REPORT OF INTERMENT

DATE OF REPORT: 13 May 54

TYPE OF REPORT: ☐ INITIAL ☒ SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
ID tags unable
to imprint
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
Formerly Unknown X 6083 ~~X~~ALCON HAYDAR	15552

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	1st Co Turkish Brigade 25th Inf Div	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
CT 066 075 Un Gok Korea	Udt	Est May 53

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

WERE SUBSTITUTE TAGS PROVIDED? Three ☒ YES 3 ☐ NO GRS

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse)

Attached CIU case report # 26,455

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.

Previously reported

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.
13 May 54	1000	Canvas Square	Star & Crescent	45	4	3997

WAS THIS A REBURIAL? ☐ YES ☒ NO

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

Remains formerly stored in Mausoleum Zone Hqs AGRSG 8204th AU APO 3

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY: General

PERSON CONDUCTING BURIAL RITES:

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 ☒ YES 3 ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER: One ☒ YES 1 ☐ NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
BEGINNING OF GRAVE ROW				

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				3998

SIGNATURE OF PERSON PREPARING REPORT
James L. Wilkinson
JAMES L. WILKINSON CPL QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT
for Eugene J. Bartosek, 1st Lt. QMC
ROBERT S. ROBBINS CAPTAIN QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

37-1396-Army-AG Admin Cen-AFFE-20M

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)*
UDT	UDT	UDT	UDT	CT 066 075

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 w/remains bearing SN
2. Remains received from Zone Hqs AGRSG 8204th AU APO 3
3. Name, ran, org, dod and pod taken from Allied case report # 26, 455

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
	NOT FINGERPRINTED			

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
	NOT FINGERPRINTED			

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

REMARKS

See above

ALLIED

16635-5

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT ☐ INITIAL ☑ SUPPLEMENTAL (Reason) ADDITIONAL INFORMATION

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY I.D. TAGS UNABLE TO [illegible] TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial) (FORMERLY UNKNOWN X 6083) VALCON, HAYDAR

SERVICE NUMBER: 15557

GRADE: PVT

ORGANIZATION: 1ST CO TURKISH BRIGADE 25TH INF DIV

BRANCH OF SERVICE: ARMY

RACE: CAUCASIAN

RELIGION: UNK

COUNTRY (If not U.S.): TURKEY

PLACE OF DEATH: GT 066-675 UN-GOK KOREA

CAUSE OF DEATH: KIA

DATE OF DEATH: EST MAY 53

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) ATTACHED CIU CASE REPORT # 26,455

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

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.

PREVIOUSLY REPORTED

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.
13 APRIL 54	1000	CANVAS SQUARE	STAR, CRESCENT	45	4	3997

WAS THIS A REBURIAL? ☐ YES ☑ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE. REMAINS FORMERLY STORED IN MAUSOLEUM, ZONE, HQ AGRS 6204 AU AP03

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 ☑ YES ☐ NO THREE

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

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
BEGINNING OF ROW	—	—	—	

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				3998

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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)*
UTD	UTD	UTD	UTD	CT 066-075

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	FINGER PRINTS TAKEN		

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

REMARKS

1) ONE (1) I.D. TAG FOUND W/REMAINS ~~REMOS~~ BEARING SN.
2) REMAINS RECEIVED FROM ZONE HQ AGRSG 8204TH AU A.P.O. 3
3) NAME, RANK, ORG, DOD AND POD TAKEN FROM ALLIED CASE REPORT # 26,[illegible]5

16635-5

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 13 May 54

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
VALCON HAYDAR	Pvt	15557

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	1st Co Turk Brig 25 Inf Div	See DD Form 551	Est May 53

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
CT 066 075 Un Gok	UNMC TAEGOOK, KOREA	45	4	3997

RIGHT — LEFT

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

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 / RESTORATIONS

UPPER RIGHT — UPPER LEFT

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

SEE REMARKS

LOWER RIGHT — LOWER LEFT

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

RESTORATIONS / CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: James L. Wilkinson
JAMES L. WILKINSON CPL QMC

VERIFIED BY GRS OFFICER: for Elijah Braxton, 2/Lt. QMC
ROBERT S. ROBBINS CAPTAIN QMC

DD FORM 1 SEP 51 569

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

SEE REVERSE SIDE

YALCON, HYDAR 15557

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		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION	X	FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

1. Tooth # 17 is fractured

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

ALLIED

16635-5

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
VALCON HAYDAR PW# 15557 (Formerly Unknown X 6083)				13 May 54	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT	REINTERMENT
UNMC TANGGOK, KOREA	45	4	3997	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UDT	UDT	UDT	CAUCASIAN

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) ID tag received w/ remains reads"15557"
2. One (1) CIU case report reads:"YALCON HAYDAR 15557"

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

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)

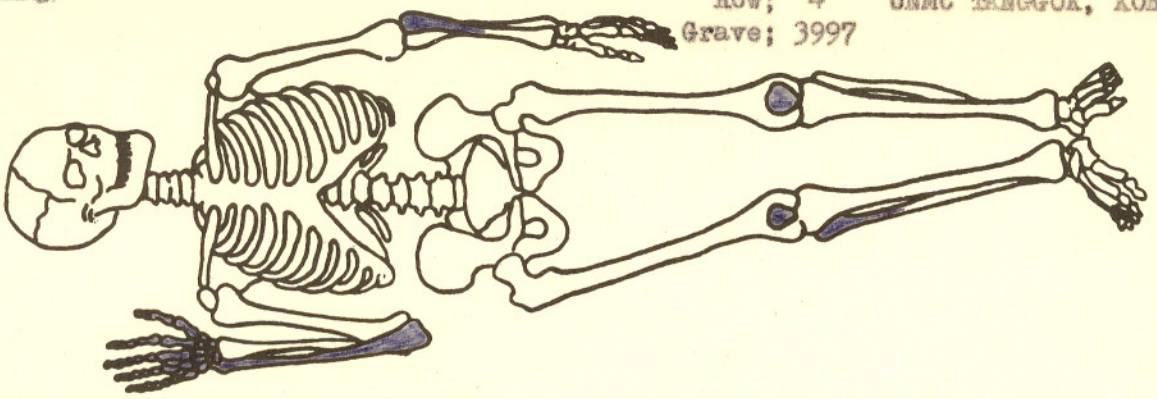
No clothing or PE received with remains.

16635-5

19. BLACK OUT PARTS OF BODY NOT COVERED

ALLIED

VALCON HAYDAR (FORMERLY UNKNOWN X-6083)
Pvt 15557 Plot; 45
Row; 4 UNMC TANGGOK, KOREA
Grave; 3997



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remaisn in a skeletal state

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
JAMES L. WILKINSON CPL QMC 114 th QUARTERMASTER COMPANY (GRREG)	James L. Wilkinson Cpl

QMC FORM 18 MAR 47 1044b

HAYDAR YALCON 15557

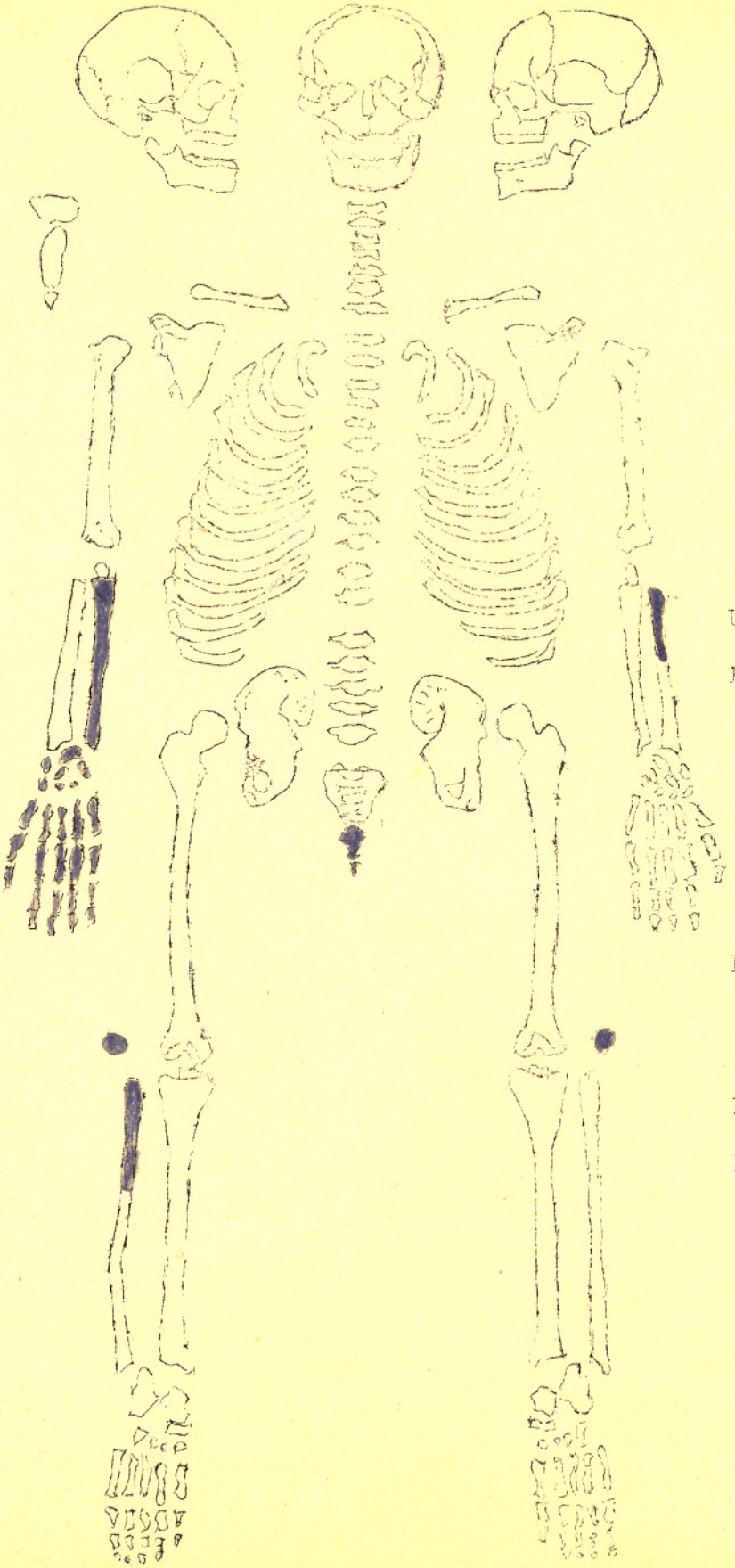
5762—FEC P&PC—9/50—250M

16635-5

SKELETAL CHART

Name or Unknown No (Black out parts of body not received)

RIGHT



Skull

Humerus

Humerus

Ulna

Radius

Ulna

Radius

Femur

Femur

Tibia

Fibula

Tibia

Fibula

HOYCAR YACOON 15557