ALLIED

16455-5

# REPORT OF INTERMENT

DATE OF REPORT: 26 Jan 54

TYPE OF REPORT: [X] INITIAL [ ] SUPPLEMENTAL (Reason)

*Imprint Identification Tag If Possible. DO NOT TYPE*

TURKEY ID tag unable to imprint TURKEY

## SECTION 1. - IDENTIFICATION.

| NAME (Last, First, Middle Initial) | SERVICE NUMBER |
|---|---|
| OZCAN SEDAT | 24911 |

| GRADE | ORGANIZATION | BRANCH OF SERVICE |
|---|---|---|
| Cpl | T.A.F. 10th Co | Army |

| RACE | RELIGION | COUNTRY (If not U.S.) |
|---|---|---|
| Caucasian | Unk | Turkey |

PLACE OF DEATH: CT 332-233 Korea

CAUSE OF DEATH: EMT states; Severe head injury associated with intracranial, fracture, and brain damage.

DATE OF DEATH: 20 Jan 54

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none): One (1)

WERE SUBSTITUTE TAGS PROVIDED? Three [X] YES 3 [ ] NO GRS

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse): One (1) certificate of identity signed by Cahit Tanyol, Warrant Officer 21669 TAF Medical Co verified by Robert A. Perotti 1st Lt. QMC Grs Reg Co.

*COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.*

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

No personnel effects found on or with remains.

## SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY: UNMC Tanggok, Korea EP 089868

| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT NO. | ROW NO. | GRAVE NO. |
|---|---|---|---|---|---|---|
| 26 Jan 54 | 1000 | Canvas Square | Star & Crescent | 45 | 3 | 3987 |

WAS THIS A REBURIAL? [ ] YES [X] NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE.

| PLOT NO. | ROW NO. | GRAVE NO. |
|---|---|---|
| | | |

TYPE OF RELIGIOUS CEREMONY: General

PERSON CONDUCTING BURIAL RITES: GEORGE M. CARRALL Rev M.M.

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form buried in burial bottle eighteen (18) inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY: Three [X] 3 YES [ ] NO

IDENTIFICATION TAG ATTACHED TO MARKER: One [X] 1 YES [ ] NO

| REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER | ORGANIZATION | GRAVE NO. |
|---|---|---|---|---|
| AK EMRULLAH | Pvt | 20803 | T.A.F.C. 10th Com | 3986 |

| REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER | ORGANIZATION | GRAVE NO. |
|---|---|---|---|---|
| OPEN GRAVE | | | | 3988 |

SIGNATURE OF PERSON PREPARING REPORT: Charles E. Fouts Cpl.
CHARLES E. FOUTS CPL QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Theodore H. Pailet
THEODORE H. PAILET 1st Lt. QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

OZCAN, SEDAT
24911

37230-Army-AG Admin Cen-FEC-2/53-61M

## SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | WHERE BODY WAS FOUND *(Grid Coordinates)* |
|---|---|---|---|---|
| Est 5'9" | Est 155 | Unket | Brown | CT 332-233 Korea |

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None

WEAPON(S) WITH SERIAL NUMBER(S)

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing found on or with remains.

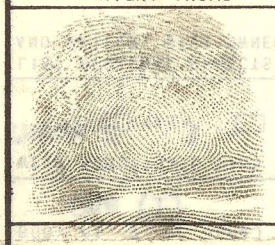
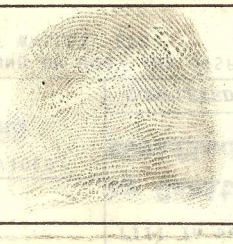
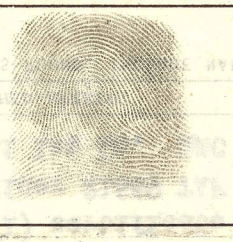
REMARKS

1. One (1) ID tag found around neck of remains bearing SN
2. Remains received from YongDung Po Collecting Point, Korea Evac # A 10914/293rd Grs Reg Co. Tagged at T Medical Co.
3. Name, rank, org, taken from Certificate of Identity
4. Cause, DOD AND POD taken from EMT signed by ERTUGRUL KORKUT Major T Medical Comp Commander.
5. Cert of Identity attached

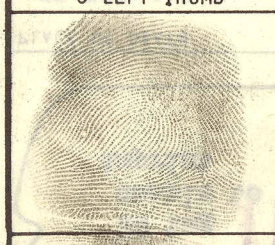
## SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS *(or as many as possible)* IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

| 1 RIGHT THUMB | 2 RIGHT INDEX FINGER | 3 RIGHT MIDDLE FINGER | 4 RIGHT RING FINGER | 5 RIGHT LITTLE FINGER |
|---|---|---|---|---|
|  |  |  |  |  |

LEFT HAND

| 6 LEFT THUMB | 7 LEFT INDEX FINGER | 8 LEFT MIDDLE FINGER | 9 LEFT RING FINGER | 10 LEFT LITTLE FINGER |
|---|---|---|---|---|
|  |  |  |  |  |

DO NOT WRITE IN THIS SPACE *(For FBI use only)*

REMARKS

See above

ALLIED

16455-S

# REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT ☑ INITIAL ☐ SUPPLEMENTAL (Reason)

*Imprint Identification Tag If Possible. DO NOT TYPE*

TURKEY TAG IDENTIFIABLE TO IMPRINT

## SECTION 1. - IDENTIFICATION.

| NAME (Last, First, Middle Initial) | SERVICE NUMBER |
|---|---|
| OZCAN, SEDAT | 24911 |

| GRADE | ORGANIZATION | BRANCH OF SERVICE |
|---|---|---|
| CPL | 10TH CO. TAF | ARMY |

| RACE | RELIGION | COUNTRY (If not U.S.) |
|---|---|---|
| CAUCASIAN | UNK | TURKEY |

| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH |
|---|---|---|
| CT-332-233 KOREA | EMT STATES: SEVERE HEAD INJURY ASSOCIATED WITH INTRACRANIAL FRACTURE AND BRAIN DAMAGE | 20 JAN 54 |

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none): ONE (1)

WERE SUBSTITUTE TAGS PROVIDED? ☑ YES ☐ NO — THREE (3) GRS.

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) ONE (1) CERT. OF IDENTITY SIGNED BY CAHIT, TANYOL, WARRANT OFFICER 21669 TAF MEDICAL CO. VERIFIED BY ROBERTA PEROTTI 1ST LT. QMC 392ND QM GRS REG CO.

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

NO PE FOUND ON O/W REMAINS

## SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT NO. | ROW NO. | GRAVE NO. |
|---|---|---|---|---|---|---|
| 26 JAN. 54 | 1000 | CANVAS SQUARE | STAR AND CRESCENT | 45 | 3 | 3987 |

WAS THIS A REBURIAL? ☐ YES ☑ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE.

| PLOT NO. | ROW NO. | GRAVE NO. |
|---|---|---|
| | | |

TYPE OF RELIGIOUS CEREMONY: GENERAL

PERSON CONDUCTING BURIAL RITES: GEORGE M. CARRALL REV. M.M.

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: ONE (1) COPY OF THIS FORM BURIED IN BURIAL BOTTLE EIGHTEEN (18) INCHES BELOW GRAVE MARKER AT HEAD OF GRAVE

IDENTIFICATION TAG BURIED WITH BODY: THREE (3) ☑ YES ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER: ONE (1) ☑ YES ☐ NO

| REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER | ORGANIZATION | GRAVE NO. |
|---|---|---|---|---|
| AK, EMRULLAH | PVT | 20803 | T.A.F.C. 10TH COM. | 3986 |

| REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER | ORGANIZATION | GRAVE NO. |
|---|---|---|---|---|
| OPEN GRAVE | | | | 3988 |

| SIGNATURE OF PERSON PREPARING REPORT | SIGNATURE OF GRS OFFICER VERIFYING REPORT |
|---|---|
| Charles E. Fouts Cpl. | Charles E. Fouts Cpl. |

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

OZCAN, SEDAT 24911

37230-Army-AG Admin Cen-FEC-2/53-61M

## SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

| HEIGHT EST | WEIGHT EST | COLOR OF EYES | COLOR OF HAIR | WHERE BODY WAS FOUND *(Grid Coordinates)* |
|---|---|---|---|---|
| 5'9" | 155 | UNDET | BROWN | CT-332-233 KOREA |

BIRTHMARKS, SCARS, OR TATTOOS: NONE NOTED

LAUNDRY MARKS: NONE

WEAPON(S) WITH SERIAL NUMBER(S)

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

NO CLOTHING FOUND ON OR W/ REMAINS

## SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS *(or as many as possible)* IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

### RIGHT HAND

| 1 RIGHT THUMB | 2 RIGHT INDEX FINGER | 3 RIGHT MIDDLE FINGER | 4 RIGHT RING FINGER | 5 RIGHT LITTLE FINGER |
|---|---|---|---|---|
| | | NO FINGER PRINTS TAKEN | | |

### LEFT HAND

| 6 LEFT THUMB | 7 LEFT INDEX FINGER | 8 LEFT MIDDLE FINGER | 9 LEFT RING FINGER | 10 LEFT LITTLE FINGER |
|---|---|---|---|---|
| | | NO FINGERPRINTS TAKEN | | |

**DO NOT WRITE IN THIS SPACE** *(For FBI use only)*

1) ONE ID TAG FOUND AROUND NECK OF REMAINS BEARING S.N.
2) REMAINS REC. FROM YONG DUNG PO COLL PT, KOREA. EVAC. # A10414/293 RD GRS, REG CO. TAGGED AT T-MED CO IDENTIFICATION
3) NAME, RANK, ORG TAKEN FROM CERT OF IDENTITY
4) CAUSE DoD AND POD TAKE NF FROM EMT SIGNED BY ERTNGR—, KORKUT MAJ. T.MED COMD COMMD.
5) CERT OF IDENTITY ATTACHED

**REMARKS**

ALLIED

16455-5

# IDENTIFICATION DATA

| 1. REMAINS OF UNKNOWN | | | 2. DATE OF REPORT |
|---|---|---|---|
| OZCAN SEDAT | Cpl | 24911 | 26 Jan 54 |

| 3. NAME OF CEMETERY | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF DISINTERMENT | 7. DATE OF REINTERMENT |
|---|---|---|---|---|---|
| UNMC Tanggok, Korea | 45 | 3 | 3987 | N/A | N/A |

## PHYSICAL DESCRIPTION

| 8. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. COLOR OF HAIR | 11. RACE |
|---|---|---|---|
| 155 | 5'9" | Brown | Caucasian |

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) ID tag found on remains reads; 24911
2. One (1) EMT found with remains reads; OZCAN SEDAT 24911
3. One (1) Cert of Identity received with remains reads; OZCAN SEDAT 24911

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None noted

| 14. WAS BODY BURNED ? | TO WHAT EXTENT ? |
|---|---|
| ☐ YES ☒ NO | |
| **15. WAS BODY MANGLED ?** | **TO WHAT EXTENT ?** |
| ☐ YES ☒ NO | |

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Noted

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry merks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

No personnel effects or clothing found on or with remains.

16455-5

ALLIED

# IDENTIFICATION DENTAL CHART

DATE: 26 Jan 54

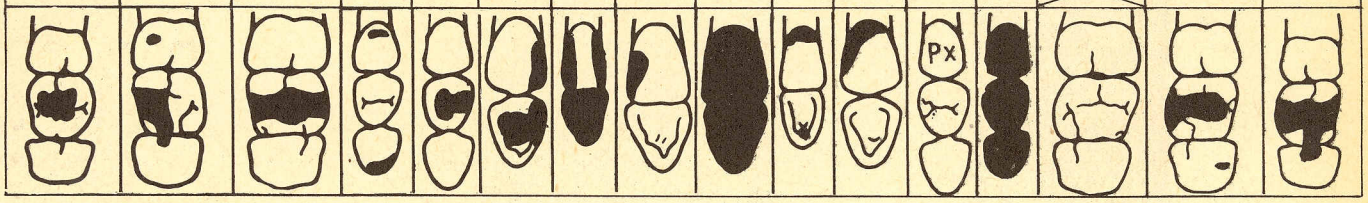
| NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER |
|---|---|---|
| OZCAN SEDAT | CPL | 24911 |

| UNIT | ORGANIZATION | CAUSE OF DEATH | DATE OF DEATH |
|---|---|---|---|
| | T.A.F. 10th Co | See DD Form 551 | 20 Jan 54 |

| PLACE OF DEATH | PLACE OF BURIAL | PLOT | ROW | GRAVE |
|---|---|---|---|---|
| CT 332-233 Korea | UNMC Tanggok, Korea | 45 | 3 | 3987 |

RIGHT — LEFT

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|




1. O—AM.
2. DOL—AM.; F—AM.
3. MOD. GOLD FILL.
4. F—GOLD FILL.; ML—AM.
5. MO—AM.
6. ML—GOLD FILL.
7. 3/4 GOLD CR.
8. D—PORC. FILL.
9. PORC. CR.
10. F—PORC. FILL.; L—AM.
11. MF—PORC. FILL.
12. Px—POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO—AM.; L—AM.
16. MODL—AM.

MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

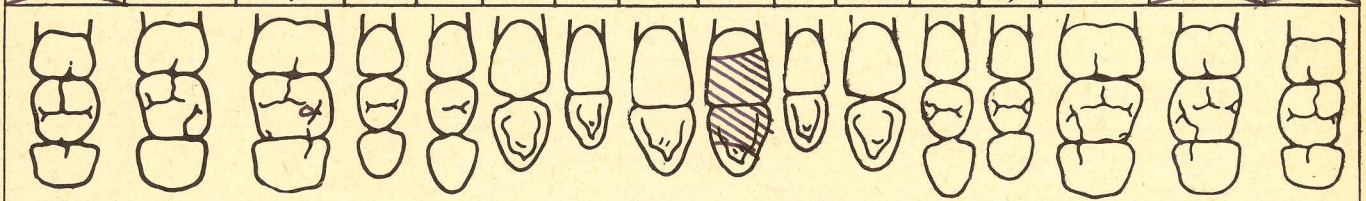
CARIES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | O | | | | | | | | | | | | | |

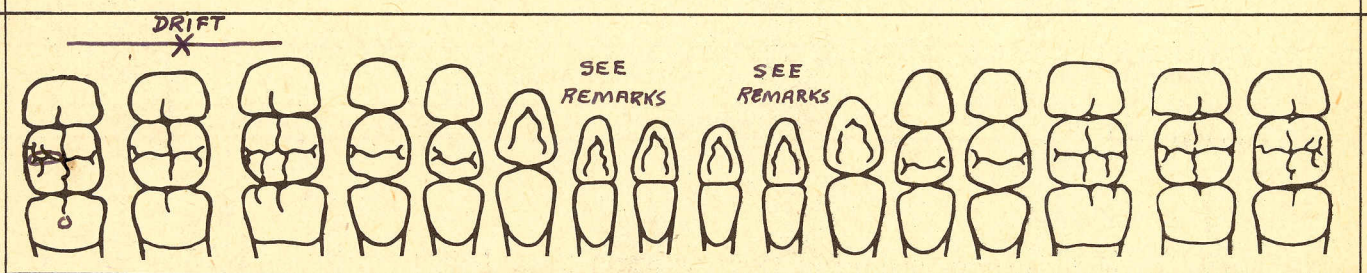
RESTORATIONS

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT




| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

RESTORATIONS

| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

CARIES

| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| O,F | | | | | | | | | | | | | | | |

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Charles E. Fouts Cpl.
CHARLES E. FOUTS CPL. QMC

VERIFIED BY GRS OFFICER: Theodore H. Pailet
THEODORE H. PAILET 1st Lt. QMC

DD FORM 1 SEP 51 569

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

OZCAN, SEDAT 24911

SEE REVERSE SIDE

DENTURES *(Plates)*: DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. *(For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.)* SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: *(Describe in detail under remarks)*

| | | | | | |
|---|---|---|---|---|---|
| | MOTTLED ENAMEL | | UNERUPTED TEETH | | RETAINED DECIDUOUS TEETH |
| | ENAMEL HYPOPLASIA | | MALOCCLUSION | | ABNORMAL INTERDENTAL SPACES |
| | EROSION | | SUPERNUMERARY TEETH | X | IRREGULARITY OF ALIGNMENT |
| | ABRASION | | FRACTURES OF ENAMEL | | UNUSUAL RESTORATIONS |
| X | ROTATION | X | FRACTURES OF TEETH | | UNUSUAL APPLIANCES |

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

1. # 9 & 10 rotated
2. # 9 is broken
3. Lower anteriors are crowded
4. # 26 & 23 are in a extreme lingual position.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

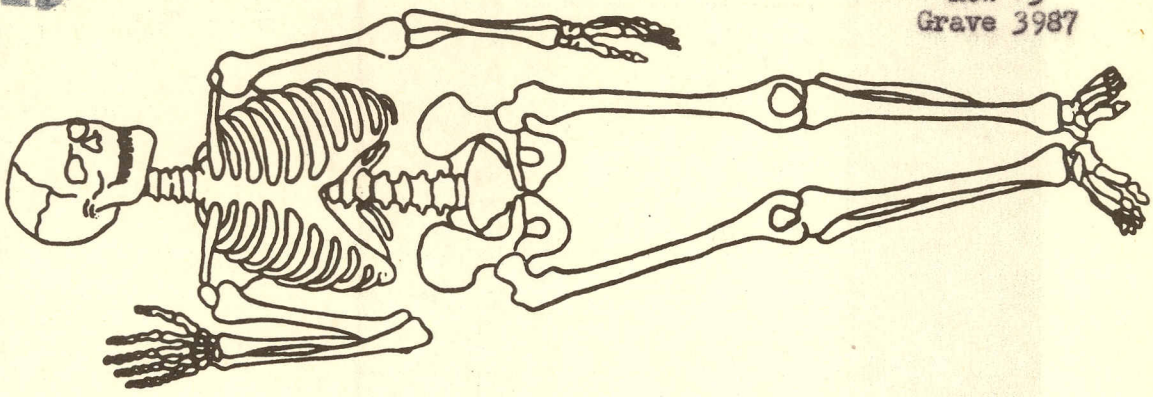
16455-5

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

OZCAN SEDAT 2491[illegible] Cpl
UNMC Tanggok, Korea

Plot 45
Row 3
Grave 3987



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:
NUMBER

_____
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains complete

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

| TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION | SIGNATURE |
|---|---|
| RONALD S. CRAIL PFC QMC<br>114th Grs Reg Co. | Pfc Ronald S Crail<br>OZCAN, SEDAT<br>24911 |

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9/50—250M