DF]	[EZ,DF]	[FA,DF]	[FB,DF]	[FC,DF]	[FD,DF]	[FE,DF]	[FF,DF]	[FG,DF]	[FH,DF]	[FI,DF]	[FJ,DF]	[FK,DF]	[FL,DF]	[FM,DF]	[FN,DF]	[FO,DF]	[FP,DF]	[FQ,DF]	[FR,DF]	[FS,DF]	[FT,DF]	[FU,DF]	[FV,DF]	[FW,DF]	[FX,DF]	[FY,DF]	[FZ,DF]	[GA,DF]	[GB,DF]	[GC,DF]	[GD,DF]	[GE,DF]	[GF,DF]	[GG,DF]	[GH,DF]	[GI,DF]	[GJ,DF]	[GK,DF]	[GL,DF]	[GM,DF]	[GN,DF]	[GO,DF]	[GP,DF]	[GQ,DF]	[GR,DF]	[GS,DF]	[GT,DF]	[GU,DF]	[GV,DF]	[GW,DF]	[GX,DF]	[GY,DF]	[GZ,DF]	[HA,DF]	[HB,DF]	[HC,DF]	[HD,DF]	[HE,DF]	[HF,DF]	[HG,DF]	[HH,DF]	[HI,DF]	[HJ,DF]	[HK,DF]	[HL,DF]	[HM,DF]	[HN,DF]	[HO,DF]	[HP,DF]	[HQ,DF]	[HR,DF]	[HS,DF]	[HT,DF]	[HU,DF]	[HV,DF]	[HW,DF]	[HX,DF]	[HY,DF]	[HZ,DF]	[IA,DF]	[IB,DF]	[IC,DF]	[ID,DF]	[IE,DF]	[IF,DF]	[IG,DF]	[IH,DF]	[II,DF]	[IJ,DF]	[IK,DF]	[IL,DF]	[IM,DF]	[IN,DF]	[IO,DF]	[IP,DF]	[IQ,DF]	[IR,DF]	[IS,DF]	[IT,DF]	[IU,DF]	[IV,DF]	[IW,DF]	[IX,DF]	[IY,DF]	[IZ,DF]	[JA,DF]	[JB,DF]	[JC,DF]	[JD,DF]	[JE,DF]	[JF,DF]	[JG,DF]	[JH,DF]	[JI,DF]	[JJ,DF]	[JK,DF]	[JL,DF]	[JM,DF]	[JN,DF]	[JO,DF]	[JP,DF]	[JQ,DF]	[JR,DF]	[JS,DF]	[JT,DF]	[JU,DF]	[JV,DF]	[JW,DF]	[JX,DF]	[JY,DF]	[JZ,DF]	[KA,DF]	[KB,DF]	[KC,DF]	[KD,DF]	[KE,DF]	[KF,DF]	[KG,DF]	[KH,DF]	[KI,DF]	[KJ,DF]	[KK,DF]	[KL,DF]	[KM,DF]	[KN,DF]	[KO,DF]	[KP,DF]	[KQ,DF]	[KR,DF]	[KS,DF]	[KT,DF]	[KU,DF]	[KV,DF]	[KW,DF]	[KX,DF]	[KY,DF]	[KZ,DF]	[LA,DF]	[LB,DF]	[LC,DF]	[LD,DF]	[LE,DF]	[LF,DF]	[LG,DF]	[LH,DF]	[LI,DF]	[LJ,DF]	[LK,DF]	[LL,DF]	[LM,DF]	[LN,DF]	[LO,DF]	[LP,DF]	[LQ,DF]	[LR,DF]	[LS,DF]	[LT,DF]	[LU,DF]	[LV,DF]	[LW,DF]	[LX,DF]	[LY,DF]	[LZ,DF]	[MA,DF]	[MB,DF]	[MC,DF]	[MD,DF]	[ME,DF]	[MF,DF]	[MG,DF]	[MH,DF]	[MI,DF]	[MJ,DF]	[MK,DF]	[ML,DF]	[MN,DF]	[MO,DF]	[MP,DF]	[MQ,DF]	[MR,DF]	[MS,DF]	[MT,DF]	[MU,DF]	[MV,DF]	[MW,DF]	[MX,DF]	[MY,DF]	[MZ,DF]	[NA,DF]	[NB,DF]	[NC,DF]	[ND,DF]	[NE,DF]	[NF,DF]	[NG,DF]	[NH,DF]	[NI,DF]	[NJ,DF]	[NK,DF]	[NL,DF]	[NM,DF]	[NO,DF]	[NP,DF]	[NQ,DF]	[NR,DF]	[NS,DF]	[NT,DF]	[NU,DF]	[NV,DF]	[NW,DF]	[NX,DF]	[NY,DF]	[NZ,DF]	[OA,DF]	[OB,DF]	[OC,DF]	[OD,DF]	[OE,DF]	[OF,DF]	[OG,DF]	[OH,DF]	[OI,DF]	[OJ,DF]	[OK,DF]	[OL,DF]	[OM,DF]	[ON,DF]	[OO,DF]	[OP,DF]	[OQ,DF]	[OR,DF]	[OS,DF]	[OT,DF]	[OU,DF]	[OV,DF]	[OW,DF]	[OX,DF]	[OY,DF]	[OZ,DF]	[PA,DF]	[PB,DF]	[PC,DF]	[PD,DF]	[PE,DF]	[PF,DF]	[PG,DF]	[PH,DF]	[PI,DF]	[PJ,DF]	[PK,DF]	[PL,DF]	[PM,DF]	[PN,DF]	[PO,DF]	[PP,DF]	[PQ,DF]	[PR,DF]	[PS,DF]	[PT,DF]	[PU,DF]	[PV,DF]	[PW,DF]	[PX,DF]	[PY,DF]	[PZ,DF]	[QA,DF]	[QB,DF]	[QC,DF]	[QD,DF]	[QE,DF]	[QF,DF]	[QG,DF]	[QH,DF]	[QI,DF]	[QJ,DF]	[QK,DF]	[QL,DF]	[QM,DF]	[QN,DF]	[QO,DF]	[QP,DF]	[QQ,DF]	[QR,DF]	[QS,DF]	[QT,DF]	[QU,DF]	[QV,DF]	[QW,DF]	[QX,DF]	[QY,DF]	[QZ,DF]	[RA,DF]	[RB,DF]	[RC,DF]	[RD,DF]	[RE,DF]	[RF,DF]	[RG,DF]	[RH,DF]	[RI,DF]	[RJ,DF]	[RK,DF]	[RL,DF]	[RM,DF]	[RN,DF]	[RO,DF]	[RP,DF]	[RQ,DF]	[RR,DF]	[RS,DF]	[RT,DF]	[RU,DF]	[RV,DF]	[RW,DF]	[RX,DF]	[RY,DF]	[RZ,DF]	[SA,DF]	[SB,DF]	[SC,DF]	[SD,DF]	[SE,DF]	[SF,DF]	[SG,DF]	[SH,DF]	[SI,DF]	[SJ,DF]	[SK,DF]	[SL,DF]	[SM,DF]	[SN,DF]	[SO,DF]	[SP,DF]	[SQ,DF]	[SR,DF]	[SS,DF]	[ST,DF]	[SU,DF]	[SV,DF]	[SW,DF]	[SX,DF]	[SY,DF]	[SZ,DF]	[TA,DF]	[TB,DF]	[TC,DF]	[TD,DF]	[TE,DF]	[TF,DF]	[TG,DF]	[TH,DF]	[TI,DF]	[TJ,DF]	[TK,DF]	[TL,DF]	[TM,DF]	[TN,DF]	[TO,DF]	[TP,DF]	[TQ,DF]	[TR,DF]	[TS,DF]	[TT,DF]	[TU,DF]	[TV,DF]	[TW,DF]	[TX,DF]	[TY,DF]	[TZ,DF]	[UA,DF]	[UB,DF]	[UC,DF]	[UD,DF]	[UE,DF]	[UF,DF]	[UG,DF]	[UH,DF]	[UI,DF]	[UJ,DF]	[UK,DF]	[UL,DF]	[UM,DF]	[UN,DF]	[UO,DF]	[UP,DF]	[UQ,DF]	[UR,DF]	[US,DF]	[UT,DF]	[UU,DF]	[UV,DF]	[UW,DF]	[UX,DF]	[UY,DF]	[UZ,DF]	[VA,DF]	[VB,DF]	[VC,DF]	[VD,DF]	[VE,DF]	[VF,DF]	[VG,DF]	[VH,DF]	[VI,DF]	[VJ,DF]	[VK,DF]	[VL,DF]	[VM,DF]	[VN,DF]	[VO,DF]	[VP,DF]	[VQ,DF]	[VR,DF]	[VS,DF]	[VT,DF]	[VU,DF]	[VV,DF]	[VW,DF]	[VX,DF]	[VY,DF]	[VZ,DF]	[WA,DF]	[WB,DF]	[WC,DF]	[WD,DF]	[WE,DF]	[WF,DF]	[WG,DF]	[WH,DF]	[WI,DF]	[WJ,DF]	[WK,DF]	[WL,DF]	[WM,DF]	[WN,DF]	[WO,DF]	[WP,DF]	[WQ,DF]	[WR,DF]	[WS,DF]	[WT,DF]	[WU,DF]	[WV,DF]	[WW,DF]	[WX,DF]	[WY,DF]	[WZ,DF]	[XA,DF]	[XB,DF]	[XC,DF]	[XD,DF]	[XE,DF]	[XF,DF]	[XG,DF]	[XH,DF]	[XI,DF]	[XJ,DF]	[XK,DF]	[XL,DF]	[XM,DF]	[XN,DF]	[XO,DF]	[XP,DF]	[XQ,DF]	[XR,DF]	[XS,DF]	[XT,DF]	[XU,DF]	[XV,DF]	[XW,DF]	[XX,DF]	[XY,DF]	[XZ,DF]	[YA,DF]	[YB,DF]	[YC,DF]	[YD,DF]	[YE,DF]	[YF,DF]	[YG,DF]	[YH,DF]	[YI,DF]	[YJ,DF]	[YK,DF]	[YL,DF]	[YM,DF]	[YN,DF]	[YO,DF]	[YP,DF]	[YQ,DF]	[YR,DF]	[YS,DF]	[YT,DF]	[YU,DF]	[YV,DF]	[YW,DF]	[YX,DF]	[YY,DF]	[YZ,DF]	[ZA,DF]	[ZB,DF]	[ZC,DF]	[ZD,DF]	[ZE,DF]	[ZF,DF]	[ZG,DF]	[ZH,DF]	[ZI,DF]	[ZJ,DF]	[ZK,DF]	[ZL,DF]	[ZM,DF]	[ZN,DF]	[ZO,DF]	[ZP,DF]	[ZQ,DF]	[ZR,DF]	[ZS,DF]	[ZT,DF]	[ZU,DF]	[ZV,DF]	[ZW,DF]	[ZX,DF]	[ZY,DF]	[ZZ,DF]

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Figure 46. Category 2 Report (Personnel Unidentified By Name and Believed To Be Alive and No Match)

CATEGORY NO. 2 REPORT

PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE

NAME OF RETURNEE

AND NO MATCH

NAME OF NON-RETURNEE

MESSAGE ORIGINATOR

MESSAGE D T O

TRANSCRIBER'S NAME

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					
													RETURNEE RECORD ID		SHORT RETURNEE NAME		NON-RETURNEE RECORD ID														
1	3	[A,9,3]	17	[0,1]	00																						73				
													OTHER DESCRIPTIVE INFORMATION																		
1	3	[A,9,3]	17	[0,3]	00																						73				
1	3	[A,9,3]	17	[0,3]	00																						73				
1	3	[A,9,3]	17	[0,4]	00																						73				
1	3	[A,9,3]	17	[0,5]	00																						73				
1	3	[A,9,3]	17	[0,6]	00																						73				
1	3	[A,7,0]	17		00																						00				
													MARKS & SCARS																		
1	3	[A,7,0]	17		00																						00				
													INJURIES																		
1	3	[A,9,4]	17	[0,1]	00																						73				
													DISTINCTIVE HABITS																		
1	3	[A,9,4]	17	[0,2]	00																						73				
1	3	[A,9,4]	17	[0,3]	00																						73				
1	3	[A,9,4]	17	[0,4]	00																						73				
1	3	[A,9,4]	17	[0,5]	00																						73				
1	3	[A,9,4]	17	[0,6]	00																						73				

Figure 46. Category 2 Report (Personnel Unidentified By Name and Believed To Be Alive and No Match)

CATEGORY NO 2 REPORT

PAGE 07

PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE

AND NO MATCH

NAME OF RETURNEE

MESSAGE ORIGINATOR

MESSAGE D T G

TRANSCRIBER'S NAME

NAME OF NON-RETURNEE

4 [] 7 [] 0 [] 12 [] 13 [] 16 []
RETURNEE [] SHORT [] NON-RETURNEE []
RECORD [] RETURNEE [] RECORD []
ID [] NAME [] ID []

1 [] 3 [] 17 [] 19 [] 73 []
[] [] [] [] [] FOREIGN LANGUAGE CAPABILITY

1 [] 3 [] 17 [] 19 [] 73 []
[] [] [] [] []

1 [] 3 [] 17 [] 19 [] 73 []
[] [] [] [] []

1 [] 3 [] 17 [] 19 [] 73 []
[] [] [] [] []

1 [] 3 [] 17 [] 19 [] 73 []
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1 [] 3 [] 17 [] 19 [] 73 []
[] [] [] [] []

1 [] 3 [] 17 [] 19 [] 73 []
[] [] [] [] []

GENERAL COMMENTS

Figure 46. Category 2 Report (Personnel Unidentified By Name and Believed To Be Alive and No Match)

CATEGORY NO 3 REPORT
PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED

MESSAGE ORIGINATOR

NAME OF RETURNEE

MESSAGE DTG

TRANSCRIBER'S NAME

NAME OF NON-RETURNEE

4	7	8	12	13	16	17	21
MON-RETURNEE RECORD ID	SHORT MON-RETURNEE NAME	MON-RETURNEE RECORD ID	RETURNEE NAME	RETURNEE RECORD ID	RETURNEE NAME	SHORT RETURNEE NAME	SHORT RETURNEE NAME
1 3	[A,B,O]	22	47	48	53	54	74
			DATE OF DEATH	DATE OF DEATH	DATE OF DEATH	DATE OF DEATH	BRANCH SERVICE
1 3	[A,I,O]	22	47	48	53	54	74
			DATE OF DEATH	DATE OF DEATH	DATE OF DEATH	DATE OF DEATH	BRANCH SERVICE
1 3	[A,I,U]	22	32	33	43	49	
	NON-RETURNEE NICKNAME		NON-RETURNEE NICKNAME	NON-RETURNEE NICKNAME	NON-RETURNEE NICKNAME	NON-RETURNEE NICKNAME	
1 3	[A,I,B]	22	24	29	43	44	59
	CREW POSITION		AIRCRAFT VEHICLE	UNIT-ORGANIZATION ASSIGNED	LAST DUTY STATION	LAST DUTY STATION	
1 3	[A,I,2]	22	27	28	29	30	31
	DATE OF LAST INFORMATION		DATE OF INFORMATION	DATE OF INFORMATION	DATE OF INFORMATION	DATE OF INFORMATION	DATE OF INFORMATION
1 3	[A,B,S]	22	36	37	38	39	40
	DISPOSITION OF REMAINS		HEADSTONE INSCRIPTION	HEADSTONE INSCRIPTION	HEADSTONE INSCRIPTION	HEADSTONE INSCRIPTION	HEADSTONE INSCRIPTION
1 3	[A,B,C]	22	40	41	42	43	44
	CAMP NAME		CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME
1 3	[A,B,3]	22	27	28	29	30	31
	DATE OF BURIAL		DATE OF BURIAL	DATE OF BURIAL	DATE OF BURIAL	DATE OF BURIAL	DATE OF BURIAL
1 3	[A,B,U]	22	46	47	48	49	50
	CIRCUMSTANCES OF DEATH		PLACE OF BURIAL	COUNTRY	DISTANCE FROM PLACE	DIRECTION FROM PLACE	LATITUDE LONGITUDE

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Figure 47. Category 3 Report (Personnel Known By Name and Believed To Be Deceased)

CATEGORY NO 3 REPORT

PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED

MESSAGE ORIGINATOR

MESSAGE NO

TRANSCRIBER'S NAME

NAME OF RETURNEE

NAME OF NON-RETURNEE

4	7	8	12	13	16	17	21
NON-RETURNEE RECORD ID	NON-RETURNEE RECORD ID	SHORT NON-RETURNEE NAME	SHORT RETURNEE NAME	RETURNEE RECORD ID	RETURNEE RECORD ID	SHORT RETURNEE NAME	SHORT RETURNEE NAME

1	3	22	60
(A,9,9)	(A,9,9)	(O,9)	

WITNESSES OF DEATH

1	3	22	24	70
(A,9,9)	(A,9,9)	(O,1)		
		REQD		

DETAILS OF LAST CONTACT

1	3	22	24	70
(A,9,9)	(A,9,9)	(O,9)		
1	3	22	24	70
(A,9,9)	(A,9,9)	(O,9)		
1	3	22	24	70
(A,9,9)	(A,9,9)	(O,4)		
1	3	22	24	70
(A,9,9)	(A,9,9)	(O,5)		
1	3	22	24	70
(A,9,9)	(A,9,9)	(O,9)		

Figure 47. Category 3 Report (Personnel Known By Name and Believed To Be Deceased)

CATEGORY NO. 4 REPORT

PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED

MESSAGE ORIGINATOR _____ NAME OF RETURNEE _____

MESSAGE D Y G _____ AND NO MATCH _____

TRANSCRIBER'S NAME _____ NAME OF NON-RETURNEE _____

4	7	0	12	13	16	NON-RETURNEE NAME		42	43	63	64	65	66	67	68	69	70	71			
[A.7.0]	RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE RECORD ID	NON-RETURNEE NAME		NICKNAME	NICKNAME	NICKNAME	NICKNAME	NICKNAME	RANK BRANCH OF GRADE	GRADE	STATION	STATION	STATION	STATION	STATION	STATION	STATION		
1	3	17	20	21	23	26	29	42	43	87	LAST DUTY STATION										
[A.7.0]	PERSONAL AUTHENTICATOR NUMBER	CREW DUTY POSITION	AIRCRAFT VEHICLE	UNIT-ORGANIZATION ASSIGNED	LAST DUTY STATION																
1	3	17	22	23	24	OTHERS WHO HAVE BEEN NON-RETURNEE															
[A.7.0]	D.O.M.V.Y. CAPTURE	DATE QUALIFIER	D.O.M.V.Y. DATE QUALIFIER	D.O.M.V.Y. DATE QUALIFIER	SOURCE OF INFORMATION																
1	3	17	22	23	24	28	30	31	80	SOURCE OF INFORMATION											
[A.7.1]	D.O.M.V.Y. CAPTURE	DATE QUALIFIER	D.O.M.V.Y. DATE QUALIFIER	D.O.M.V.Y. DATE QUALIFIER	SOURCE OF INFORMATION																
4	7	8	12	13	16	17	18	19	21	SOURCE OF INFORMATION											
[A.7.1]	RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE RECORD ID	NON-RETURNEE NAME	NON-RETURNEE NAME	NON-RETURNEE NAME	NON-RETURNEE NAME	NON-RETURNEE NAME	NON-RETURNEE NAME	SOURCE OF INFORMATION											
1	3	22	27	28	29	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
[A.2.0]	DISPOSITION OF REMAINS	CAMP NAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	CAMP NICKNAME	
1	3	22	27	28	29	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
[A.2.3]	D.O.M.V.Y. BURIAL DATE	DATE QUALIFIER	PLACE OF BURIAL	COUNTRY	DISTANCE FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE	DIRECTION FROM PLACE

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Figure 48. Category 4 Report (Personnel Unidentified By Name and Believed To Be Deceased and No Match)

CATEGORY NO 4 REPORT
 PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED

MESSAGE ORIGINATOR _____ NAME OF RETURNEE _____
 MESSAGE O T O _____ AND NO MATCH _____ NAME OF NON-RETURNEE _____
 TRANSCRIBER'S NAME _____

4	7	8	12	13	16	17	21
RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE RECORD ID	NON-RETURNEE NAME	SHORT RETURNEE NAME	NON-RETURNEE NAME	SHORT RETURNEE NAME	NON-RETURNEE NAME
1 3 22							
[A.2.1]							
CIRCUMSTANCES OF DEATH							
1 3 22							
[A.2.2]							
WITNESSES OF DEATH							
1 3 22							
[A.2.3]							
DETAILS OF LAST CONTACT							
1 3 22							
[A.2.4]							
1 3 22							
[A.2.5]							
1 3 22							
[A.2.6]							
1 3 22							
[A.2.7]							

4	7	8	12	13	16	20	22	24	26	28	30	32	34	36	37	38
RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE RECORD ID	NON-RETURNEE NAME	RACE	AGE	WEIGHT	HEIGHT	COMPLEXION	EYES	HAIR	COMPLEXION	EYES	HAIR	COMPLEXION	EYES	HAIR
1 3 17																
[A.2.8]																
1 3 17																
[A.2.9]																

Figure 48. Category 4 Report (Personnel Unidentified By Name and Believed To Be Deceased and No Match)

CATEGORY NO 4 REPORT

PAGE ____ OF ____

PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED

MESSAGE ORIGINATOR _____ NAME OF RETURNEE _____

MESSAGE D T G _____ AND NO MATCH _____

TRANSCRIBER'S NAME _____ NAME OF NON-RETURNEE _____

4	7	0	12	13	16
[A.8.0]	[C.1]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.1]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.2]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.3]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.4]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.5]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.6]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.7]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.8]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.9]	[]	[]	[]	[]
1	3	17	19	19	73
[A.8.0]	[C.10]	[]	[]	[]	[]
1	3	17	19	19	73
[A.7.8]	[]	[]	[]	[]	[]
1	3	17	19	19	73
[A.7.9]	[]	[]	[]	[]	[]
1	3	17	19	19	73

Figure 48. Category 4 Report (Personnel Unidentified By Name and Believed To Be Deceased and No Match)

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CATEGORY NO 4 REPORT
PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED
AND NO MATCH

MESSAGE ORIGINATOR _____

NAME OF RETURNEE _____

MESSAGE D T O _____

TRANSCRIBER'S NAME _____

NAME OF NON-RETURNEE _____

4	7	8	12	13	16
RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE RECORD ID			
1 3 [A,B,4]	[0,1]	[0,1]	DISTINCTIVE HABITS		
1 3 [A,B,4]	[0,2]	[0,2]	73		
1 3 [A,B,4]	[0,3]	[0,3]	73		
1 3 [A,B,4]	[0,4]	[0,4]	73		
1 3 [A,B,4]	[0,5]	[0,5]	73		
1 3 [A,B,4]	[0,6]	[0,6]	73		
1 3 [A,B,5]	[0,1]	[0,1]	FOREIGN LANGUAGE CAPABILITY		
1 3 [A,B,5]	[0,2]	[0,2]	73		
1 3 [A,B,5]	[0,3]	[0,3]	73		
1 3 [A,B,5]	[0,4]	[0,4]	73		
1 3 [A,B,5]	[0,5]	[0,5]	73		
1 3 [A,B,5]	[0,6]	[0,6]	73		

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FEB 73

Figure 48. Category 4 Report (Personnel Unidentified By Name and Believed To Be Deceased and No Match)

PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE

MESSAGE ORIGINATOR NAME OF RETURNEE

MESSAGE U T G TRANSCRIBER'S NAME

LINE NO.	MESSAGE ORIGINATOR		MESSAGE U T G		TRANSCRIBER'S NAME	NAME OF RETURNEE	PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE										
	3	4	7	8			12	13	18	17	21	22	25	26	28	30	39
	NON-RETURNEE RECORD I.D.	SHORT NAME	NON-RETURNEE RECORD I.D.	SHORT NAME	RETURNEE RECORD I.D.	RETURNEE RECORD I.D.	SHORT RETURNEE NAME	PRECAPTURE PAGE NO.	POSTCAPTURE MONTH-YEAR	IDENTITY VERIFICATION	REVISIED NON-RETURNEE I.D.						
1	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]	[...]

Figure 49. Clarification Report Category 1 (Personnel Known By Name and Believed To Be Alive)

CLARIFICATION REPORT CATEGORY NO. 3

PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED

MESSAGE ORIGINATOR _____

NAME OF RETURNEE _____

MESSAGE O T B _____

TRANSMITTER'S NAME _____

NAME OF NON-RETURNEE _____

4 [A.1.0] 7 8 12 13 16 17 21
 NON-RETURNEE SHORT RETURN SHORT
 RECORD ID NON-RETURNEE NAME RECORD RETURNEE NAME

1 3 [A.1.0] 22 47 48
 RETURNEE FULL NAME NON-RETURNEE REPORTED NAME

1 3 [A.1.1] 22 32 33 43
 NON-RETURNEE NICKNAME NON-RETURNEE NICKNAME

1 3 [A.8.7] 22 23 26 29 30 39 40 43
 PRECAPTURE POSTCAPTURE IDENTITY REVISED
 PAGE NO MONTH YEAR MONTH YEAR NON-RETURNEE IDENTIFIER

1 3 [A.9.3] 22 27 28 29 49 83 94 95 97 99 84 71
 DOW NAVY DATE PLACE OF BUNIAL COUNTRY DISTANCE FROM PLACE DIRECTION FROM PLACE LATITUDE LONGITUDE
 DATE OF BUNIAL

1 3 [A.9.4] 22 40 41 55 56
 CAMP NAME CAMP NICKNAME CAMP NICKNAME

1 3 [A.9.6] 22 24 25 30 31 37 38 43 44 51
 MAP MAP SERIES MAP SHEET NO MAP SCALE UTM COORDINATES
 TYPE

1 3 [A.9.9] 22 36 37 66
 DISPOSITION OF REMAINS HEADSTONE INSCRIPTION

1 3 [A.9.7] 22 60
 ITEMS BURIED WITH DECEASED

1 3 [A.9.8] 22 80
 WITNESSES OF BURIAL

FORM NJ 13-1-2
FEB 73

Figure 51. Clarification Report Category 3 (Personnel Known By Name and Believed To Be Deceased)

CLARIFICATION REPORT CATEGORY NO 3

PAGE OF

PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED

MESSAGE ORIGINATOR

NAME OF RETURNEE

MESSAGE D T O

TRANSCRIBER'S NAME

NAME OF NON-RETURNEE

4	7	8	12	13	16	17	21	70
NON-RETURNEE RECORD ID	NON-RETURNEE NAME	SHORT RETURNEE NAME	RETURNEE RECORD ID	RETURNEE RECORD ID	RETURNEE RECORD ID	SHORT RETURNEE NAME	SHORT RETURNEE NAME	
[A,9,9]	[0,1]							
1	3	22						70
[A,9,9]	[0,2]							
1	3	22						70
[A,9,9]	[0,3]							
1	3	22						70
[A,9,9]	[0,4]							
1	3	22						70
[A,9,9]	[0,5]							
1	3	22						70
[A,9,9]	[0,6]							
1	3	22						70

DETAILS OF LAST CONTACT

FORM NO. 13-2-2
FEB 73

Figure 51. Clarification Report Category 3 (Personnel Known By Name and Believed To Be Deceased)

CLARIFICATION REPORT CATEGORY NO. 4

PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED

NAME OF RETURNEE
NAME OF NON-RETURNEE

AND NO MATCH
TRANSCRIBERS NAME

MESSAGE ORIGINATOR
MESSAGE D T G

4	7	8	12	13	16																									
RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE RECORD ID	NON-RETURNEE NAME																											
1	3	17	NON-RETURNEE NAME			42	43	NICKNAME			83	84	NICKNAME			64	65	NICKNAME			78	79	76	NAME GRADE SERVICE						
(A, 7, D)																														
1	3	17	20	21	24	25	34	35	38																					
(A, 8, D)	PRECAPTURE PAGE NO	POSTCAPTURE MONTH YEAR	IDENTITY VERIFICATION	NON-RETURNEE IDENTIFICATION	REVISED NON-RETURNEE IDENTIFICATION																									
4	7	8	12	13	16	17	21																							
RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE RECORD ID	NON-RETURNEE NAME			SHORT RETURNEE NAME	PLACE OF BURIAL																							
1	3	22	D	M	Y	DATE	QUALIFIER	40	41	CAMP NAME			48	47	COUNTRY			49	53	54	56	57	LATITUDE			63	64	LONGITUDE		
(A, 2, 3)																														
1	3	22	24	25	30	31	37	38	43	44																				
(A, 2, 6)	MAP TYPE	MAP SERIES	MAP SHEET NO.	MAP SCALE	UTM COORDINATES																									
1	3	22	36	37																										
(A, 2, 9)	DISPOSITION OF REMAINS	HEADSTONE INSCRIPTION																												
1	3	22																												
(A, 2, 7)	ITEMS BURIED WITH DECEASED																													
1	3	22																												
(A, 2, 8)	WITNESSES OF BURIAL																													

FORM NO. 14-1-8
FEB 73

Figure 52. Clarification Report Category 4 (Personnel Unidentified By Name and Believed To Be Deceased and No Match)

CLARIFICATION REPORT CATEGORY NO 4

PAGE _____ OF _____

PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED
AND NO MATCH

MESSAGE ORIGINATOR _____ NAME OF RETURNEE _____

MESSAGE DTG _____ TRANSCRIBER'S NAME _____ NAME OF NON-RETURNEE _____

4	7	8	12	13	16	17	21	
RETURNEE RECORD ID	RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE RECORD ID	NON-RETURNEE RECORD ID	SHORT RETURNEE NAME	NON-RETURNEE NAME	SHORT NON-RETURNEE NAME	
1 3 22 [A,2,3]	1 3 22 [0,1]							70
1 3 22 [A,2,3]	1 3 22 [0,2]							70
1 3 22 [A,2,3]	1 3 22 [0,3]							70
1 3 22 [A,2,3]	1 3 22 [0,4]							70
1 3 22 [A,2,3]	1 3 22 [0,5]							70
1 3 22 [A,3,3]	1 3 22 [0,6]							70

DETAILS OF LAST CONTACT

FORM NO. 14-2-2
FEB 73

Figure 52. Clarification Report Category 4 (Personnel Unidentified By Name and Believed To Be Deceased and No Match)

PHOTO IDENTIFICATION REPORT

PAGE _____ OF _____

MESSAGE ORIGINATOR _____

NAME OF RETURNEE _____

MESSAGE D T O _____

TRANSCRIBER'S NAME _____

4	7	8	12
[A.5.2]	[]	[]	[]
1	3	13	16 17
[A.5.2]	[]	[]	[0.1]
1	3	13	16 17
[A.5.2]	[]	[]	[0.2]
1	3	13	16 17
[A.5.2]	[]	[]	[0.1]
1	3	13	16 17
[A.5.2]	[]	[]	[0.2]
1	3	13	16 17
[A.5.2]	[]	[]	[0.1]
1	3	13	16 17
[A.5.2]	[]	[]	[0.2]
1	3	13	16 17
[A.5.2]	[]	[]	[0.1]
1	3	13	16 17
[A.5.2]	[]	[]	[0.2]

10	19
[]	[]
COMMENTS ON PHOTO	73
[]	[]
[]	[]
COMMENTS ON PHOTO	73
[]	[]
[]	[]
COMMENTS ON PHOTO	73
[]	[]
[]	[]
COMMENTS ON PHOTO	73
[]	[]
[]	[]
COMMENTS ON PHOTO	73
[]	[]
[]	[]
COMMENTS ON PHOTO	73
[]	[]
[]	[]
COMMENTS ON PHOTO	73
[]	[]
[]	[]
COMMENTS ON PHOTO	73

FORM NO. 10 RI
FEB 73

Figure 53. Photo Identification Report

CONFINEMENT CHRONOLOGY REPORT

PAGE 01 OF 01

MESSAGE ORIGINATOR

NAME OF ESCAPEE

MESSAGE DTG

TRANSMITTER NAME

4	7	8	12										
REFUGEE RECORD ID	SHORT RETURNEE NAME	DATE	QUALIFIER	CAPTORS AFFILIATION	COUNTRY	LATITUDE OF CAPTURE	LONGITUDE OF CAPTURE	UTM COORDINATES					
[A.6.0]		18 19			40	42	48 48	58 87	64				
[A.6.1]		18 19							40				
[A.6.2]		18 19			35 40		83 54		87				
[A.6.3]		18 19			47 4		83 56		78				
[A.6.4]		18 19			46 47		46 47		54 55 56				
[A.6.5]		18 19							75				
[A.6.6]		18 19							75				
[A.6.7]		18 19							75				
[A.6.8]		18 19							75				
[A.6.9]		18 19							75				
[A.6.10]		18 19							75				
[A.6.11]		18 19							75				
[A.6.12]		18 19							75				
[A.6.13]		18 19							75				
[A.6.14]		18 19							75				
[A.6.15]		18 19							75				
[A.6.16]		18 19							75				

FORM NO 17-1-2
FEB 75

Figure 54. Confinement Chronology Report

CONFINEMENT CHRONOLOGY REPORT

PAGE OF

MESSAGE ORIGINATOR

NAME OF RETURNEE

MESSAGE DTG

TRANSFERBER'S NAME

4	7	8	12
RETURNEE REC'D ID	Y M D	B E G I N D A T E	SHORT RETURNEE NAME
1 3 [A.G.G.]	13	18 19	[0.1]
1 3 [A.G.G.]	13	18 19	[0.2]
1 3 [A.G.G.]	13	18 19	[0.3]
1 3 [A.G.G.]	13	18 19	[0.4]
1 3 [A.G.G.]	13	18 19	[0.5]
1 3 [A.G.G.]	13	18 19	[0.6]

ADDITIONAL COMMENTS

75

75

75

75

75

75

Figure 54. Confinement Chronology Report

FORM NO 17-2-2
FEB 75

Card Type	Card Columns	Instruction
A01	1- 3	Transaction Card ID (A01)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name.
	13-36	<u>Place of Recovery.</u> Enter the name of the place where returnee was recovered. (e.g., Hanoi)
	37-38	<u>Country of Recovery.</u> Enter a 2-character code for country of recovery. VN - North Vietnam LA - Laos CB - Cambodia VS - South Vietnam CH - China
	39-49	<u>DTG of Recovery.</u> Enter the date, time, group for the recovery (e.g., 110430Z0572). DDTTT MMY
	50	<u>Medical Condition Assessment Code.</u> F - Poor F - Fair G - Good
A02	1- 3	<u>Transaction ID.</u> (A02)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name.
	13-14	<u>Sequence Number.</u> A number used to properly order the comments cards.
	15-64	<u>Medical Condition Comments.</u> Enter in free text form, using information provided in the message. Condense only if necessary. Input must be limited to four lines of information.

Card Type	Card Columns	Instruction	
A03	1- 3	Transaction Card Identifier. (A03)	
	4- 7	<u>Non-Returnee Record ID.</u> Enter the Record ID assigned by DIA.	
	8-12	<u>Short Non-Returnee Name.</u> Enter the first five characters of his name.	
	13-15	<u>Message Type.</u> Enter a three character code as follows: RPT - Recovery Message NRT - Non-Returnee Status ARP - Assessment Report MRP - Medical Report CLA - Clarification Report CCR - Confinement Chronology UNI - Unidentified PW	
		16-27	<u>Date-Time-Group.</u> Enter date-time-group of message (e.g., DDTTTTZZMMYY as 021435ZNOV73).
		28-71	<u>Message Originator.</u> Enter the sender of the message (i.e., Brooks General Hospital).
		72-75	<u>Returnee Record ID.</u> Enter Record ID assigned by DIA.
		76-80	<u>Short Returnee Name.</u> Enter the first five characters of his last name.
A04		1- 3	Transaction Card Identifier. (A04)
	4- 7	<u>Returnee Record ID.</u> Enter Record ID assigned by DIA.	
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name.	
	13-15	<u>Message Type.</u> Enter a three-character code as follows: RPT - Recovery Message NRT - Non-Returnee ARP - Assessment Report MRP - Medical Report CLA - Clarification Report CCR - Confinement Chronology UNI - Unidentified PW	

Card Type	Card Columns	Instruction
	16-27	<u>Date-Time-Group</u> . Enter date-time-group of message (e.g., DDTT'TZMMYY as 051400ZMAR73).
	28-71	<u>Message Originator</u> . Enter sender of message (i.e., Brooks General Hospital).
	72-75	<u>Non-Returnee Record ID</u> . Enter Record ID from the PW/MIA List.
	76-80	<u>Short Non-Returnee Name</u> . Enter the first five characters of his last name.
A10	1- 3	Transaction Card Identifier. (A10)
	4- 7	<u>Non-Returnee Record ID</u> . Enter Record ID assigned by DIA.
	8-12	<u>Short Non-Returnee Name</u> . Enter the first five characters of his last name from the PW/MIA List. Leave blank if not available.
	13-16	<u>Returnee Record ID</u> . Enter record ID assigned by DIA.
	17-21	<u>Short Returnee Name</u> . Enter the first five characters of his last name.
	22-47	<u>Returnee Full Name</u> . Enter the Last, First, and Middle Initial of returnee.
	48-73	<u>Non-Returnee Reported Name</u> . Enter the name of the Non-returnee exactly as shown in text of message.
	74-75	<u>Rank/Grade</u> . Enter a two character code for the rank/grade (see coding table, paragraph 6c).
	76-77	<u>Branch of Service</u> . Enter a two character code as follows: AF - Air Force AR - Army NA - Navy MC - Marine Corps CV - Civilian FN - Foreign National

Card Type	Card Columns	Instruction
All	1- 3	Transaction Identifier. (All)
	4- 7	<u>Non-Returnee Record ID.</u> (See A10 preceding page.)
	8-12	<u>Short Non-Returnee Name.</u> (See A10 preceding page.)
	13-16	<u>Returnee Record ID.</u> (See A10 preceding page.)
	17-21	<u>Short Returnee Name.</u> (See A10 preceding page.)
	22-32	<u>Non-Returnee Nickname.</u> Enter nickname of the non-returnee as shown in the message.
	33-43	<u>Non-Returnee Nickname.</u> Enter a second nickname if provided in the message.
	A12	1- 3
4- 7		<u>Non-Returnee Record ID.</u> (See A1Ø).
8-12		<u>Short Non-Returnee Name.</u> (See A1Ø).
13-16		<u>Returnee Record ID.</u> (See A1Ø).
17-21		<u>Short Returnee Name.</u> (See A1Ø).
22-27		<u>Date of Last Information.</u> Enter the day, month (numeric) and year that last information was acquired about the non-returnee.
28		<u>Date Qualifier.</u> Enter a one character code as follows: E - Estimated Date A - Actual Date
29-58		<u>Source of Information.</u> Enter either of the following categories: "FHC" for first-hand contact and "HSY" for hearsay or second-hand information. The FHC and HSY should be entered in Columns 29 to 31. The remainder of the field through Column 58 may be used to amplify source of information (i.e., visual contact, direct, etc.).

Card Type	Card Columns	Instruction
	59-60	<u>Last Known Status.</u> Enter one of the following two character codes. PW - Prisoner of War KA - Killed in Action DC - Died in Captivity EV - Evadee ES - Escapee VN - Voluntary Non-Returnee UN - Unknown PD - Possibly Dead RC - Recovered
A13	1- 3	Transaction Card Identifier. (A13)
	4- 7	<u>Non-Returnee Record ID.</u> (See A10)
	8-12	<u>Short Non-Returnee Name.</u> (See A10)
	13-16	<u>Returnee Record ID.</u> (See A10)
	17-21	<u>Short Returnee Name.</u> (See A10)
	22-41	<u>Camp Name.</u> Enter the camp name where contact was made or information acquired as stated in the message. Use standard name spellings for known camps. See table in paragraph 6c.
	42-55	<u>First Nickname.</u> Enter nickname of the camp if provided.
	56-69	<u>Second Nickname.</u> Enter any other nickname of the camp if specified in the message.

Card Type	Card Columns	Instruction
A14	1- 3	Transaction Card Identifier. (A14)
	4- 7	<u>Non-Returnee Record ID.</u> (See A10)
	8-12	<u>Short Non-Returnee Name.</u> (See A10)
	13-16	<u>Returnee Record ID.</u> (See A10)
	17-21	<u>Short Returnee Name.</u> (See A10)
	22-41	<u>Place Name/City.</u> Enter name of village or town normally associated with the camp. Abbreviate only if necessary.
	42-43	<u>Country.</u> Enter country in which camp was located. Use a two character code as follows: VN - North Vietnam VS - South Vietnam LA - Laos CB - Cambodia CH - China
	44-45	<u>Distance.</u> Enter distance from the place to camp in nautical miles. For mileage that is less than ten (10) enter a leading zero (i.e., 03).
	46-48	<u>Direction in degrees.</u> This is the direction from the place to the camp in numeric degrees (i.e., 175). Use leading zeros if required (i.e., 030).
	49-62	<u>Location within Camp.</u> Enter where non-returnee was seen within the camp. Amplify in Details of Last Contact cards (A17).
	63	<u>Physical Condition Code.</u> Enter one of the following codes, to indicate general physical condition of the non-returnee. P - Poor F - Fair G - Good

Card Type	Card Columns	Instruction
A15	1- 3	Transaction Card Identifier. (A15)
	4- 7	<u>Non-Returnee Record ID.</u> (See A1Ø)
	8-12	<u>Short Non-Returnee Name.</u> (See A1Ø)
	13-16	<u>Returnee Record ID.</u> (See A1Ø)
	17-21	<u>Short Returnee Name.</u> (See A1Ø)
	22-23	<u>Crew/Duty Position.</u> Enter two character code for non-returnee's crew position as indicated in the table in paragraph 6c.
	24-29	<u>Aircraft/Vehicle.</u> Enter the type of aircraft or other type of vehicle involved when loss occurred.
	30-43	<u>Unit/Organization Assigned.</u> Enter the unit of assignment of non-returnee at the time of loss.
44-58	<u>Last Duty Station.</u> Enter the name of the last base or ship to which the non-returnee was assigned.	
A16	1- 3	Transaction Card Identifier. (A16)
	4- 7	<u>Non-Returnee Record ID.</u> (See A1Ø)
	8-12	<u>Short Non-Returnee Name.</u> (See A1Ø)
	13-16	<u>Returnee Record ID.</u> (See A1Ø)
	17-21	<u>Short Returnee Name.</u> (See A1Ø)
	22-23	<u>Sequence Number.</u> A number used to properly order the comments cards. Additional lines may be used by altering printed sequence numbers on additional Form 6-1-2b.
	24-78	<u>Comments on Physical Condition.</u> Enter text of comments on physical condition. Abbreviate only when necessary.

Card Type	Card Columns	Instruction
A17	1- 3	Transaction Card Identifier. (A17)
	4- 7	<u>Non-Returnee Record ID.</u> (See A1Ø)
	8-12	<u>Short Non-Returnee Name.</u> (See A1Ø)
	13-16	<u>Returnee Record ID.</u> (See A1Ø)
	17-21	<u>Short Returnee Name.</u> (See A1Ø)
	22-23	<u>Sequence Number.</u> A number used to properly order the comments cards. Additional lines may be used by altering printed sequence numbers on additional Form 6-2-2R1's.
	24-78	<u>Details of Last Contact.</u> Enter free text comments on any details associated with the returnee's last contact with the non-returnee.
A18	1- 3	Transaction Card Identifier. (A18)
	4- 7	<u>Non-Returnee Record ID.</u> (See A1Ø)
	8-12	<u>Short Non-Returnee Name.</u> (See A1Ø)
	13-16	<u>Returnee Record ID.</u> (See A1Ø)
	17-21	<u>Short Returnee Name.</u> (See A1Ø)
	22-23	<u>Sequence Number.</u> (See A17)
	24-78	<u>General Comments.</u> Enter any other comments which would be of significant value in determining the status of an individual.
A20	1- 3	Transaction Card Identifier. (A20)
	4- 7	<u>Returnee Record ID.</u> Enter Returnee Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name as they appear on the PW/MIA List.
	13-16	<u>Non-Returnee Record ID.</u> Enter the Record ID assigned by DIA.

Card Type	Card Columns	Instructions
	17-21	<u>Short Non-Returnee Name.</u> Enter the first five characters of his last name. Leave blank if not applicable.
	22-47	<u>Non-Returnee Name.</u> Enter full name, last, first, and middle initial, as they appear in the message.
	48-53	<u>Date of Death.</u> Enter the date, month (numeric) and year of death.
	54	<u>Date Qualifier.</u> Enter one of the following codes: E - Estimated A - Actual
A21	1- 3	Transaction Card Identifier. (A21)
	4- 7	<u>Returnee Record ID.</u> (See A20)
	8-12	<u>Short Returnee Name.</u> (See A20)
	13-16	<u>Non-Returnee Record ID.</u> (See A20)
	17-21	<u>Short Non-Returnee Name.</u> (See A20)
	22-80	<u>Circumstances of Death.</u> Provide a succinct description of how the individual died (e.g., chest wound, from beatings, etc.).
A22	1- 3	Transaction Card Identifier. (A22)
	4- 7	<u>Returnee Record ID.</u> (See A20)
	8-12	<u>Short Returnee Name.</u> (See A20)
	13-16	<u>Non-Returnee Record ID.</u> (See A20)
	17-21	<u>Short Non-Returnee Name.</u> (See A20)
	22-80	<u>Witnesses of Death.</u> Enter the names of all witnesses to the death. Continue on Card A29 (Details of Last Contact) if necessary.
A23	1- 3	Transaction Card Identifier. (A23)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.

Card Type	Card Columns	Instruction
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of the last name, as shown on the PW/MIA List.
	13-16	<u>Non-Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	17-21	<u>Short Non-Returnee Name.</u> Enter the first five characters of his last name. Leave blank when no name is available.
	22-27	<u>Date of Burial.</u> Enter the day (DD), month (MM, and the year (YY) of burial using numerics, i.e., 050972.
	28	<u>Date Qualifier.</u> Enter one of the following codes to qualify the date of burial. E - Estimated A - Actual
	29-46	<u>Place of Burial.</u> Indicate the location of the grave site by the nearest place name (e.g., a camp name, town, or landmark).
	47-48	<u>Country.</u> Enter a two character code for the country in which burial took place. Use the following codes: VN - North Vietnam VS - South Vietnam LA - Laos CB - Cambodia CH - China
	49-53	<u>Distance from Place.</u> Enter the distance in meters from the grave site to the place specified in columns 29-46. Enter leading zeros when necessary.
	54-56	<u>Direction from Place.</u> Enter the direction to the grave from the place named in degrees (i.e., 175 or 030).
	57-63	<u>Latitude.</u> Enter the nearest latitude in seconds if possible of grave site. If seconds cannot be determined enter Xs for seconds (e.g., 210830N or 2108XXN).

Card Type	Card Columns	Instruction
	64-71	<u>Longitude</u> . Enter the longitude of the grave site to the nearest second if possible. If seconds cannot be determined, enter Xs for seconds (e.g., 1301510E or 13015XXE).
A24	1- 3	Transaction Card Identifier. (A24)
	4- 7	<u>Returnee Record ID</u> . Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name</u> . Enter the first five characters of his last name, as shown on the PW/MIA List.
	13-16	<u>Non-Returnee Record ID</u> . Enter the Record ID assigned by DIA.
	17-21	<u>Short Non-Returnee Name</u> . Enter the first five characters of his last name. Leave blank if not provided.
	22-40	<u>Camp Name</u> . Enter the name of the camp where burial took place, using standard name from table for known camps. (See paragraph 6c.)
	41-55	<u>Camp Nickname</u> . Enter the camp nickname as stated in the message.
	56-70	<u>Camp Nickname</u> . Enter a second nickname if provided in the message.
A25	1- 3	Transaction Card Identifier. (A25)
	4- 7	<u>Returnee Record ID</u> . (See A24)
	8-12	<u>Short Returnee Name</u> . (See A24)
	13-16	<u>Non-Returnee Record ID</u> . (See A24)
	17-21	<u>Short Non-Returnee Name</u> . (See A24)
	22-36	<u>Disposition of Remains</u> . State what was done with the body after death (e.g., buried, left on trail, etc.).

Card Type	Card Columns	Instruction
	37-66	<u>Headstone Inscription.</u> Enter detailed content of the headstone inscription as provided in the message. Use foreign words if indicated in message.
A26	1- 3	Transaction Card Identifier. (A26)
	4- 7	<u>Returnee Record ID.</u> (See A24)
	8-12	<u>Short Returnee Name.</u> (See A24)
	13-16	<u>Non-Returnee Record ID.</u> Enter the record ID from the PW/MIA List, if provided by DIA.
	17-21	<u>Short Non-Returnee Name.</u> Enter the first five characters of his last name from the PW/MIA List if available.
	22-24	<u>Map Type.</u> Enter the standard abbreviation for the map used to determine coordinates of the grave site (i.e., JOG, WAC).
	25-30	<u>Map Series.</u> Enter the series number of map used to determine the grave site coordinates. Left justify the number, using leading zeros when necessary.
	31-37	<u>Map Sheet Number.</u> Enter the sheet number from the map used to determine the grave site coordinates. Use leading zeros when necessary.
	38-43	<u>Map Scale.</u> Enter the map scale, however, only enter the conversion factor (i.e., for a map scale of 1/250,000, enter only the 250,000 since all maps are one to some factor.
	44-51	<u>UTM Coordinates.</u> Enter the UTM coordinates of the place of burial to six places in the X and Y axis.
A27	1- 3	Transaction Card Identifier. (A27)
	4- 7	<u>Returnee Record ID.</u> (See A24)
	8-12	<u>Short Returnee Name.</u> (See A24)

Card Type	Card Columns	Instruction
	13-16	<u>Non-Returnee Record ID.</u> (See A24)
	17-21	<u>Short Non-Returnee Name.</u> (See A24)
	22-80	<u>Items Buried with Deceased.</u> List all items that have been identified as being buried with the deceased, which could help identify a gravesite.
A28	1- 3	Transaction Card Identifier. (A28)
	4- 7	<u>Returnee Record ID.</u> (See A24)
	8-12	<u>Short Returnee Name.</u> (See A24)
	13-16	<u>Non-Returnee Record ID.</u> (See A24)
	17-21	<u>Short Non-Returnee Name.</u> (See A24)
	22-80	<u>Witnesses of Burial.</u> Enter the names of all personnel who were witnesses to the burial. Use an A29 card for additional space.
A29	1- 3	Transaction Card Identifier. (A29)
	4- 7	<u>Returnee Record ID.</u> (See A24)
	8-12	<u>Short Returnee Name.</u> (See A24)
	13-16	<u>Non-Returnee Record ID.</u> (See A24)
	17-21	<u>Short Non-Returnee Name.</u> (See A24)
	22-23	<u>Sequence Number.</u> A number used to properly order the comments cards. Additional lines may be used by altering the printed sequence numbers on additional Form 14-2-2's.
	24-78	<u>Details of Last Contact.</u> These cards may be used for any additional information of significance.
A31	1- 3	Transaction Card Identifier. (A31)
	4- 7	<u>Returnee Record ID.</u> (See A24)

Card Type	Card Columns	Instruction
	8-12	<u>Short Returnee Name.</u> (See A24)
	13-15	<u>Report Number.</u> Enter Assessment Report number from message. If the number does not require all three spaces provided, enter leading zeros (i.e., 003).
	16-31	<u>Debriefers Name.</u> Enter the last name of the debriefer as indicated in the message.
	32-33	<u>Rank.</u> Enter two character code for rank. See table for rank codes, paragraph 6c.
	34-39	<u>Report Date.</u> Enter the day (DD), Month (MM) and year (YY), (i.e., 020473).
A32	1- 3	Transaction Card Identifier. (A32)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his name, as it is shown on the PW/MIA List.
	13-15	<u>Report Number.</u> Enter the Assessment Report number from the message. If the number does not require all three spaces provided, enter leading zeros (i.e., 003).
	16-17	<u>Sequence Number.</u> Enter number for ordering of comment cards.
	18-72	<u>Conditions of Release.</u> Enter all information concerning conditions of release which have been reported in the message. Remain with original wording to the maximum extent. The maximum available space is four (4) lines of information.
A33	1- 3	Transaction Card Identifier. (A33)
	4- 7	<u>Returnee Record ID.</u> (See A32)
	8-12	<u>Short Returnee Name.</u> (See A32)
	13-15	<u>Report Number.</u> (See A32)

Card Type	Card Columns	Instruction
	16-17	<u>Sequence Number.</u> (See A32)
	18-72	<u>Comments on Debriefing Status.</u> Extract directly from message. Abbreviate when necessary. No more than two (2) lines of information can be entered.
A35	1- 3	Transaction Card Identifier. (A35)
	4- 7	<u>Returnee Record ID.</u> (See A32)
	8-12	<u>Short Returnee Name.</u> (See A32)
	13-15	<u>Report Number.</u> (See A32)
	16-17	<u>Sequence Number.</u> (See A32)
	18-72	<u>Assessment of Returnee.</u> Use free text and enter all information provided in the message. Abbreviate as necessary to conserve space. Four lines are the maximum length of comment.
A37	1- 3	Transaction Card Identifier. (A37)
	4- 7	<u>Returnee Record ID.</u> (See A32)
	8-12	<u>Short Returnee Name.</u> (See A32)
	13-15	<u>Report Number.</u> (See A32)
	16-17	<u>Sequence Number.</u> Use to order the comments cards for proper entry of data into the computer.
	18-72	<u>Additional Comments.</u> Free text for items which need further clarification. A maximum of four lines is permissible.
A40	1- 3	Transaction Card Identifier. (A40)
	4- 7	<u>Returnee Record ID.</u> (See A32)
	8-12	<u>Short Returnee Name.</u> (See A32)
	13-18	<u>Message Date.</u> Enter Day, Month, Year, all as numerics (e.g., 020572).

Card Type	Card Columns	Instruction
	19-43	<u>Physician's Name.</u> Enter name of physician who conducted the examination (Last, First, and Middle Initial).
	44-45	<u>Rank.</u> Enter the rank of the physician using the two digit code provided in paragraph 6c.
	46-51	<u>Examination Date.</u> Enter the date of the examination, day, month, year, in numerics.
	52-71	<u>Place of Examination.</u> Enter the name of the hospital or base where the examination was completed. Abbreviate if necessary.
A41	1- 3	Transaction Card Identifier. (A41)
	4- 7	<u>Returnee Record ID.</u> Enter the Record DIA ID from the PW/MIA List.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name, from the PW/MIA List.
	13-18	<u>Message Date.</u> Enter day, month, and year, all as numerics.
	19-20	<u>Sequence Number.</u> Used to order cards properly for input into computer.
	21-75	<u>Diagnosis/Prognosis.</u> Describe the primary diagnosis and other significant items. Use free text and abbreviate as necessary. Limit is four (4) lines.
A42	1- 3	Transaction Card Identifier. (A42)
	4- 7	<u>Returnee Record ID.</u> (See A41)
	8-12	<u>Short Returnee Name.</u> (See A41)
	13-18	<u>Message Date.</u> (See A41)
	19-20	<u>Sequence Number.</u> (See A41)
	21-75	<u>Hospital Assignment Considerations.</u> This is a free text field for any special consideration regarding hospital assignment. Limit is two (2) lines of information.

Card Type	Card Columns	Instruction
A43	1- 3	Transaction Card Identifier. (A43)
	4- 7	<u>Returnee Record ID.</u> (See A41)
	8-12	<u>Short Returnee Name.</u> (See A41)
	13-18	<u>Message Date.</u> (See A41)
	19-20	<u>Sequence Number.</u> (See A41)
	21-75	<u>Other Pertinent Factors.</u> A free text field, use abbreviation as necessary. Limit of four (4) lines of text.
A50	1- 3	Transaction Card Identifier. (A50)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name.
	13-16	<u>Non-Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	17-20	<u>Precapture Page Number.</u> Enter the four digit page number from message, and use leading zeros if necessary.
	21-24	<u>Postcapture Month/Year.</u> Enter four digit month/year identification number. If necessary, use leading zeros.
	25-34	<u>Identity Verification.</u> Enter returnee's opinion on the non-returnee's identity based on photo in the DIA "mugbook". Use the following terms: Confirmed Probable Possible Uncertain
	35-38	<u>Revised Non-Returnee Identifier.</u> Enter the new non-returnee identifier as indicated in the message.

Card Type	Card Columns	Instruction
A57	1- 3	Transaction Card Identifier. (A57)
	4- 7	<u>Returnee Record ID.</u> (See A50)
	8-12	<u>Short Returnee Name.</u> (See A50)
	13-16	<u>Unidentified PW Photo Number.</u> Enter the page number of the photograph in the DIA publication covering unidentified PWs. Provide leading zeros when necessary.
	17-18	<u>Sequence Number.</u> Enter a number for ordering comments cards before entry into the computer.
	19-73	<u>Comments on Photo.</u> This is a free text field for any comments concerning the photograph identified above. Limit of text is two (2) lines.
A60	1- 3	Transaction Card Identifier. (A60)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name, from the PW/MIA List.
	13-18	<u>Capture Date.</u> Enter Year, Month, and Day, all in numerics.
	19-	<u>Date Qualifier.</u> Enter one of the following codes: E - Estimated A - Actual
	20-39	<u>Captor's Affiliation.</u> Enter the organizational element with which the captors of the returnee were associated (e.g., Civilians, Local Militia, NVA, Viet Cong, etc.).
	40-41	<u>Country.</u> Enter a two character code for country in which the returnee was captured: VN - North Vietnam CB - Cambodia VS - South Vietnam CH - China LA - Laos

Card Type	Card Columns	Instruction
	42-48	<u>Latitude of Capture.</u> Enter the latitude of capture to the nearest second. If seconds cannot be determined, enter XX (i.e., 211250N or 2112XXN).
	49-56	<u>Longitude of Capture.</u> Enter the longitude of capture to the nearest second. If seconds cannot be determined, enter XX (i.e., 1062810E or 10628XXE).
	57-64	<u>UTM Coordinates.</u> Enter the place of capture in three places for both the X and Y axis (i.e., WS730521).
A61	1- 3	Transaction Card Identifier. (A61)
	4- 7	<u>Returnee Record ID.</u> (See A60)
	8-12	<u>Short Returnee Name.</u> (See A60)
	13-18	<u>Begin Date.</u> Enter the year, month, day, of the start of the confinement period (i.e., 660517 for 17 May 1966).
	19-24	<u>End Date.</u> Enter the year, month, day, of the end of the confinement period (i.e., 660517 for 17 May 1966).
	25-	<u>Date Qualifier.</u> Enter one of the following codes: E - Estimated A - Actual
	26-45	<u>Camp Name.</u> Enter the name of camp as provided in the message. Use spelling provided in Camp Table for Known Camps (see paragraph 6c).
A62	1- 3	Transaction Card Identifier. (A62)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name, as reflected in the PW/MIA List.

Card Type	Card Columns	Instruction
	13-18	<u>Begin Date.</u> (See A61)
	19-24	<u>End Date.</u> (See A61)
	25-	<u>Date Qualifier.</u> (See A61)
	26-39	<u>Camp Nickname.</u> Enter the camp nickname as provided in the message.
	40-53	<u>Camp Nickname.</u> Enter the camp nickname as provided in the message if two are given.
	54-67	<u>Camp Nickname.</u> Enter the camp nickname as provided in the message if a third is given.
		NOTE: The space provided for three nicknames may also be used to pinpoint a specific location within a camp (e.g., Unity, Bldg. 2, Room 9).
A63	1- 3	Transaction Card Identifier. (A63)
	4- 7	<u>Returnee Record ID.</u> (See A61)
	8-12	<u>Short Returnee Name.</u> (See A61)
	13-18	<u>Begin Date.</u> Enter the year, month, day, of the start of the confinement period. (i.e., 660517 for 17 May 1966).
	19-38	<u>Place Name/City.</u> Enter the name of the village, town, or city commonly associated with the camp if indicated in the message. This entry is not required for known camps.
	39-40	<u>Country.</u> Enter a two character code for the country in which the camp is located. VN - North Vietnam VS - South Vietnam LA - Laos CB - Cambodia CH - China
	41-47	<u>Latitude.</u> Enter the latitude of the camp to the nearest second. If seconds are not provided, enter XX for seconds, (i.e., 211250N or 2112XXN).

Card Type	Card Columns	Instruction
	48-55	<u>Longitude</u> . Enter the longitude to the nearest second if provided in the message. If seconds are not available, enter XX (i.e., 1062810E or 10628XXE).
	56-63	<u>UTM Coordinates</u> . Enter the location of the camp in three places for both the X and Y axis (i.e., WS730521).
	64-	<u>Camp Type</u> . Enter one of the following codes for camp type: P - Permanent Facility T - Temporary Facility
	65-70	<u>Date First Used</u> . Enter the year, month, day, in numerics to indicate the first known use of the camp for U. S. PWs.
	71-76	<u>Date Last Used</u> . Enter the year, month, day, in numerics for when the camp was last known to be used for U. S. PWs.
A64	1- 3	<u>Transaction Card Identifier</u> . (A64)
	4- 7	<u>Returnee Record ID</u> . (See A61)
	8-12	<u>Short Returnee Name</u> . (See A61)
	13-18	<u>Begin Date</u> . Enter the year, month, day, of the start of confinement period (i.e., 660517 for 17 May 1966).
	19-38	<u>Camp Controlled By</u> . Enter the name of the military/political group in charge of the camp (i.e., Viet Cong, N. Vietnamese, etc.).
	39-42	<u>Camp Capacity</u> . Enter the number of PWs that the camp was capable of handling.
	43-	<u>Camp Capacity Qualifier</u> . Enter one of the following codes: E - Estimated A - Actual
	44-46	<u>Number of U. S. PWs Held</u> . Enter the number of U.S. PWs held at the camp at the time of the returnee's departure from the camp.

Card Type	Card Columns	Instruction
	47-	<u>Number of U. S. PWs Held Qualifier.</u> Enter one of the following codes: E - Estimated A - Actual
	48-54	<u>Camp Area.</u> Enter the approximate size of the camp in <u>square feet</u> . Use leading zeros if necessary.
	55-56	<u>Number of Buildings.</u> Enter the number of buildings or structures which comprise the camp.
A65	1- 3	Transaction Card Identifier. (A65)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Name of Returnee.</u> Enter the first five characters of his last name, as it appears in the PW/MIA List.
	13-18	<u>Begin Date.</u> (See A61)
	19-20	<u>Sequence Number.</u> A number used to order the cards properly.
	21-75	<u>Identification/Location Remarks.</u> Enter any information which would assist in locating the camp. Additional lines may be used by altering the sequence numbers for A65 card on another Form 17-1-2.
A66	1- 3	Transaction Card Identifier. (A66)
	4- 7	<u>Returnee Record ID.</u> (See A61)
	8-12	<u>Short Returnee Name.</u> (See A61)
	13-18	<u>Begin Date.</u> (See A61)
	19-20	<u>Sequence Number.</u> A number used to order the cards properly.
	21-75	<u>Additional Comments.</u> Enter any information relevant to the returnee's period of confinement at the camp being covered (i.e.,

Card Type	Card Columns	Instruction
		type of confinement, fellow prisoners, etc.). Additional lines of space may be used by altering the sequence numbers on other Form 17-2-2's.
A70	1- 3	Transaction Card Identifier. (A70)
	4- 7	<u>Returnee Record ID.</u> (See A61)
	8-12	<u>Short Returnee Name.</u> (See A61)
	13-16	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	17-42	<u>Non-Returnee Name.</u> Enter the last, first, and middle initial as indicated on the message.
	43-53	<u>Nickname.</u> Enter any reported nickname.
	54-64	<u>Nickname.</u> Enter additional nickname.
	65-75	<u>Nickname.</u> Enter a third nickname if provided.
	76-77	<u>Rank/Grade.</u> Enter a two character code for non-returnee's rank or grade. Coding is provided in paragraph 6c.
	78-79	<u>Branch of Service.</u> Enter one of the following codes: AF - Air Force AR - Army MC - Marine Corps NA - Navy CV - Civilian FN - Foreign National
A71	1- 3	Transaction Card Identifier. (A71)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name, as reflected in the PW/MIA List.

Card Type	Card Column	Instruction
	13-16	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	17-22	<u>Date of First Information.</u> Enter date, month, year when returnee first acquired information of contact with non-returnee.
	23-	<u>Date Qualifier.</u> Use one of the following qualifier codes: E - Estimated A - Actual
	24-29	<u>Date of Last Information.</u> Enter day, month, year, of last information obtained concerning the non-returnee.
	30-	<u>Date Qualifier.</u> Use one of the following qualifier codes: E - Estimated A - Actual
	31-60	<u>Source of Information.</u> Enter either of the following categories: "FHC" for first-hand contact or "HSY" for hearsay or second-hand information. The FHC or HSY should be entered in Card Columns 31 to 33. The remainder of the field is available for amplifying information.
	61-62	<u>Last Known Status.</u> Enter one of the following two character codes: PW - Prisoner of War KA - Killed in Action DC - Died in Captivity EV - Evadee ES - Escapee VN - Voluntary Non-Returnee UN - Unknown PD - Possibly Dead RC - Recovered
A72	1- 3	Transaction Card Identifier. (A72)
	4- 7	<u>Returnee Record ID.</u> (See A71)
	8-12	<u>Short Returnee Name.</u> (See A71)

Card Type	Card Columns	Instruction
	13-16	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	17-36	<u>Camp Name.</u> Enter camp name as stated in the message. Camps with known names should be identified as shown in paragraph 6c.
	37-50	<u>Camp Nickname.</u> Enter the camp nickname as provided in the message.
	51-64	<u>Camp Nickname.</u> Enter a second camp nickname if provided in the message.
A73	1- 3	Transaction Card Identifier. (A73)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name, as reflected in the PW/MIA List.
	13-16	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	17-36	<u>Place Name/City.</u> Enter name of village, town, or city normally associated with the camp. Abbreviate only if necessary. (This entry is not necessary for known established prison camps.)
	37-38	<u>Country.</u> Use a two character code as follows: VN - North Vietnam VS - South Vietnam LA - Laos CB - Cambodia CH - China
	39-40	<u>Distance.</u> Enter distance from place to camp in nautical miles. For mileage that is less than ten (10), enter a leading zero (i.e., 03).
	41-43	<u>Direction in Degrees.</u> Enter the direction from the place to the camp in numeric degrees (i.e., 175). Use leading zeros if required (i.e., 030).

Card Type	Card Columns	Instruction
	44-57	<u>Location Within Camp.</u> Enter where non-returnee was seen within the camp.
	58-	<u>Physical Condition Code.</u> Enter one of the following codes for a non-returnee's physical condition: P - Poor F - Fair G - Good
A74	1- 3	Transaction Card Identifier. (A74)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name, as they appear on the PW/MIA List.
	13-16	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	17-20	<u>Personal Authenticator Number.</u> Enter four digit authenticator number from message.
	21-22	<u>Crew/Duty Position.</u> Enter two character code for non-returnee's crew position as indicated in paragraph 6c.
	23-28	<u>Aircraft/Vehicle.</u> Enter the type of aircraft or vehicle.
	29-42	<u>Unit/Organization Assigned.</u> Enter the unit of assignment at the time of shootdown.
	43-57	<u>Last Duty Station.</u> Enter the name of the last base or ship to which the individual was assigned.
A75	1- 3	Transaction Card Identifier. (A75)
	4- 7	<u>Returnee Record ID.</u> (See A74)
	8-12	<u>Short Returnee Name.</u> (See A74)
	13-16	<u>Non-Returnee Record ID.</u> (See A74)

Card Type	Card Columns	Instruction
	17-22	<u>Date of Capture.</u> Enter the date, time, year, in numerics, of the non-returnee's date of capture.
	23-	<u>Date Qualifier.</u> Enter one of the following codes: E - Estimated A - Actual
	24-53	<u>Others Who Have Seen Non-Returnee.</u> Enter names of all others who have seen the non-returnee. Use A86 (General Comment Cards) for additional space if required. (See Form 7-4-4.)
A76	1- 3	Transaction Card Identifier. (A76)
	4- 7	<u>Returnee Record ID.</u> (See A74)
	8-12	<u>Short Returnee Name.</u> (See A74)
	13-16	<u>Non-Returnee Record ID.</u> (See A74)
	17-18	<u>Nationality.</u> Enter the country of birth of the non-returnee. (See country codes, paragraph 6c.)
	19-	<u>Marital Status.</u> Enter a one character codes as follows: S - Single M - Married D - Divorced S - Separated
	20-21	<u>Race</u> - Enter a two character code as follows: CA - Caucasian NE - Negro OR - Oriental IN - Indian
	22-23	<u>Age.</u> Enter age as stated in message. If age is reported as a range (i.e., 24 to 28) enter the age as 26.
	24-25	<u>Height.</u> Enter height in inches. If it is given as a range, select the median and enter that figure.

Card Type	Card Columns	Instruction
	26-28	<u>Weight</u> . Enter weight in pounds. Average the weight if provided as a range between two figures.
	29-36	<u>Complexion</u> . Enter complexion using the descriptive term provided in the message, such as fair, dark, ruddy, etc.
	37-38	<u>Eye Color</u> . Enter a two character code from the table located in paragraph 6c.
	39-40	<u>Hair Color</u> . Enter a two character code from the table located in paragraph 6c.
A77	1- 3	Transaction Card Identifier. (A77)
	4- 7	<u>Returnee Record ID</u> . Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name</u> . Enter the first five characters of his last name, as shown in the PW/MIA List.
	13-16	<u>Non-Returnee Record ID</u> . Enter the assigned Record ID.
	17-38	<u>Place of Birth</u> . Enter the place of birth, village, town, city, or state if provided.
	39-56	<u>Hometown</u> . Enter the city or town which is considered as hometown of the non-returnee.
	57-58	<u>Home State</u> . Enter the state considered by the non-returnee as his home state. Use the two character code provided in paragraph 6c.
A78	1- 3	Transaction Card Identifier. (A78)
	4- 7	<u>Returnee Record ID</u> . (See A77)
	8-12	<u>Short Returnee Name</u> . (See A77)
	13-16	<u>Non-Returnee Record ID</u> . (See A77)
	17-56	<u>Marks and Scars</u> . This is a 40 character field for entry of up to 8 identifying marks and scars. Five (5) characters will be used

Card Type	Card Columns	Instruction
		for each entry, by utilizing the coding provided in paragraph 6c (i.e., scar on head= SC-HD or a mark on head would be MK-HD, etc.).
A79	1- 3	Transaction Card Identifier. (A79)
	4- 7	<u>Returnee Record ID.</u> (A77)
	8-12	<u>Short Returnee Name.</u> (A77)
	13-16	<u>Non-Returnee Record ID.</u> (See A77)
	17-56	<u>Injuries.</u> This is a 40 character field for entry of up to 8 injuries. Enter 5 characters for each injury using the coding provided in paragraph 6c (i.e., sprain-right leg=SP-RL).
A80	1- 3	Transaction Card Identifier. (A80)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name, as shown in the PW/MIA List.
	13-16	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	17-18	<u>Sequence Number.</u> The sequence number permits proper ordering of comment cards.
	19-73	<u>Comments on Next-of-Kin.</u> All information relative to next-of-kin data should be entered in this free text field. Six cards are provided.
A81	1- 3	Transaction Card Identifier. (A81)
	4- 7	<u>Returnee Record ID.</u> (See A80)
	8-12	<u>Short Returnee Name.</u> (See A80)
	13-16	<u>Non-Returnee Record ID.</u> (See A80)

Card Type	Card Columns	Instruction
	17-18	<u>Sequence Number.</u> (See A80)
	19-73	<u>Comments on Physical Condition.</u> Enter in free text comments on physical condition of the non-returnee as derived from the message. Abbreviate only when necessary. Six cards are provided.
A82	1- 3	Transaction Card Identifier. (A82)
	4- 7	<u>Returnee Record ID.</u> (See A80)
	8-12	<u>Short Returnee Name.</u> (See A80)
	13-16	<u>Non-Returnee Record ID.</u> (See A80)
	17-18	<u>Sequence Number.</u> The sequence number permits the proper ordering of free text fields which extend beyond one card.
	19-73	<u>Details of Last Contact.</u> Enter any information concerning the returnee's last contact with the non-returnee. Additional space may be acquired by using other Form 7-1-4's and altering the printed sequence number of the A82 card as necessary.
A83	1- 3	Transaction Card Identifier. (A83)
	4- 7	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name as shown in the PW/MIA List.
	13-16	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	17-18	<u>Sequence Number.</u> (See A82)
	19-73	<u>Other Descriptive Information.</u> Enter any other information about the non-returnee that would contribute to his identification. Six cards are provided.

Card Type	Card Columns	Instruction
A84	1- 3	Transaction Card Identifier. (A84)
	4- 7	<u>Returnee Record ID.</u> (See A83)
	8-12	<u>Short Returnee Name.</u> (See A83)
	13-16	<u>Non-Returnee Record ID.</u> (See A83)
	17-18	<u>Sequence Number.</u> (See A82)
	19-73	<u>Distinctive Habits.</u> Enter any information provided in the message concerning habits the non-returnee had (i.e., "running his hand through his hair while talking" or "pulling at his ear when under pressure")
A85	1- 3	Transaction Card Identifier. (A85)
	4- 7	<u>Returnee Record ID.</u> Enter the record ID assigned by DIA.
	8-12	<u>Short Returnee Name.</u> Enter the first five characters of his last name, as shown in the PW/MIA List.
	13-16	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	17-18	<u>Sequence Number.</u> The sequence number is used in ordering the cards properly when open or free text is used.
	19-73	<u>Foreign Language Capability.</u> Enter any foreign languages that the non-returnee was capable of speaking as reported in the message. Six cards are provided.
A86	1- 3	Transaction Card Identifier. (A86)
	4- 7	<u>Returnee Record ID.</u> (See A85)
	8-12	<u>Short Returnee Name.</u> (See A85)
	13-16	<u>Non-Returnee Record ID.</u> (See A85)
	17-18	<u>Sequence Number.</u> (See A85)

Card Type	Card Columns	Instruction
	19-73	<u>General Comments.</u> Enter any information that appears to be of any significance. Additional space can be made available by using other Form 7-4-4's and altering the printed sequence numbers as necessary.
A87	1- 3	Transaction Card Identifier. (A87)
	4- 7	<u>Non-Returnee Record ID.</u> Enter the assigned Record ID.
	8-12	<u>Short Non-Returnee Name.</u> Enter the first five characters of his last name.
	13-16	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	17-21	<u>Short Returnee Name.</u> Enter the first five characters of his last name, as shown in the PW/MIA List.
	22-25	<u>Precapture Page Number.</u> Enter four digit number from message, and use leading zeros if necessary. The page number specifies location of individual in the DIA "Mugbook".
	26-29	<u>Postcapture Month/Year.</u> Enter a four digit month/year from the message identifying the page identification number in the DIA "Mugbook".
	30-39	<u>Identity Verification.</u> Enter returnee's opinion on the non-returnee's identity based on photo in the DIA "Mugbook". Use the following terms: Confirmed Probable Possible Uncertain
	40-43	<u>Revised Non-Returnee Identifier.</u> Enter the new non-returnee identifier as indicated in the message.
A90	1- 3	Transaction Card Identifier. (A90)
	4- 7	<u>Non-Returnee Record ID.</u> Enter the Record ID assigned by DIA.

Card Type	Card Columns	Instruction
	8-12	<u>Short Non-Returnee Name.</u> Enter the first five characters of his last name, if available.
	13-16	<u>Returnee Record ID.</u> Enter the Record ID assigned by DIA.
	17-21	<u>Short Returnee Name.</u> Enter the first five characters of his last name, as shown in the PW/MIA List.
	22-47	<u>Returnee Name.</u> Enter the full name, last, first, and middle initial.
	48-53	<u>Date of Death.</u> Enter the day, month, year as numerics.
	54-	<u>Date Qualifier.</u> Enter one of the following codes: E - Estimated A - Actual
A91	1- 3	Transaction Card Identifier. (A91)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)
	17-21	<u>Short Returnee Name.</u> (See A90)
	22-80	<u>Circumstances of Death.</u> Enter how the individual died. Use only one line.
A92	1- 3	Transaction Card Identifier. (A92)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)
	17-21	<u>Short Returnee Name.</u> (See A90)
	22-80	<u>Witnesses of Death.</u> Enter all witnesses of the death as indicated in the message. Additional space can be utilized on A99 card if necessary.

Card Type	Card Columns	Instruction
A93	1- 3	Transaction Card Identifier. (A93)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)
	17-21	<u>Short Returnee Name.</u> (See A90)
	22-27	<u>Date of Burial.</u> Enter the date, month, year, using numerics.
	28-	<u>Date Qualifier.</u> Enter one of the following codes: E - Estimated A - Actual
	29-46	<u>Place of Burial.</u> Enter the village, town, or city at which the burial took place or the nearest place.
	47-48	<u>Country.</u> Enter the country in which the burial took place using one of the following codes: VN - North Vietnam VS - South Vietnam LA - Laos CB - Cambodia CH - China
	49-53	<u>Distance from Place.</u> Enter the distance in meters from the place. Use leading zeros when necessary (i.e., 00030).
	54-56	<u>Direction from Place.</u> Enter the direction in degrees (i.e., 175).
	57-63	<u>Latitude.</u> Enter the latitude to the nearest second. If seconds are not provided in the message, enter XX (i.e., 210850N or 2108XXN).
	64-71	<u>Longitude.</u> Enter the longitude of the grave site to the nearest second. If seconds are not provided in the message, enter XX (i.e., 1301510E or 13015XXE).

Card Type	Card Columns	Instruction
A94	1- 3	Transaction Card Identifier. (A94)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)
	17-21	<u>Short Returnee Name.</u> (See A90)
	22-40	<u>Camp Name.</u> Enter the name of the camp, as indicated in the message, at which the burial incident took place. Use spelling of known camps from table in paragraph 6c.
	41-55	<u>Camp Nickname.</u> Enter the nickname of the camp as provided in the message.
	56-70	<u>Camp Nickname.</u> Enter a second nickname if provided in the message.
A95	1- 3	Transaction Card Identifier. (A95)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)
	17-21	<u>Short Returnee Name.</u> (See A90)
	22-36	<u>Disposition of Remains.</u> State what was done with the body after death (e.g., buried, burned, etc.).
	37-66	<u>Headstone Inscription.</u> Enter detailed content of the headstone inscription as provided in the message. Use foreign words if indicated in the message.
A96	1- 3	Transaction Card Identifier. (A96)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)

Card Type	Card Columns	Instruction
	17-21	<u>Short Returnee Name.</u> (See A90)
	22-24	<u>Map Type.</u> Enter the standard abbreviation for the map used to determine coordinates of the grave site (i.e., JOG, WAC).
	25-30	<u>Map Series.</u> Enter the series number of the map used to determine the grave site coordinates.
	31-37	<u>Map Sheet Number.</u> Enter the sheet number from the map used to determine the grave site coordinates.
	38-43	<u>Map Scale.</u> Enter the map scale, however, enter only the conversion factor (i.e., for a map scale of 1/250,000, enter only the 250,000 since all maps are one (1) to some factor).
	44-51	<u>UTM Coordinates.</u> Enter the UTM coordinates of the place of burial to six places in the X and Y axis (e.g., XS 460295).
A97	1- 3	Transaction Card Identifier. (A97)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)
	17-21	<u>Short Returnee Name.</u> (See A90)
	22-80	<u>Items Buried with Deceased.</u> Enter all items reported as being buried with the deceased.
A98	1- 3	Transaction Card Identifier. (A98)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)
	17-21	<u>Short Returnee Name.</u> (See A90)

Card Type	Card Columns	Instruction
	22-80	<u>Witnesses of Burial.</u> Enter all names of individuals who are identified in the message as having been a witness to the burial.
A99	1- 3	Transaction Card Identifier. (A99)
	4- 7	<u>Non-Returnee Record ID.</u> (See A90)
	8-12	<u>Short Non-Returnee Name.</u> (See A90)
	13-16	<u>Returnee Record ID.</u> (See A90)
	17-21	<u>Short Returnee Name.</u> (See A90)
	22-23	<u>Sequence Number.</u> (See A90)
	24-78	<u>Details of Last Contact.</u> Enter any additional comments concerning the death and burial. Additional space is available by using other Form 13-2-2's and altering the printed sequence numbers as necessary.

(c) Data Coding Tables

The following tables are to be used by debriefers in coding data reported during Phase II and Phase III debriefings.

(1) Rank Coding

<u>Code</u>	<u>ENLISTED RANKS</u>			
	<u>Air Force</u>	<u>Navy</u>	<u>Marine</u>	<u>Army</u>
E1	airman	seaman recruit	private	private
E2	airman	seaman apprentice	PFC	private
E3	airman first class	seaman	lance cpl	PFC
E4	sgt	petty off 3rd	corporal	spec 4
E5	staff sgt	petty off 2nd	sergeant	spec 5
E6	tech sgt	petty off 1st	staff sgt	staff sgt
E7	master sgt	chief petty off	gunnery sgt	sgt 1st class
E8	sr master sgt	senior chief petty off	master sgt	master sgt
E9	chief master sgt	master chief petty off	sgt maj	sgt maj

OFFICER RANKS

<u>Code</u>	<u>Air Force</u>	<u>Navy</u>	<u>Marine</u>	<u>Army</u>
W1	Flight Officer	Warrant Off	Warrant Off	Warrant Off
W2	Flight Officer	Ch Warrant Off	Ch Warrant Off	Ch Warrant Off
W3	Ch Warrant Off	Ch Warrant Off	Ch Warrant Off	Ch Warrant Off
W4	Ch Warrant Off	Ch Warrant Off	Ch Warrant Off	Ch Warrant Off
Ø1	2nd Lt	Ensign	2nd Lt	2nd Lt
Ø2	1st Lt	Lt Jr Grade	1st Lt	1st Lt
Ø3	Capt	Lt	Capt	Capt
Ø4	Maj	Lt Cmdr	Maj	Maj
Ø5	Lt Col	Cmdr	Lt Col	Lt Col
Ø6	Col	Capt	Col	Col
Ø7	Brig Gen	Commodore	Brig Gen	Brig Gen
Ø8	Maj Gen	Rear Admiral	Maj Gen	Maj Gen
Ø9	Lt Gen	Vice Admiral	Lt Gen	Lt Gen

(2) Crew Positions

AC - Aircraft Commander
CC - Crew Chief
CP - Copilot
EW - Electronic Warfare
FH - Flare Handler
FE - Flight Engineer
G - Gunner
IP - Instructor Pilot
LM - Loadmaster
N - Navigator (Nav./Bomb)
OB - Other (Observer, Non-Crew, GIB, etc.)
PM - Paramedic
P - Pilot
RO - Radio Operator

(3) Hair Color

BK - Black
BL - Blond
BR - Brown
GY - Gray
RD - Red
BA - Bald

(4) Eye Color

BL - Blue
BK - Black
BR - Brown
HA - Hazel
GR - Green
GY - Gray

(5) Marks and Scars

TT - Tattoo
SC - Scar
MD - Missing Digit
BM - Birthmark
GL - Glasses
BU - Burn
HD - Head
TO - Torso
RA - Right Arm
LA - Left Arm
RL - Right Leg
LL - Left Leg

(6) Injuries

CU - Cut
BU - Burn
FR - Fracture
SP - Sprain
LL - Loss of Limb
WO - Wound
HD - Head
TO - Torso
RA - Right Arm
LA - Left Arm
RL - Right Leg
LL - Left Leg

(7) State Codes

Code

AK - Alaska
AL - Alabama
AZ - Arizona
AR - Arkansas
CA - California
CZ - Canal Zone
CO - Colorado
CT - Connecticut
DE - Delaware
DC - District of Columbia
FL - Florida
GA - Georgia
HI - Hawaii
ID - Idaho
IL - Illinois
IN - Indiana
IA - Iowa
KS - Kansas
KY - Kentucky
LA - Louisiana
ME - Maine
MD - Maryland
MA - Massachusetts
MI - Michigan
MN - Minnesota
MS - Mississippi
MO - Missouri
MT - Montana
NE - Nebraska
NV - Nevada
NH - New Hampshire
NJ - New Jersey
NM - New Mexico
NY - New York
NC - North Carolina
ND - North Dakota
OH - Ohio
OK - Oklahoma
OR - Oregon
PA - Pennsylvania
PR - Puerto Rico
RI - Rhode Island
SC - South Carolina
SD - South Dakota
TN - Tennessee
TX - Texas

UT - Utah
VT - Vermont
VA - Virginia
VI - Virgin Islands
WA - Washington
WV - West Virginia
WI - Wisconsin
WY - Wyoming

(8) Country Codes

Code

AU - Australia
BL - Belgium
CB - Cambodia
CH - China
CN - Canada
FR - France
GY - Germany
JA - Japan
KS - South Korea
LA - Laos
OT - Other
PI - Philippines
NZ - New Zealand
SW - Sweden
TH - Thailand
UK - United Kingdom
UN - Unknown
US - United States
VN - North Vietnam
VS - South Vietnam
IN - India

(9) Mission Codes

Code

AA - Administrative
AC - Air Cover
AE - Active ECM
AO - Area Orientation
AR - Armed Rece
BB - Bombing
CA - Cmbt Air Lift Spt
CB - Combat Sky Spot
CC - Combat
CF - Cover for FACS

CS - Close Support
DD - Defoliation
DI - Day Interdiction
DS - Direct Support
EE - ECM Escort
ER - Electronic Rece
ES - ECM Scout
ET - Escort
FD - Flare Drop
FS - Flak Suppression
FY - Ferry
GE - Gunship Escort
GS - Ground Support
ID - Interdiction
LV - Loran Validation
MC - MIG Cap
MS - MIG Screen
MW - MIG Sweep
NR - Night Rece
NS - Night Strike
PE - Passive ECM
PP - PT to PT Liaison
PR - Photo Rece
PW - Psych Warfare
RE - Rescue
RO - Reconnaissance
RP - Rescap
RR - Road Rece
RS - Rece Escort
SB - Scramble
SC - Strike/Cap
SD - Search and Destroy
SP - Special Mission
SR - Search (SAR)
SS - SAM Suppression
ST - Strike
TC - Top Cover
TF - Test Flight
TP - Trp Aslt Prep
TS - Tactical Strike
VR - Visual Rece
WR - Weather Rece
XX - Classified

(d) Data Cross References

The following figures, 55 through 70, provide a cross-reference between the data contained in the formatted messages transmitted from the field during OPERATION HOMECOMING and the Transcription Sheets. Each data element shown on a message is correlated with a punched card identification number and the card columns of that card where the data is to be placed.

JOINT MESSAGEFORM										SECURITY CLASSIFICATION			
PAGE	DRFTER OR PREPARED	CLASS	LMF	CLASS	SIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				DATE - TIME	MONTH	YR	
	RELEASED TIME	ACT	INFO										
OF	MESSAGE HANDLING INSTRUCTIONS												
BOOK													
<p>FROM:</p> <p>TO: DIA DI-6 WASH DC</p> <p>AIR FORCE OPERATIONS CENTER WASH DC</p> <p>DA DAMI-700-HP WASH DC</p> <p>DA DAAG-PSC WASH DC</p> <p>NAVINTCOM WASH DC</p> <p>NAVBUFERS WASH DC</p> <p>7602AINTELC/INFPB FT BELVOIR VA</p> <p>AFMPC/DEMPC RANDOLPH AFB TEX</p> <p>CMC/A02A DNA WASH DC</p> <p>INFO: COMUSMACV/JCRC SAIGON SOUTH VIETNAM</p> <p>SECRET NO FOREIGN DISSEM LIMDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE. RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY. FOR OPERATION HOMECOMING ACTION OFFICERS ONLY.</p> <p>REFERENCE: SICR D- CX-24000. DEBRIEFING REPORT NO.: _____</p> <p>1. RETURNEE: A-10 (22-47) RANK: _____</p> <p>DEBRIEFER: _____ RANK: _____</p> <p style="text-align: right;">(DF)</p>													
DISTR:													
DR-PTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS							
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE												
	SIGNATURE												
						SECURITY CLASSIFICATION							

DD FORM 173(OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF 68-10-7000-0 GPO 300-707

Figure 55. Cross Reference Message (DF)

JOINT MESSAGEFORM										SECURITY CLASSIFICATION		
PAGE	ORIGINATOR OR PRECEDENCE			LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY					
	RELEASE TIME	ACT	INFO				DATE	TIME	MONTH	YR		
OF												
BOOK	MESSAGE HANDLING INSTRUCTIONS											
CATEGORY 1: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE												
NAME: <u>A10 (48-73)</u>												
NICKNAME(S): <u>A11 (22-32) (33-43)</u>												
RANK: <u>A10 (74-75)</u> BRANCH OF SERVICE: <u>A10 (76-77)</u>												
(22- CREW/DUTY POSITION: <u>A15 23)</u> AIRCRAFT/VEHICLE: <u>A15 (24-29)</u>												
UNIT: <u>A15 (30-43)</u> DUTY STATION: <u>A15 (44-58)</u>												
DATE OF LAST INFO: <u>A12 (22-27)</u> DATE QUALIFIER: <u>A12 (28)</u>												
SOURCE OF INFO: <u>A12 (29-58)</u>												
LAST KNOWN STATUS: <u>A12 (59-60)</u>												
CAMP NAME: <u>A13 (22-41)</u> NICKNAME(S): <u>A13 (42-55) (56-69)</u>												
PLACE NAME: <u>A14 (22-41)</u> COUNTRY: <u>A14 (42-43)</u>												
DISTANCE FROM PLACE: <u>A14 (44-45)</u> DIRECTION: <u>A14 (46-48)</u>												
PHYSICAL CONDITION: <u>A14 (63)</u> COMMENTS: _____												
<u>A16 (24-78) x 6 Comments on physical condition</u>												
<u>A17 (24-78) x 6 Details of last contact</u>												
ADDITIONAL COMMENTS: <u>A18 (24-78) x 6 General Comments</u>												
NOTE: If information on location within camp is provided in comments, (D1)												
DISTR: enter in A13 (42-55) (56-69).												
ORIGINATOR TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS						
TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE												
SIGNATURE												
SECURITY CLASSIFICATION												

Figure 56. Cross Reference For Message (D1)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION					
PAGE	DRAFTER OR RELEASE TIME	PRECEDENCE		IMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				
		ACT	INFO				DATE	TIME	MONTH	YR	
OF											
BOOK	MESSAGE HANDLING INSTRUCTIONS										
<p>CATEGORY 2: PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE (43-53) (54-64)</p> <p>U/I DESIGNATOR: <u>A70 (13-16)</u> NICKNAME(S): <u>A70 (65-75)</u></p> <p>RANK: <u>A70 (76-77)</u> BRANCH OF SERVICE: <u>A70 (78-79)</u></p> <p>PERSONAL AUTH. NO.: <u>A74 (17-20)</u> CREW/DUTY POSITION: <u>A74 (21-22)</u></p> <p>AIRCRAFT/VEHICLE: <u>A74 (23-28)</u> UNIT: <u>A74 (29-42)</u></p> <p>DUTY STATION: <u>A74 (43-57)</u></p> <p>DATE OF CAPTURE: <u>A75 (17-22)</u> DATE QUALIFIER: <u>A75 (23)</u></p> <p>DATE OF FIRST INFO: <u>A71 (17-22)</u> DATE QUALIFIER: <u>A71 (23)</u></p> <p>DATE OF LAST INFO: <u>A71 (24-29)</u> DATE QUALIFIER: <u>A71 (30)</u></p> <p>SOURCE OF INFO: <u>A71 (31-60)</u></p> <p>OTHERS WHO HAVE SEEN: <u>A75 (24-53)</u></p> <p>LAST KNOWN STATUS: <u>A71 (61-62)</u></p> <p>CAMP NAME: <u>A72 (17-36)</u> NICKNAME(S): <u>A72 (37-50) (51-64)</u></p> <p>PLACE NAME: <u>A73 (17-36)</u> COUNTRY: <u>A73 (37-38)</u></p> <p>DISTANCE FROM PLACE: <u>A73 (39-40)</u> DIRECTION: <u>A73 (41-43)</u></p> <p>PHYSICAL CONDITION: <u>A73 (58)</u> COMMENTS: <u>AB1 (19-73) x 1</u></p> <p>ADDITIONAL COMMENTS/DETAILS OF LAST CONTACT: <u>AB2 (19-73) x 6</u></p> <p>NOTE: If information on location within camp is provided in the (D2) DISTB: comments enter in A73 (44-57).</p>											
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS					
P R E P A R E D	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										
	SIGNATURE										
						SECURITY CLASSIFICATION					

DD FORM 173
1 JUL 68

REPLACES DD FORM 73, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66, WHICH WILL BE USED IN THE USAF. GPO 445-16-0120-1 681-001

Figure 57. Cross Reference for Message (D2)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION				
PAGE	DRAFTEE OR RELEASED TIME	PRECEDENCE ACT INDO	AMP	CLASS	SIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				
						DATE - TIME		MONTH	YR	
OF	MESSAGE HANDLING INSTRUCTIONS									
BOOK										
CATEGORY 2: CONTINUED										
NATIONALITY: A76 (17-18)					BIRTHPLACE: A77 (17-38)					
HOMETOWN: A77 (39-56)					HOME STATE: A77 (57-58)					
MARITAL STATUS: A76 (19)					WIFE'S NAME: A80					
NO. OF CHILDREN: A80					NO. OF BRO. & SIS.: A80					
MOTHER'S NAME: A80					FATHER'S NAME: A80					
CHILDREN'S NAME(S): A80										
BROTHER'S NAME(S): A80										
SISTER'S NAME(S): A80										
RACE: A76 (20-21)		AGE: A76 (22-23)		HEIGHT: A76 (24-25)		WEIGHT: A76 (26-28)				
COMPLEXION: A76 (29-36)					EYE COLOR: A76 (37-38)					
HAIR COLOR: A76 (39-40)					HAIR STYLE: A83 (19-73) x 6					
GLASSES: A83 (19-73)					NOSE: A83 (19-73)					
EARS: A83 (19-73)					BUILD: A83 (19-73)					
IDENTIFYING MARKS AND SCARS: A78 (17-56) x 1										
INJURIES: A79 (17-56) x 1										
DISTINCTIVE HABITS: A84 (19-73) x 6										
FOREIGN LANGUAGE CAPABILITY: A85 (19-73) x 6										
(D2a)										
DISTR:										
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SPECIAL INSTRUCTIONS					
RELEASED BY	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE									
	SIGNATURE									
					SECURITY CLASSIFICATION					

Figure 57. Cross Reference for Message (D2 continued)

DD FORM 173 (OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF 16-15-70-0-1 GPO 16-717

JOINT MESSAGEFORM							SECURITY CLASSIFICATION		
PAGE	DRAPTER OR RELEASE TIME	PRIORITY ACT INFO	LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			
						DATE - TIME	MONTH	YR	
OF	MESSAGE HANDLING INSTRUCTIONS								
<p>CATEGORY 2: CONTINUED</p> <p>OTHER DESCRIPTIVE INFO: <u>A86 (19-73) x 6</u></p> <hr/> <hr/> <hr/>									
								(D2b)	
DISTR:									
DRAPTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
RELEASER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE									
SIGNATURE						SECURITY CLASSIFICATION			
RELEASER									

DD FORM 173(OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66, WHICH WILL BE USED IN THE USAF 168-10-1000-0 GPO 26-70

Figure 57. Cross Reference for Message (D2 continued)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAPTOR OR RELEASE TIME	PRECEDENCE ACT INFO	CLASS	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			
						DATE - TIME	MONTH	YR	
OF	MESSAGE HANDLING INSTRUCTIONS								
BOOK									
<p>CATEGORY 3: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED</p> <p>NAME: <u>A10 (48-73)</u></p> <p>NICKNAME(S): <u>A11 (22-32) (33-43)</u></p> <p>RANK: <u>A10 (74-75)</u> BRANCH OF SERVICE: <u>A10 (76-77)</u></p> <p>CREW/DUTY POSITION: <u>A15 (22-23)</u> AIRCRAFT/VEHICLE: <u>A15 (24-29)</u></p> <p>UNIT: <u>A15 (20-43)</u> DUTY STATION: <u>A15 (44-58)</u></p> <p>DATE OF DEATH: <u>A90 (48-53)</u> DATE QUALIFIER: <u>A90 (54)</u></p> <p>SOURCE OF INFO: <u>A12 (29-58)</u></p> <p>DISPOSITION OF REMAINS: <u>A95 (22-36)</u></p> <p>CAMP NAME: <u>A94 (22-40)</u> NICKNAME(S): <u>A94 (41-55) (56-70)</u></p> <p>PLACE NAME: <u>A93 (29-46)</u> COUNTRY: <u>A93 (47-48)</u></p> <p>DISTANCE FROM PLACE: <u>A93 (49-53)</u> DIRECTION: <u>A93 (54-56)</u></p> <p>CIRCUMSTANCES OF DEATH: <u>A91 (22-80) x 1</u></p> <p>WITNESSES OF DEATH: <u>A92 (22-80) x 1</u></p> <p>ADDITIONAL COMMENTS/DETAILS OF LAST CONTACT: <u>A99 (24-78) x 6</u></p>									
(D3)									
DISTR:									
DRAPTOR TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SPECIAL INSTRUCTIONS				
RELEASED	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
	SIGNATURE								
					SECURITY CLASSIFICATION				

Figure 58. Cross Reference for Message (D3)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION
PAGE	DRAFTEE OR RELEASED TIME	PRECEDENCE ACT INFO	LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY DATE - TIME MONTH YR
OF						
BOOK	MESSAGE HANDLING INSTRUCTIONS					
<p>CATEGORY 4: PERSONNEL UNIDENTIFIED BY NAME AND BELIEVE TO BE DECEASED A70 (43-53)</p> <p>U/I DESIGNATOR: <u>A70 (13-16)</u> NICKNAME(S): <u>(54-64) (65-75)</u></p> <p>RANK: <u>A70 (76-77)</u> BRANCH OF SERVICE: <u>A70 (78-79)</u></p> <p>PERSONAL AUTH. NO: <u>A74 (17-20)</u> CREW/DUTY POSITION: <u>A74 (21-22)</u></p> <p>AIRCRAFT/VEHICLE: <u>A74 (23-28)</u> UNIT: <u>A74 (29-42)</u></p> <p>DUTY STATION: <u>A74 (43-57)</u></p> <p>DATE OF CAPTURE: <u>A75 (17-22)</u> DATE QUALIFIER: <u>A75 (23)</u></p> <p>DATE OF FIRST INFO: <u>A71 (17-22)</u> DATE QUALIFIER: <u>A71 (23)</u></p> <p>DATE OF DEATH: <u>A20 (48-53)</u> DATE QUALIFIER: <u>A20 (54)</u></p> <p>SOURCE OF INFO: <u>A71 (31-60)</u></p> <p>DISPOSITION OF REMAINS: <u>A25 (22-36)</u></p> <p>CAMP NAME: <u>A24 (22-40)</u> NICKNAME(S): <u>A24 (41-55) (56-70)</u></p> <p>PLACE NAME: <u>A23 (29-46)</u> COUNTRY: <u>A23 (47-48)</u></p> <p>DISTANCE FROM PLACE: <u>A23 (49-53)</u> DIRECTION: <u>A23 (54-56)</u></p> <p>CIRCUMSTANCES OF DEATH: <u>A21 (22-80) x 1</u></p> <p>WITNESSES OF DEATH: <u>A22 (22-80) x 1</u></p>						
						(D4)
DISTR:						
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SPECIAL INSTRUCTIONS	
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SECURITY CLASSIFICATION
	SIGNATURE					

DD FORM 173 (OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF 16-76000-0 040 300-77

Figure 59. Cross Reference for Message (D4)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTEE OR RELEASED TIME	PRECEDENCE ACT	INFO	IMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
							DATE - TIME	MONTH	YR
OF	MESSAGE HANDLING INSTRUCTIONS								
BOOK									
<p>CATEGORY 4: CONTINUED</p> <p>ADDITIONAL COMMENTS/DETAILS OF LAST CONTACT: <u>A29 (24-78) x 6</u></p> <hr/> <p>NATIONALITY: <u>A76 (17-18)</u> BIRTHPLACE: <u>A77 (17-38)</u></p> <p>HOMETOWN: <u>A77 (39-56)</u> HOME STATE: <u>A77 (57-58)</u></p> <p>MARITAL STATUS: <u>A76 (19)</u> WIFE'S NAME: <u>A80</u></p> <p>NO. OF CHILDREN: <u>A80</u> NO. OF BRO. & SIS.: <u>A80</u></p> <p>MOTHER'S NAME: <u>A80</u> FATHER'S NAME: <u>A80</u></p> <p>CHILDREN'S NAME(S): <u>A80</u></p> <p>BROTHER'S NAME(S): <u>A80</u></p> <p>SISTER'S NAME(S): <u>A80</u></p> <p>RACE: <u>A76 (20-21)</u> AGE: <u>A76 (22-23)</u> HEIGHT: <u>A76 (24-25)</u> WEIGHT: <u>A76 (26-28)</u></p> <p>COMPLEXION: <u>A76 (29-36)</u> EYE COLOR: <u>A76 (37-38)</u></p> <p>HAIR COLOR: <u>A76 (39-40)</u> HAIR STYLE: <u>A83</u></p> <p>GLASSES: <u>A83</u> NOSE: <u>A83</u></p> <p>EARS: <u>A83</u> BUILD: <u>A83</u></p> <p>IDENTIFYING MARKS AND SCARS: <u>A78 (17-56) x 1</u></p>									
(D4a)									
DISTR:									
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
RELEASED	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
	SIGNATURE								
						SECURITY CLASSIFICATION			

DD FORM 173 (Oct) REPLACES DD FORM 173, 1 NOV 68 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF. 14-00000-0 GPO 88-107

Figure 59. Cross Reference for Message (D4 continued)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTER OR RELEASER TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
		ACT	INFO				DATE - TIME	MONTH	YR
OF									
BOOK	MESSAGE HANDLING INSTRUCTIONS								
<p>CATEGORY 4: CONTINUED</p> <p>INJURIES: <u>A79 (17-56) x 1</u></p> <p>DISTINCTIVE HABITS: <u>A84 (19-73) x 6</u></p> <p>FOREIGN LANGUAGE CAPABILITY: <u>A85 (19-73) x 6</u></p> <p>OTHER DESCRIPTIVE INFO: <u>A83 (19-73) x 6</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(D4b)</p>									
DISTR:									
DRAFTER TYPELO NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
SIGNATURE	TYPELO NAME, TITLE, OFFICE SYMBOL AND PHONE								
	SIGNATURE								
						SECURITY CLASSIFICATION			

DD FORM 173(OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF. 16-10-700-1 GPO 20-48

Figure 59. Cross Reference for Message (D4 continued)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTEE OR RELEASED TIME	PRIORITY AC	INFO	IMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
							DATE - TIME	MONTH	YR
OF	MESSAGE HANDLING INSTRUCTIONS								
BOOK									
<p>FROM:</p> <p>TO: AIR FORCE OPERATIONS CENTER WASH DC</p> <p>INFO: 7602 AINTELG/INFPB FT BELVOIR VA</p> <p>SECRET NO FOREIGN DISSEM LINDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U)</p> <p>ATTN: OPERATION HOMECOMING DUTY OFFICER</p> <p>1. ASSESSMENT REPORT NO.: <u>A31 to A37 (13-15)</u> DATE OF REPORT: <u>A31 (34-39)</u></p> <p>DEBRIEFER'S NAME: <u>A31 (16-31)</u> RANK: <u>A31 (32-33)</u></p> <p>RETURNEE'S NAME: <u>A31 to A37 (8-12)</u> RANK: <u>-----</u></p> <p style="text-align: center;">Short Name</p> <p style="text-align: right;">(A1)</p>									
DATE:									
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SECURITY CLASSIFICATION			
	REMARKS								

DD FORM 173(OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF 16-49-7000-6 GPO 55-70

Figure 60. Cross Reference for Message (A1)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION					
PAGE	DRAFTER OR RELEASED TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				
		ACT	INFO				DATE - TIME	MONTH	YR		
OF											
BOOK	MESSAGE HANDLING INSTRUCTIONS										
<p>2. ASSESSMENT REPORT INFORMATION:</p> <p>CONDITIONS OF RELEASE: <u>A32 (18-72) x 4</u></p> <hr/> <hr/> <hr/> <p>COMMENTS ON DEBRIEFING STATUS: <u>A33 (18-72) x 2</u></p> <hr/> <hr/> <hr/> <p>ASSESSMENT OF RETURNEE: <u>A35 (18-72) x 4</u></p> <hr/> <hr/> <hr/> <p>ADDITIONAL COMMENTS: <u>A37 (18-72) x 4</u></p> <hr/> <hr/> <hr/>											
											(A2)
DISTR:											
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS					
RE SE N S E	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										
	SIGNATURE										
	SECURITY CLASSIFICATION										

DD FORM 173(OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF 40-10-100-1 GPO 86-77

Figure 61. Cross Reference for Message (A2)

JOINT MESSAGEFORM										SECURITY CLASSIFICATION		
PAGE	ORAPTER OR RELEASE TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			DATE - TIME	MONTH	YR
		ACT	INFO									
01												
MESSAGE HANDLING INSTRUCTIONS												
<p>FROM:</p> <p>TO: DIA/DI-6 WASH DC AIR FORCE OPERATIONS CENTER WASH DC DA/DAMI-DOO-HP WASH DC DA/DAAG-PSC WASH DC NAVINTCOM WASH DC NAVBUFERS WASH DC 7602AINTLG/INFPB FT BELVOIR VA AFMPC/DPMSC RANDOLPH AFB TEX CNC/A02A/DNA WASH DC</p> <p>INFO: COMUSMACV/JCRC SAIGON SOUTH VIETNAM</p> <p>SECRET NO FOREIGN DISSEM LINDIS JOPREP JIFFY. THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE. RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY. FOR OPERATION HOMECOMING ACTION OFFICERS ONLY.</p> <p>REFERENCE: DEBRIEFING CLARIFICATION REPORT NO.: _____</p> <p>1. RETURNEE: A87 (17-21) Short Name _____ RANK _____</p> <p>DEBRIEFER: _____ RANK: _____ (CF)</p>												
DISTR:												
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										SPECIAL INSTRUCTIONS		
DEBRIEFER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										SECURITY CLASSIFICATION	
	WREAYURE											

Figure 62. Cross Reference for Message (CF)

DD FORM 173(OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF 149-10-7000-0 GPO 280-707

JOINT MESSAGEFORM										SECURITY CLASSIFICATION		
PAGE	CHAPTER OR PRECEDENCE	REF	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY					DATE - TIME		
	RELEASE TIME	ACT	INFO									
OF												
0000	MESSAGE HANDLING INSTRUCTIONS											
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 1: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE ALIVE</p> <p>NAME: <u>A87 (8-12) Short Name</u> RANK: <u>----</u></p> <p>BRANCH OF SERVICE: <u>----</u> DIA ID NO.: <u>A87 (4-7)</u></p> <p>IDENTITY VERIFICATION: <u>A87 (30-39)</u></p> <p><u>PHOTO REFERENCES:</u></p> <p>PRECAPTURE, VOLUME I, PAGE NO.: <u>A87 (22-25)</u></p> <p>POSTCAPTURE, VOLUME II, ID (MO/YR) NO.: <u>A87 (26-29)</u></p> <p>ADDITIONAL COMMENTS: <u>Enter the Revised Record ID in A87 (40-43)</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>												
											(C1)	
DATE:												
PREPARED BY: NAME, TITLE, OFFICE SYMBOL AND PHONE												
SPECIAL INSTRUCTIONS												
RECEIVED BY: NAME, TITLE, OFFICE SYMBOL AND PHONE												
WHERE/WHEN												
SECURITY CLASSIFICATION												

DD FORM 173(OCR) 1 JUL 68 REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED IN THE USAF. GPO 88-70

Figure 63. Cross Reference for Message (C1)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION		
PAGE	CHAPTER OR PARAGRAPH			CLASS	CIC	FOR MESSAGE CENTER/COMMUNICAT ON CENTER ONLY		
	RELEASE TIME	ACT	INFO			DATE - TIME	MONTH	YR
OF								
BOOK	MESSAGE HANDLING INSTRUCTIONS							
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 2; PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE ALIVE</p> <p>U/I DESIGNATOR: <u>A50 (13-16)</u> NICKNAME(S): <u>-----</u></p> <p>NAME: <u>-----</u> RANK: <u>-----</u></p> <p>BRANCH OF SERVICE: <u>-----</u> DIA ID NO.: <u>A50 (35-38)</u></p> <p>IDENTITY VERIFICATION: <u>A50 (25-34)</u></p> <p><u>PHOTO REFERENCES:</u></p> <p>PRECAPTURE, VOLUME I, PAGE NO.: <u>A50 (17-20)</u></p> <p>POSTCAPTURE, VOLUME II, ID (MO/YR) NO.: <u>A50 (21-24)</u></p> <p>ADDITIONAL COMMENTS: <u>Enter the revised record ID in A50 (35-58)</u></p> <p>-----</p> <p>-----</p> <p>-----</p>								
(C2)								
DISTR:								
DRIFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS		
PREPARED BY	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SECURITY CLASSIFICATION	
	SIGNATURE							

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 66 AND DD FORM 173-1, 1 NOV 66, WHICH WILL BE USED IN THE USAF. GPO 445-6-848-1 431-000

Figure 64. Cross Reference for Message (C2)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	BRACKET OR RELEASE TIME	PRECEDENCE ACT INFO	LMP	CLASS	SLC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			
OF						DATE - TIME	MONTH	YR	
MESSAGE HANDLING INSTRUCTIONS									
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 3: PERSONNEL KNOWN BY NAME AND BELIEVED TO BE DECEASED</p> <p>NAME: <u>A10 (48-73)</u> RANK: <u>A10 (74-75)</u></p> <p>BRANCH OF SERVICE: <u>A10 (76-77)</u> DIA ID NO.: <u>A87 (4-7)</u></p> <p>IDENTITY VERIFICATION: <u>A87 (30-39)</u></p> <p><u>PHOTO REFERENCES:</u></p> <p>PRECAPTURE, VOLUME I, PAGE NO.: <u>A87 (22-25)</u></p> <p>POSTCAPTURE, VOLUME II, ID (MO/YR) NO.: <u>A87 (26-29)</u></p> <p>DATE OF BURIAL: <u>A93 (22-27)</u> DATE QUALIFIER: <u>A93 (28)</u></p> <p>PLACE OF BURIAL: <u>A93 (29-46)</u> COUNTRY: <u>A93 (47-48)</u></p> <p>DISTANCE FROM PLACE: <u>A93 (49-53)</u> DIRECTION: <u>A93 (54-56)</u></p> <p>LAT/BURIAL: <u>A93 (57-63)</u> LONG/BURIAL: <u>A93 (64-71)</u></p> <p>CAMP NAME: <u>A94 (22-40)</u> NICKNAME(S): <u>A94 (41-55) (56-70)</u></p> <p>MAP TYPE: <u>A96 (22-24)</u> SERIES: <u>A96 (25-30)</u> SHEET NO.: <u>A96 (31-37)</u></p> <p>MAP SCALE: <u>A96 (38-43)</u> UTM COORD.: <u>A96 (44-51)</u></p> <p>HEADSTONE INSCRIPTION: <u>A95 (37-66)</u></p> <p>ITEMS BURIED WITH DECEASED: <u>A97 (22-80) x 1</u></p>									
(C3)									
DISTR:									
PREPARED BY: TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
RELEASER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE					SECURITY CLASSIFICATION			
	SIGNATURE								

DD FORM 173 (OCR) 1 JUL 66 REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF 64-16-7000-9 GPO 16-17

Figure 65. Cross Reference for Message (C3)

JOINT MESSAGEFORM										SECURITY CLASSIFICATION		
PAGE	DRAFTER OR PRIORITY		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				DATE - TIME	MONTH	YR
	RELEASE TIME	ACT				INFO						
OF												
BOOK	MESSAGE HANDLING INSTRUCTIONS											
<p>CATEGORY 3: CONTINUED</p> <p>WITNESSES OF BURIAL: _____ A28 (23-00) x 1</p> <p>_____</p> <p>ADDITIONAL COMMENTS: _____ A29 (24-78) x 6</p> <p>_____</p> <p style="text-align: right;">(C3a)</p>												
DISTR:												
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										SPECIAL INSTRUCTIONS		
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE											
	SIGNATURE										SECURITY CLASSIFICATION	

Figure 65. Cross Reference for Message (C3 continued)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION			
PAGE	DRAFTEE OR PRECEDENCE	RELAY TIME	ACT INFO	LMP	CLASS	CC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
							DATE - TIME	MONTH	YR
OF	MESSAGE HANDLING INSTRUCTIONS								
<p>CLARIFICATION OF PHASE II INFO ON CATEGORY 4: PERSONNEL UNIDENTIFIED BY NAME AND BELIEVED TO BE DECEASED (43-53) U/I DESIGNATOR: <u>A70 (13-16)</u> NICKNAME(S): <u>A70 (54-64) (65-75)</u> NAME: <u>A70 (17-42)</u> RANK: <u>A70 (76-77)</u> BRANCH OF SERVICE: <u>A70 (78-79)</u> DIA ID NO.: <u>A50 (13-16)</u> IDENTITY VERIFICATION: <u>A50 (25-34)</u></p> <p>PHOTO REFERENCES:</p> <p>PRECAPTURE, VOLUME I, PAGE NO.: <u>A50 (17-20)</u> POSTCAPTURE, VOLUME II, ID (MO/YR) NO.: <u>A50 (21-24)</u> DATE OF BURIAL: <u>A23 (22-27)</u> DATE QUALIFIER: <u>A23 (28)</u> PLACE OF BURIAL: <u>A23 (29-46)</u> COUNTRY: <u>A23 (47-48)</u> DISTANCE FROM PLACE: <u>A23 (49-53)</u> DIRECTION: <u>A23 (54-56)</u> LAT/BURIAL: <u>A23 (57-63)</u> LONG/BURIAL: <u>A23 (64-71)</u> CAMP NAME: <u>A24 (22-40)</u> NICKNAME(S): <u>A24 (41-55) (56-70)</u> MAP TYPE: <u>A26 (22-24)</u> SERIES: <u>A26 (25-30)</u> SHEET NO: <u>A26 (31-37)</u> MAP SCALE: <u>A26 (38-43)</u> UTM COORD.: <u>A26 (44-51)</u> HEADSTONE INSCRIPTION: <u>A25 (37-66)</u> ITEMS BURIED WITH DECEASED: <u>A27 (22-80) x 1</u></p>									
(C4)									
DISTR:									
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
RELEASEE	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
	SIGNATURE								
						SECURITY CLASSIFICATION			

DD FORM 173 (OCR) REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF 16-10-7004 00 25-10

Figure 66. Cross Reference for Message (C4)

JOINT MESSAGEFORM							SECURITY CLASSIFICATION		
PAGE	DRAFTEE OR RELEASED TIME	PRIORITY ACT	INFO	LMP	CLASS	CLC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY		
							DATE - TIME	MONTH	YR
OF	MESSAGE HANDLING INSTRUCTIONS								
BOOK									
<p>WITNESSES OF BURLAL: <u>A28 (22-80)</u></p> <hr/> <p>ADDL COMMENTS: <u>A29 (24-78) x 6</u></p> <hr/>									
(C4a)									
DISTR:									
DRAFTEE TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS			
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE								
	SIGNATURE								
						SECURITY CLASSIFICATION			

Figure 66. Cross Reference for Message (C4 continued)

DD FORM 173 (OCR) REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF 16-10-70-00-0 GPO 50-107

JOINT MESSAGEFORM						SECURITY CLASSIFICATION		
PAGE	DRAFTER OR PRECEDENCE	LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY			
RELEASED TIME	ACT	INFO			DATE - TIME	MONTH	YR.	
OF								
BOOK	MESSAGE HANDLING INSTRUCTIONS							
<p>FROM:</p> <p>TO: DIA/DI-6 WASH DC</p> <p>AIR FORCE OPERATIONS CENTER WASH DC</p> <p>DA/DAMI-DOO-HP WASH DC</p> <p>NAVINTCOM WASH DC</p> <p>7602AINTELG/INFPB FT BELVOIR VA</p> <p>CMC/A02A WASH DC</p> <p>SECRET NO FOREIGN DISSEM LIMDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U).</p> <p>FOR OPERATION HOMECOMING ACTION OFFICERS ONLY.</p> <p>1. CONFINEMENT CHRONOLOGY REPORT NO.: _____</p> <p>DATE OF REPORT: _____</p> <p>(HF)</p>								
DISTR:								
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE				SPECIAL INSTRUCTIONS				
R L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE							
	SIGNATURE			SECURITY CLASSIFICATION				

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE 173AF.

Figure 67. Cross Reference for Message (HF)

JOINT MESSAGEFORM						SECURITY CLASSIFICATION					
PAGE	ORIGINATOR OR RELEASE TIME	PRECEDENCE ACT INFO	IMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER UNIT			DATE - TIME	MONTH	YR
OF											
BOOK	MESSAGE HANDLING INSTRUCTIONS										
<p>CONFINEMENT CHRONOLOGY</p> <p>RETURNEE NAME: <u>A60 (8-12)</u> RANK: <u>----</u></p> <p>A. DATE OF CAPTURE: <u>A60 (13-18)</u> DATE QUALIFIER: <u>A60 (19)</u></p> <p>CAPTORS: <u>A60 (20-39)</u> COUNTRY: <u>A60 (40-41)</u></p> <p>LOCATION/LAT: <u>A60 (42-48)</u> LONG: <u>A60 (49-56)</u> UTM: <u>A60 (57-64)</u> (26-39)</p> <p>B. CAMP NAME: <u>A61 (26-45)</u> NICKNAME(S): <u>A62 (40-53) (54-67)</u></p> <p><u>A61 & A62</u> <u>A62 & A62</u> <u>A61 & A62</u></p> <p>FROM: <u>(13-18)</u> TO: <u>(19-24)</u> DATE QUALIFIER: <u>(25)</u></p> <p>PLACE NAME: <u>A63 (19-38)</u> COUNTRY: <u>A63 (39-40)</u></p> <p>LOCATION/LAT: <u>A63 (41-47)</u> LONG: <u>A63 (48-55)</u> UTM: <u>A63 (56-63)</u></p> <p>IDENT/LOC REMARKS: <u>A65 (21-75) x 6</u></p> <hr/> <p>TYPE CAMP: <u>A63 (64)</u> CONTROLLED BY: <u>A64 (19-38)</u></p> <p>CAPACITY: <u>A64 (39-42)</u> QUALIFIER: <u>A64 (43)</u></p> <p>NO. OF U.S. PWS: <u>A64 (44-46)</u> QUALIFIER: <u>A64 (47)</u></p> <p>SIZE OF CAMP: <u>A64 (48-54)</u> NO. OF BLDGS.: <u>A64 (55-56)</u></p> <p>UTILIZED/FROM: <u>A63 (65-70)</u> TO: <u>A63 (71-76)</u></p> <p>ADDL COMMENTS: <u>A66 (21-75) x 6</u></p>											
(112)											
<p>DISTR: ***NOTE: "B" is a repeating set on all additional camp data. Use same data fields and cards.</p>											
ORIGINATOR TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS					
RELEASER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										
	SIGNATURE										
						SECURITY CLASSIFICATION					

Figure 68. Cross Reference for Message (H2)

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 68 AND DD FORM 173-1, 1 NOV 68, WHICH WILL BE USED IN THE USAF. GPO 200-10-5140-1 681-108

JOINT MESSAGEFORM						SECURITY CLASSIFICATION					
PAGE	DRAFTER OR RELEASED TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				
		ACT	INFO				DATE - TIME	MONTH	YR		
OF											
BOOK	MESSAGE HANDLING INSTRUCTIONS										
<p>FROM:</p> <p>TO: DIA/DI-6 WASH DC</p> <p>ATR FORCE OPERATIONS CENTER WASH DC</p> <p>DA DAMI-DOO-HP WASH DC</p> <p>DA DAAG-PGC WASH DC</p> <p>NAVINTCOM WASH DC</p> <p>NAVBUERS WASH DC</p> <p>7602AINTELG INFPB FT BELVOIR VA</p> <p>AFMPC/DPMSC RANDOLPH AFB TEX</p> <p>CMC/AO2A/DNA WASH DC</p> <p>INFO: COMUSMACV/JCRC SAIGON SOUTH VIETNAM</p> <p>SECRET NO FOREIGN DISSEM LIMDIS JOPREP JIFFY.</p> <p>THIS IS AN OPERATION HOMECOMING/AIR FORCE MESSAGE (U).</p> <p>RELEASABLE BY SERVICE CASUALTY DIVISIONS ONLY.</p> <p>FOR OPERATION HOMECOMING ACTION OFFICERS ONLY. PW IDENT REPORT NO.: _____</p> <p>1. NAME OF RETURNEE: A57 (8-12) Short Name RANK: ----</p> <p>DEBRIEFERS NAME: ---- RANK: ----</p>											
DISTR:											
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS					
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										
	SIGNATURE										
						SECURITY CLASSIFICATION					

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 63 AND DD FORM 173-1, 1 NOV 63, WHICH WILL BE USED IN THE USAF. GPO 405-10-51450-1 431-438

Figure 69. Cross Reference for Message (PF)

JOINT MESSAGEFORM							SECURITY CLASSIFICATION				
PAGE	DRAFTER OR RELEASED TIME	PRECEDENCE		LMP	CLASS	CIC	FOR MESSAGE CENTER/COMMUNICATIONS CENTER ONLY				
		ACT	INFO				DATE - TIME		MONTH - YR		
OF											
BOOK	MESSAGE HANDLING INSTRUCTIONS										
<p>2. PW IDENTIFICATION REPORT</p> <p>UNIDENTIFIED PW PHOTO NO(S): <u>A57 (13-16)</u></p> <p>COMMENTS ON PHOTO(S): <u>A57 (19-73) x 2</u></p>											
											(P2)
DISTR:											
DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE						SPECIAL INSTRUCTIONS					
R E L E A S E R	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE										
	SIGNATURE										
						SECURITY CLASSIFICATION					

Figure 70. Cross Reference for Message (P2)

DD FORM 173
1 JUL 68

REPLACES DD FORM 173, 1 NOV 65 AND DD FORM 173-1, 1 NOV 65, WHICH WILL BE USED
IN THE USAF. GPO 48-25-5148-1 681-463

SECTION V

OUTPUTS

1. GENERAL

This section describes the various output reports and the procedures necessary to produce these reports.

2. TABLE OF OUTPUT REPORTS

This table lists the computer reports produced from the HOMECOMING data base. The table indicates the Retrieval and Sort Processor (RASP), Report Instruction Table (RIT) and the input file(s) required to produce the report. The column headed by PARAM indicates whether a PARAM card is to be utilized. The contents of the PARAM card, if applicable, is indicated by the last line of the title as given in the table. A brief discussion of each RASP is found in Appendix I of the Systems Manual. A discussion of each RIT, including a list of data elements displayed by each RIT, is found in Appendix J of the Systems Manual.

Section A of the Table of Output Reports is devoted to reports that are best described as general in nature. These reports list general data about either selected groups of personnel (i.e., Air Force only, Navy only, recovered prisoners, etc.) or all personnel listed on the HOMECOMING file.

Section B is devoted to listings used as aids in the clarification of casualty reports.

Section C contains reports pertaining to capture and confinement data as reported by the returnees.

Section D lists casualty related reports. Data reported on non-returnees by the various returnees is displayed in these reports.

Section E contains DEREPS and DEREPS Summary Reports.

Section F lists the various reports used for maintenance of the data base.

REPORT TITLE	RASP	RIT	FILE		PARAM
			NAPWWW	NAPWCMT	
A. GENERAL					
1. Hospital Assignments	RW144	OW023	X		
2. Number of PW/MIAS Assigned to the Individual CONUS Hospitals	RW004	OW004	X		
3. Hospital Assignments AF Personnel	RW004	OW023	X		X
4. PW/MIA Next-of-Kin Report	RW001	OW001	X		
5. US Navy Personnel Secondary Next-of-Kin Location	RW043	OW057	X		
6. Status of Air Force Personnel in SEA SEQ By Crew Pos, Loss Date	RW052	OW074	X		X
7. Status of Air Force Personnel in SEA SEQ By Acft, Crew Pos, Loss Date	RW053	OW074	X		X
8. Status of Air Force Personnel in SEA SEQ By Crew Pos, Status, Loss Date	RW054	OW074	X		X
9. Status of Personnel Reported Deceased	RW022	OW020	X		X
10. Status of Personnel SEQ By Name	RW023	OW020	X		X
11. Status of Personnel SEQ By Service, Name	RW030	OW020	X		X
12. SEA PW/MIA List	RW005	OW005	X		
13. SEA PW/MIA List Air Force	RW006	OW005	X		X

	REPORT TITLE	RASP	RIT	FILE		PARAM
				NAPWWW	NAPWCMT	
14.	SEA PW/MIA List Army	RW007	OW005	X		X
15.	SEA PW/MIA List Civilian	RW010	OW005	X		X
16.	SEA PW/MIA List Foreign	RW011	OW005	X		X
17.	SEA PW/MIA List Marine Corps	RW008	OW005	X		X
18.	SEA PW/MIA List Navy	RW009	OW005	X		X
19.	Prisoners of War Returned From SEA List of Social Security Numbers	RW128	OW121	X		X
20.	Recovered Prisoners of War SEQ By Date of Release	RW032	OW028	X		X
21.	Recovered Prisoners of War SEQ Name	RW033	OW028	X		X
22.	Recovered Prisoners of War SEQ By Service	RW031	OW028	X		X
23.	Recovered Prisoners of War Hospital Assignments	RW057	OW052	X		X
24.	Roster of Returnees and Debriefers SEQ By Debriefers	RW181	OW075	X		X
25.	Roster of Returnees and Debriefers SEQ By Returnee	RW180	OW075	X		X

REPORT TITLE	RASF	RIT	FILE		PARAM
			NAPWW	NAPWCMT	
26. US Personnel Returned From SEA Captivity (PARAM Card optional)	RW083	OW063	X		X
B. CASUALTY CLARIFICATION					
1. Aircraft Tail Number	RW143	OW072	X		
2. Biographic Report	RW028	OW017	X		
3. List of Nicknames AF Only	RW049	OW073	X		
4. List of Known PW/MIA Personnel Best Matching the Description of _____	RW003	OW039	X		
5. List of PW/MIA, Country of Loss and Date of Incident (PARAM Card optional)	RW019	OW018	X		X
6. (No Title Line) Location, Date of Loss of PW/MIAS in SEA	RW056	OW051	X		X
7. Mission of Loss Summary Air Force Non-Returnees	RW029	OW016	X		X
8. No-Match/Unknown Name Resolution Report Aircraft/Vehicle Type	RW038	OW033	X		X
9. No-Match/Unknown Name Resolution Report Date of Birth	RW042	OW037	X		X
10. No-Match/Unknown Name Resolution Report First Name	RW035	OW030	X		X
11. No-Match/Unknown Name Resolution Report Hair Color	RW041	OW036	X		X

	REPORT TITLE	FILES			
		RASP	RIT	NAPWWW	NAPWCMT
					PARAM
12.	No-Match/Unknown Name Resolution Report Height	RW039	OW034	X	X
13.	No-Match/Unknown Name Resolution Report Middle Name	RW036	OW031	X	X
14.	No-Match/Unknown Name Resolution Report Name	RW034	OW029	X	X
15.	No-Match/Unknown Name Resolution Report Weight	RW040	OW035	X	X
16.	PW/MIA Crew Member List	RW014	OW010	X	
17.	Shutdown/Incident Report Incident Date	RW037	OW032	X	X
C. CAPTURE/CONFINEMENT					
1.	Confinement Chronology/Capture Report SEQ By Name	RW114	OW114	X	X
2.	Confinement Chronology Summary (Param Card optional)	RW055	OW050	X	X
3.	Confinement Chronology Report (Param Card optional)	RW109	OW109	X	X
4.	Confinement Chronology Report Air Force Personnel	RW134	OW109	X	X
5.	Loss/Capture Summary	RW108	OW108	X	X

REPORT TITLE	RASP	RIT	FILES		PARAM
			NAPWW	NAPWCMT	
D. CASUALTY					
1. Summary of All Non-Returnees Reported and Candidate DIA Identifier (PARAM Card optional)	RW024	OW021	X		X
2. Summary of All Non-Returnees Reported and Candidate DIA Identifier	RW025	OW022	X		
3. Summary of All Non-Returnees Reported and Candidate DIA Identifier Air Force Personnel to be Returned from SEA	RW066	OW058	X		X
4. Summary of All Non-Returnees Reported and Candidate DIA Identifier AF Personnel Not Returned from SEA	RW067	OW058	X		X
5. Summary of All Non-Returnees Reported and Candidate DIA Identifier Army Personnel to be Returned from SEA	RW070	OW058	X		X
6. Summary of All Non-Returnees Reported and Candidate DIA Identifier AR Personnel Not Returned from SEA	RW071	OW058	X		X
7. Summary of All Non-Returnees Reported and Candidate DIA Identifier Marine Corps Personnel to be Returned from SEA	RW068	OW058	X		X
8. Summary of All Non-Returnees Reported and Candidate DIA Identifier MC Personnel Not Returned from SEA	RW069	OW058	X		X

	REPORT TITLE	RASP	RIT	FILES		
				NAPWFW	NAPWCMT	PARAM
9.	Summary of All Non-Returnees Reported and Candidate DIA Identifier Navy Personnel to be Returned from SEA	RW072	OW058	X		X
10.	Summary of All Non-Returnees Reported and Candidate DIA Identifier NA Personnel Not Returned from SEA	RW073	OW058	X		X
11.	Summary of All Unknown Non-Returnees (PARAM Card optional)	RW027	OW025	X		X
12.	Summary of All Unknown Non-Returnees Reported by Returnee	RW045	OW040	X		
13.	Summary of all No Match Non-Returnees Reported by Returnee (PARAM Card optional)	RW026	OW024	X		X
14.	Summary of All No Match Non-Returnees Reported by Returnee	RW046	OW041	X		
15.	Loss, Death/Burial Location	RW133	OW069	X		
16.	Death/Burial (Unknowns and No Matches)	RW081	OW062	X		
* 17.	Non-Returnee Report (Name Unknown)	RW047	OW042	X		
* 18.	Non-Returnee Report (No Match)	RW048	OW043	X		
* 19.	Assessment Report	RW082	OW038	X		
20.	Non-Returnee Photo Identification Verification Report	RW044	OW013	X		X

REPORT TITLE	RASP	RIT	FILES		
			NAPWWW	NAPWCMT	PARAM
21. Non-Returnee Photo Identification Verification Report Unknowns	RW050	OW045	X		X
22. Non-Returnee Photo Identification Verification Report No Matches	RW051	OW046	X		X
23. Unidentified Pictures of PWS (PARAM Card optional)	RW113	OW113	X		X
24. Casualty Resolution Report Name Known (PARAM Card optional)	RW131	OW067	X		X
25. Casualty Resolution Report Name Known Air Force Personnel	RW138	OW067	X		X
26. Casualty Resolution Report Name Known Army Personnel	RW139	OW067	X		X
27. Casualty Resolution Report Name Known Civilian and Foreign Personnel	RW142	OW067	X		X
28. Casualty Resolution Report Name Known Marine Corps Personnel	RW140	OW067	X		X
29. Casualty Resolution Report Name Known Navy Personnel	RW141	OW067	X		X
E. DEREPS					
1. Captivity Medical Treatment	RW101	OW101	X		X
2. Enemy Intelligence Activity	RW104	OW104	X		X

REPORT TITLE	RASP	RIT	FILES		
			NAPWWW	NAPWCMT	PARAM
3. Identification of Enemy Personnel	RW102	OW102	X	X	
4. Mistreatment	RW103	OW103	X	X	
5. Shootdown/Capture	RW100	OW100	X	X	
6. Validity of Propaganda	RW105	OW105	X	X	
7. Consolidated DEREK Summary	RW130	OW166	X		
8. Captivity Medical Treatment Summary SEQ by Illness/Injury	RW079	OW061	X		X
9. Captivity Medical Treatment Summary SEQ by Name	RW078	OW061	X		X
10. Captivity Medical Treatment Summary SEQ by Symptoms/Cause	RW080	OW061	X		X
11. Enemy Intelligence Activity Summary SEQ by Camp Name	RW174	OW065	X		X
12. Enemy Intelligence Activity Summary SEQ by Camp Nickname-1	RW175	OW065	X		X
13. Enemy Intelligence Activity Summary SEQ by Date	RW171	OW065	X		X
14. Enemy Intelligence Activity Summary SEQ by Date Within Camp	RW086	OW065	X		X
15. Enemy Intelligence Activity Summary SEQ by Phase of Captivity	RW173	OW065	X		X
16. Enemy Intelligence Activity Summary SEQ by Rank	RW176	OW065	X		X

REPORT TITLE	RASP	RIT	FILES		PARAM
			NAPWW	NAPWCMT	
17. Enemy Intelligence Activity Summary SEQ by Size of Group	RW172	OW065	X		X
18. Enemy Intelligence Activity Summary SEQ by Type Activity	RW170	OW065	X		X
19. Enemy Intelligence Activity Summary SEQ by Year-1	RW087	OW065	X		X
20. Enemy Personnel Summary SEQ by Dia Photo Ref	RW135	OW112	X		X
21. Enemy Personnel Summary SEQ by Nicknames	RW112	OW112	X		X
22. Mistreatment Summary SEQ by Camp Name	RW177	OW064	X		X
23. Mistreatment Summary SEQ by Camp Nickname-1	RW178	OW064	X		X
24. Mistreatment Summary SEQ by Beg Date, End Date	RW165	OW064	X		X
25. Mistreatment Summary SEQ by Name	RW136	OW064	X		X
26. Mistreatment Summary SEQ by Phase of Captivity	RW166	OW064	X		X
27. Mistreatment Summary SEQ by Rank of Returnee	RW169	OW064	X		X
28. Mistreatment Summary SEQ by Reason for Mistreatment	RW167	OW064	X		X

REPORT TITLE	RASP	RIT	FILES		PARAM
			NAPWWW	NAPWCMT	
29. Mistreatment Summary SEQ by Results of Mistreatment	RW168	OW064	X		X
30. Mistreatment Summary SEQ by Type Mistreatment-1	RW162	OW064	X		X
31. Mistreatment Summary SEQ by Type Mistreatment-2	RW163	OW064	X		X
32. Mistreatment Summary SEQ by Type Mistreatment-3	RW164	OW064	X		X
33. Shootdown/Capture Summary SEQ by Reason for Aircraft Loss	RW124	OW120	X		X
34. Shootdown/Capture Summary SEQ by Reason for SAR Failure	RW137	OW120	X		X
35. Shootdown/Capture Summary SEQ by Shootdown Injury	RW127	OW120	X		X
36. Shootdown/Capture Summary SEQ by Type Aircraft	RW123	OW120	X		X
37. Shootdown/Capture Summary SEQ by Type Mission	RW125	OW120	X		X
38. Shootdown/Capture Summary SEQ by Type Target	RW126	OW120	X		X
39. Validity of Propaganda Summary SEQ by Beginning Date	RW145	OW118	X		X
40. Validity of Propaganda Summary SEQ by Camp Name	RW153	OW118	X		X

	REPORT TITLE	RASP	RIT	FILES		PARAM
				NAPWW	NAPWCMT	
41.	Validity of Propaganda Summary SEQ by Camp Nickname-1	RW161	OW118	X		X
42.	Validity of Propaganda Summary SEQ by Foreign Press-1	RW154	OW118	X		X
43.	Validity of Propaganda Summary SEQ by Foreign Press-2	RW155	OW118	X		X
44.	Validity of Propaganda Summary SEQ by Foreign Press-3	RW156	OW118	X		X
45.	Validity of Propaganda Summary SEQ by Foreign Press-4	RW157	OW118	X		X
46.	Validity of Propaganda Summary SEQ by Foreign Press-5	RW158	OW118	X		X
47.	Validity of Propaganda Summary SEQ by Foreign Press-6	RW159	OW118	X		X
48.	Validity of Propaganda Summary SEQ by Name	RW119	OW118	X		X
49.	Validity of Propaganda Summary SEQ by Phase of Captivity	RW152	OW118	X		X
50.	Validity of Propaganda Summary SEQ by Rank	RW160	OW118	X		X
51.	Validity of Propaganda Summary SEQ by Size of Group	RW151	OW118	X		X
52.	Validity of Propaganda Summary SEQ by Type Coercion-1	RW146	OW118	X		X

REPORT TITLE	RASP	RIT	FILES		
			NAPWWW	NAPWCMT	PARAM
53. Validity of Propaganda Summary SEQ by Type Coercion-2	RW147	OW118	X		X
54. Validity of Propaganda Summary SEQ by Type Coercion-3	RW148	OW118	X		X
55. Validity of Propaganda Summary SEQ by Type Coercion-4	RW149	OW118	X		X
56. Validity of Propaganda Summary SEQ by Type Coercion-5	RW150	OW118	X		X
57. Validity of Propaganda Summary SEQ by Type Propaganda	RW179	OW118	X		X
F. MAINTENANCE					
1. Message Log Unknown and No Match	RW058	OW053	X		X
2. Message Log SEQ by Returnee DIA ID	RW065	OW053	X		X
3. Message Log SEQ by Non-Returnee DIA ID	RW076	OW053	X		X
4. DEREPA Message Log (PARAM Card optional)	RW115	OW115	X		X
5. PSET9 Cleanup	RW061	OW055	X		
6. PSET11 Cleanup	RW060	OW055	X		
7. PSET13 Cleanup	RW062	OW055	X		
8. PSET24 Cleanup Report	RW117	OW117	X		

	REPORT TITLE	RASP	RIT	FILES		
				NAPWWW	NAPWCMT	PARAM
9.	PSET25 Cleanup Report	RW116	OW116	X		
10.	PSET26 Cleanup	RW063	OW056	X		
11.	PSET27 Cleanup	RW059	OW054	X		
12.	DEREP Comments - PSET28 - Cleanup Report	RW110	OW110	X		
13.	PSET29 Cleanup	RW074	OW059	X		
14.	DEREP Additional Comments Cleanup Report	RW111	OW111		X	
15.	DEREP Enemy-Int-Ac Cleanup	RW091	OW047	X		
16.	DEREP ID-Enemy-Per Cleanup	RW089	OW071	X		
17.	DEREP Med-Treatment Cleanup DEREP Message-Log Cleanup	RW093	OW049	X		
18.	DEREP Mistreatment Cleanup	RW088	OW044	X		
19.	DEREP Shtdwn/Captr Cleanup	RW092	OW048	X		
20.	DEREP Vlty-of-Prop Cleanup	RW090	OW068	X		

* Indicates special "feedback" reports. See Section V.5 for a discussion of the job deck and procedures required to produce and transmit these reports.

3. OUTPUT REPORT JOB DECK INSTRUCTIONS

All cataloged reports listed in the Table of Output Reports, Section V, Part 2 can be produced using variations of the following job deck.

```
card 1 //NEnnnn JOB
card 2 //          (NEYEYZØ1Ø1ØØ, INYEXP8Ø3NE, Ø1ØS), INCO, CLASS=R
card 3 /*SETUP      Ø13REM
card 4 // EXEC XRASP, SAM=NAPWWW, LAB=SL,
// LIB=NAPWW, VLIB='(PRIVATE, RETAIN, SER=Ø13REM) '
card 5 //RASP.SYSIN DD *
card 6 FILE NAPWWW.
card 7 EXECUTE RWnnn.
card 8 // EXEC XOP, SAM=NAPWWW, LAB=SL, QDISP=DELETE,
// LIB=NAPWW, VLIB='(PRIVATE, RETAIN, SER=Ø13REM) '
card 9 //OP.OPLINE DD DCB=LRECL=133
card 10 //OP.SYSIN DD *
card 11 SOURCE RETRIEVAL
card 12 PUBLISH RITID=ØWnnn ANSID=nnn (X punched in cc 72) X
card 13 PARAM=' any text up to 6Ø characters (centered) '
card 14 /*
```

A description of each component card of the job deck follows:

Card 1. This card provides the job with a unique identity. All files created or used by this job, whether temporary or permanent, are tied to the job by this unique job number.

The job numbers are incremented serially so that no two jobs will ever use the same number. For example, the first job ever submitted was NEØØØ1, the second job was NEØØØ2, the third job was NEØØØ3, etc.

Card 2. This card provides the Air Force Data Services with accounting data. Account number, user identification, classification, estimated time and output lines are indicated by this card. The format of this card is subject to change and will not be discussed in detail.

Card 3. This card identifies the demountable devices to be used by the job. Tape and disk files may be identified by this card. 013REM is the disk pack on which the HOMECOMING library and tables reside.

Cards 4 and 5. These cards are required to call in the Retrieval and Sort Processor (RASP) modules. The input file(s) and library to be utilized by the RASP modules are indicated here.

Card 6. This card is used by the RASP processor to indicate the identity of the input file.

Card 7. This card indicates the RASP or RASPs to be executed.

```
EXECUTE RW057.  
EXECUTE RW060,RW061,RW062.
```

In the first example, RASP RW057 is to be executed. In the second example, RASPs RW060, RW061, and RW062 will be executed.

Cards 8, 9, and 10. These cards are required to call in the Output Processor (OP) modules. The input file(s) and library to be utilized by the OP modules are indicated here.

Card 11. This card indicates the source of the data that is to be input to the OP.

Card 12. The Publish card indicates the identity of the Report Instruction Table (RIT) required to produce the desired report.

RITID=OW052 indicates that the RIT OW052 (Recovered Prisoners of War) will be published. In this example, then, RASP RW057 would have been indicated (See Section V.2) by the EXECUTE Card (Card 6). The complete Publish Card would be as follows:

```
PUBLISH RITID=OW052 ANSID=057
```

The three digits following ANSID= must correspond to the RASP that is to be executed.

Card 13. This card is used only if the RIT to be utilized contains a PARAM header. The PARAM header allows the user to insert up to sixty (60) characters of text in a header line. The PARAM header can be used to further describe the contents of the report or to indicate sequence. When a PARAM header card is used, an 'X' must be punched in card column 72 of the preceding card (Card 12). The content of the PARAM header, if applicable, is indicated in Section V.3.

In order to run any report, it is necessary to know the appropriate RASP and RIT. In addition, the input file(s) must be known. The required RASP, RIT, and input file(s) may be determined by consulting the Table of

Output Reports (Section V.2). Then the appropriate RASP, RIT and File identifiers are inserted in Cards 4, 6, 7, 8, and 12. The completed Job Deck is then submitted to the Air Force Data Services Center for a computer run.

The following describes the procedures for producing the report:

RECOVERED PRISONERS OF WAR
HOSPITAL ASSIGNMENTS

First, consult the Table of Output Reports. The table indicates that this report uses RASP RW057, RIT OW052, and File NAPWWW and contains a PARAM header line.

Next, assemble the Job Deck. The file name, NAPWWW, will be inserted in Cards 4, 6, and 8, as follows:

card 4 // EXEC XRASP,SAM=NAPWWW,LAB=SL,
card 6 FILE NAPWWW.
card 8 // EXEC XOP,SAM=NAPWWW,LAB=SL,QDISP=DELETE,

The RASP identifier is inserted in Cards 7 and 12 and the RIT identifier is inserted in Card 12 as follows:

card 7 EXECUTE RW057.
card 12 PUBLISH RITID=OW052 ANSID=057 (X punched in cc 72) X

The PARAM header card (card 13) appears below.

card 13 PARAM= ' (20 spaces) HOSPITAL ASSIGNMENTS '

The complete job deck necessary to produce the report

RECOVERED PRISONERS OF WAR
HOSPITAL ASSIGNMENTS

appears below.

```
//NEnnnn JOB  
// (NEYEYZ010100,INYEKP803NE,010S).INCO,CLASS=R  
/*SETUP 013REM  
// EXEC XRASP,SAM=NAPWWW,LAB=SL.  
// LIB=NAPWW,VLIB='(PRIVATE,RETAIN,SER=013REM)'  
//RASP.SYSIN-DD *  
FILE NAPWWW.  
EXECUTE RW057.  
// EXEC XOP,SAM=NAPWWW,LAB=SL,QDISP=DELETE,  
// LIB=NAPWW,VLIB='(PRIVATE,RETAIN,SER=013REM)'
```

```

//OP.OPLINE DD DCB=LRECL=133
//OP.SYSIN DD *
SOURCE RETRIEVAL
PUBLISH RITID=OW052 ANSID=057 (X punched in cc 72) X
PARAM=' HOSPITAL ASSIGNMENTS'
/*

```

4. DEREP JOB DECK

The DEREPS require two input files; NAPWWW and NAPWCMT. Cards 4 and 8 will reflect this requirement. Card 6 is not affected as the FILE card for NAPWCMT is found within the RASPS using multiple files (see section X.2 of the Systems Manual). The job deck for the Shutdown/Capture DEREP follows:

```

//NEnnnn JOB
// (NEYEYZ010100,INYEEXP803NE,010S),INCO,CLASS=R
/*SETUP 013REM
// EXEC XRASP,SAM=NAPWWW,SAM1=NAPWCMT,LAB=SL,QDISP=DELETE,
// LIB=NAPWW,VLIB='(PRIVATE,RETAIN,SER=013REM)'
//RASP.SYSIN DD *
FILE NAPWWW.
EXECUTE RW100.
// EXEC XOP,SAM=NAPWWW,SAM1=NAPWCMT,LAB=SL,QDISP=DELETE,
// LIB=NAPWW,VLIB='(PRIVATE,RETAIN,SER=013REM)'
//OP.OPLINE DD DCB=LRECL=133
//OP.SYSIN DD *
SOURCE RETRIEVAL
PUBLISH RITID=OW100 ANSID =100
/*

```

5. FEEDBACK REPORTS

a. Assessment Report

The Assessment Report was originated at the JCPC by the Phase II debriefer for Air Force returnees only. The data was transmitted to the Air Force Command Post at Ft. Belvoir, VA and transcribed and keypunched by 7602 AINTELGP personnel.

The cards were forwarded to INCO, INC. personnel at the Pentagon and entered into the data base. An Assessment Report job was submitted to produce the Assessment Report listing and AUTODIN cards. The cards produced match the lines on the report. The cards are in sequence by CONUS hospital assignment of the returnees. The cards were manually grouped by hospital. AUTODIN header and trailer cards were placed in front and in back of each hospital deck. The decks were then transmitted to the appropriate hospital location via AUTODIN, card to tape.

b. Unknown and No Match Reports

The Unknown and No Match feedback reports were transmitted periodically to the CONUS hospital locations of the respective returnees. These reports relayed the data reported on unknowns and no matches back to the respective returnees who reported the data for clarification and possible identification.

Both of these reports involved two steps:

- o Step 1. The appropriate RASP and RIT were submitted to produce a listing and temporary file on magnetic tape. The magnetic tape contained the same data, line for line, as the listing.
- o Step 2. The magnetic tape was then used as input for a special COBOL program that grouped the tape records into appropriate AUTODIN message format and inserted required AUTODIN header and trailer records. The output of the AUTODIN Feedback COBOL Program, NAPWAUTD, was a magnetic tape file, COM-OUT, containing AUTODIN formatted messages. This tape was forwarded to the communications section at Air Force Data Services Center for AUTODIN transmittal, tape to tape, to the various CONUS hospital locations. Figures 71 and 72 illustrate the procedures required to produce and transmit these feedback reports.

c. Job Decks (Unknown and No Match Feedback Report)

A detailed discussion of the job decks for these two reports is found in Section X.4 of the Systems Manual.

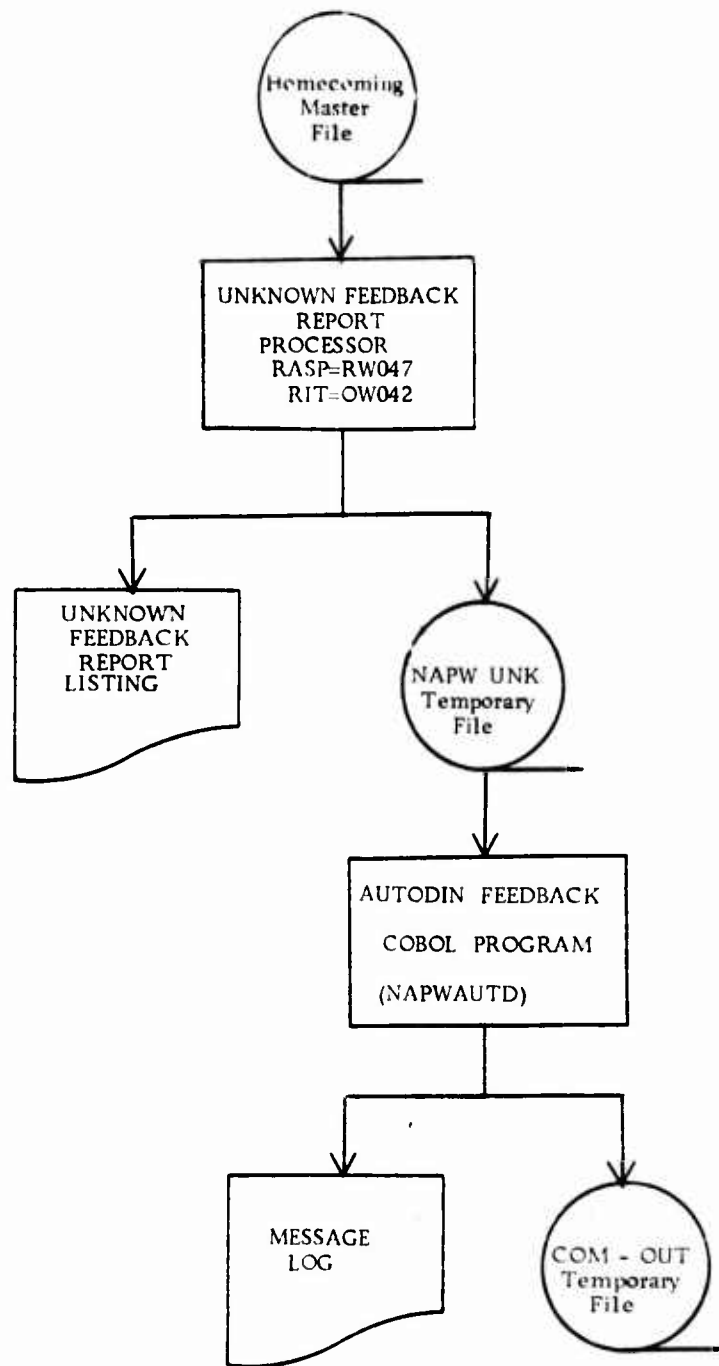


Figure 71. Unknown Feedback Report Procedures

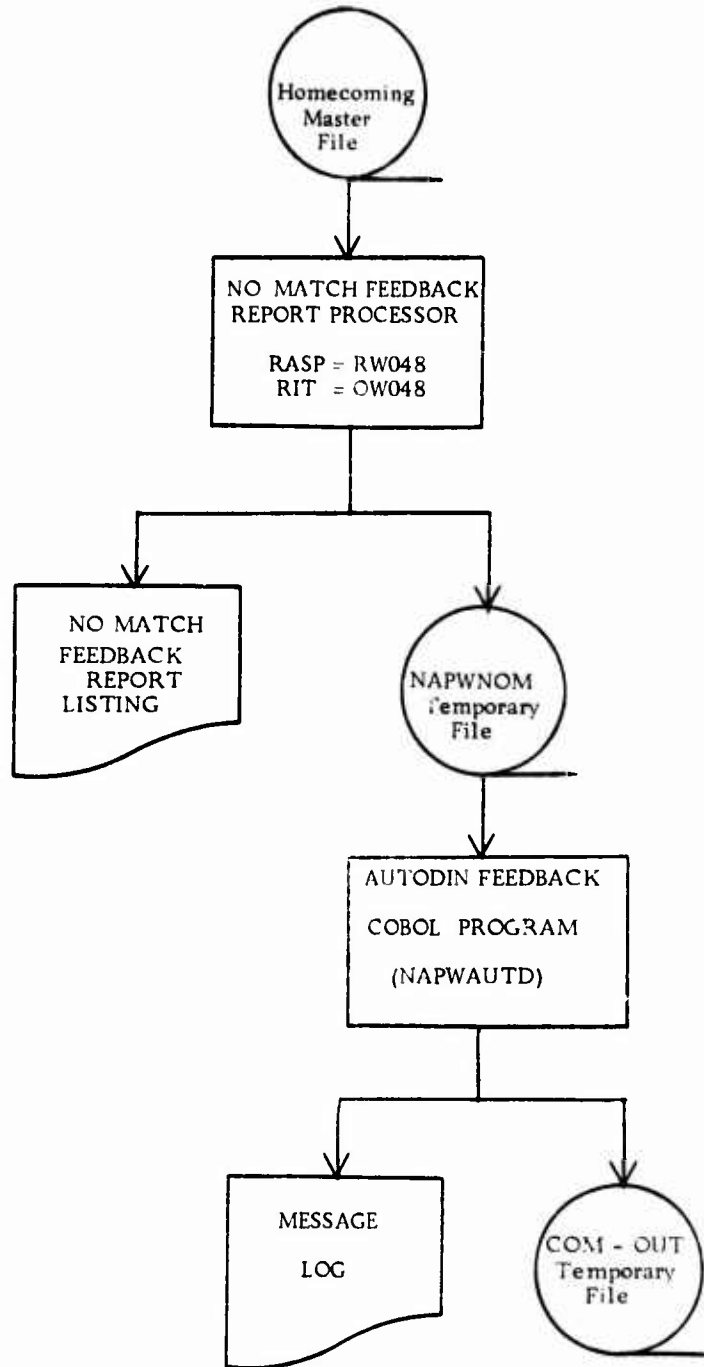


Figure 72. No Match Feedback Report Procedures

SECTION VI

FILE MAINTENANCE

1. (U) GENERAL

As the file is an active file, it will be necessary to periodically make changes to certain fields. This section will explain the procedures used in making these changes.

2. (U) STATUS CHANGES

As the various services receive information on a man who was killed in action (KIA) or died in captivity, and currently carried as a missing in action (MIA) or as a prisoner (PW), the Casualty Branch of that particular service changes the individual's status from MIA or PW to KIA. The Air Force uses a DD Form 1300, Report of Casualty. When the Form 1300 is initiated by the Air Force Casualty Branch, the 7602 AIG forwards a copy of the report to authorize the change in the status field in the OPERATION HOMECOMING File. An update procedure using the indirect update program is run, changing the status field and the date of the status change. Figure 73 represents DD Form 1300.

3. (U) AIR FORCE HOSPITAL/NEXT-OF-KIN CHANGES

Each PW/MIA is assigned to a military hospital by the Casualty Branch of his particular service. The Air Force maintains a Casualty Branch Office in the Pentagon manned by Major Lindquist (Room 4E231, Ext. 7-8116). He maintains a card deck of all Air Force PW/MIAs hospital assignments and the names and addresses of their closest relatives. When a substantial number of changes have been made (usually changes in rank or relatives' addresses), INCO is notified by phone to pick up the deck and process it through the next-of-kin update programs. Major Lindquist was supplied a Next-of-Kin/Hospital Assignment list and the deck was returned to him to maintain. During the prisoners release, individual hospital assignment changes were accomplished through the indirect update program.

4. (U) EXPLANATION OF RECIDS

Each record in the master file has a control field named RECID. These RECIDs are the DIA control numbers. They are four-character codes consisting of the first letter of the individual's last name, followed by three numerics. They are grouped as follows:

001 - 499 U. S. military personnel

500 - 599 Persons declared KIA and reported on by a returnee

600 - 699 Civilian personnel
700 - 799 Foreign personnel
800 - 899 Same as the 500 - 599 series
900 - 999 Supplemental records

Each PW/MIA had one record in the master file. However, in some cases, the number of reports on one prisoner overflowed the record and a supplemental record was formed to handle the excess information. The supplemental record was formed by changing the second character in the individual's RECID to a nine; e.g., X9XX. There were five supplemental records built. They were for Atterbury, Cobeil, Frederick, Sijan, and Storz. In writing a retrieval program for one of these individuals, it is necessary to specify both RECID's to insure getting all the information available. Conversely, to avoid duplicate records in certain listings, it is necessary to structure the RASP in such a way as to exclude the supplemental records (i.e., RECID 2/2 NE 9).

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE	2. DATE PREPARED
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS, N/C)			
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE			
c. STATUS <input type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____			
d. DATE _____ e. PLACE _____ (Specify)			
f. CAUSE & CIRCUMSTANCES _____			
5. a. DATE AND PLACE OF BIRTH		b. RACE	c. SEX
d. RELIGIOUS PREFERENCE			
6. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME			
7a. PAY GRADE	b. BASIC PAY	c. INCENTIVE ADDITIONAL PAY <input type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
8. DUTY STATUS			
9. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM:	
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED: NO DEPARTMENT	
12. PRIOR SERVICE DATA <input type="checkbox"/> YES <input type="checkbox"/> NO			
13. REMARKS			
FOOTNOTES 1. Adult next of kin. 2. Beneficiary for gratuity pay in event there is no surviving wife or child—as designated on record of emergency data. 3. Beneficiary for unpaid pay and allowances—as designated on record of emergency data.			
14. DISTRIBUTION		15. SIGNATURE ELEMENT	

DD FORM 1300
1 FEB 73

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.

Figure 73. DD Form 1300, Report of Casualty

APPENDIX A
ABBREVIATIONS

ABBREVIATIONS

ACS/I	- Assistant Chief of Staff/Intelligence
ADP	- Automated Data Processing
AFIS	- Air Force Intelligence Service
AFOC	- Air Force Operations Center
AUTODIN	- Automatic Digital Network
CBPO	- Consolidated Base Personnel Office
CIA	- Central Intelligence Agency
CONUS	- Continental United States
DAS	- Defense Attache System
DCA	- Defense Communications Agency
DEREPS	- Debriefing Reports
DIA	- Defense Intelligence Agency
DIA ID NO	- Defense Intelligence Agency Identification Number
DMA	- Defense Mapping Agency
DOD	- Department of Defense
DTS	- Debriefing Team Supervisor
E & E	- Escape and Evasion
EGRESS RECAP	- Processing of Returned USAF Prisoners of War and Other Detained USAF Personnel
FAG	- Field Activity Group
FBI	- Federal Bureau of Investigation
FTD	- Foreign Technology Division, AFSC
GDIP	- General Defense Intelligence Program
HOI	- Headquarters Office Instruction (Air Force)
HOMIC	- HOMECOMING Intelligence Center
ICP	- Intelligence Collection Plan
IOI	- Item of Interest
IPIR	- Immediate Photo Interpretation Report
IPWIC	- Interagency Prisoner of War Intelligence Committee
IRSF	- Intelligence Report Statistics File
IR	- Intelligence Information Report
JCPC	- Joint Central Processing Center
JCRC	- Joint Casualty Resolution Center
MIA	- Missing in Action

NIPS - National Information Processing System
NOK - Next of Kin
NSA - National Security Agency

OPDTA - Operational Data File
OPR - Office of Primary Responsibility
OR - Opinion Request
OSI - Office of Special Investigation

PACAF - Pacific Air Forces
PCAM - Punch Card Accounting Machine
PMSEA - Prisoners/Missing Southeast Asia
POW - Prisoner of War
PW - Prisoner of War

RADC - Rome Air Development Center
RECID - A DIA Recognition Identification Number assigned to each PW and MIA

SEA - Southeast Asia
SICR - Specific Intelligence Collection Requirement
SITREP - Situation Report

TTY - Teletype

USIA - United States Information Agency

WWMCCS - World Wide Military Command and Control System