REPORT OF INTERMENT

DATE OF REPORT: 4 June 54

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

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
Formerly Unknown X-6074 KARAK ALI	18306

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	6th Co 3d TAFC Brigade	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
CT 066-075 Korea	Unk	Est 28-29 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 # 26,648

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.
4 June 54	1000	Canvas Square	Star & Crescent	45	4	3999

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 8204th aAU APO 3

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY: General

PERSON CONDUCTING BURIAL RITES: GEORGE M. CARRALL REV MM

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.
HASAN UYGUNOGIU	Pvt	21543	TAF Sig Co	3998

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
AKIN HALIL	Pvt	16873	Repl Co 3d TAFC Bri	4000

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

SIGNATURE OF GRS OFFICER VERIFYING REPORT
ROBERT S. ROBBINS CAPTAIN QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

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 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

REMARKS

1. One (1) ID tag found on remains bearing Xn
2. Remains received from Zone Hq, AGRSG APO 3
3. Name, rank, org, dod, and pod taken from CIU CASE REPORT # 26,468

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

U. S. GOVERNMENT PRINTING OFFICE : 1951 O - 959587

ALLIED

16663 - 4

REPORT OF INTERMENT

DATE OF REPORT

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY TURKISH I.D. TAGS UNABLE to IMPRINT

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial) FORMERLY UNKNOWN 6074 KABAK, ALI

SERVICE NUMBER 18306

GRADE PVT

ORGANIZATION 6th CO, 3d TAFC BRIGADE

BRANCH OF SERVICE ARMY

RACE CAUCASION

RELIGION UNK

COUNTRY (If not U.S.) TURKEY

PLACE OF DEATH CT 066-075 KOREA

CAUSE OF DEATH UNK

DATE OF DEATH EST 28-29 MAY 53

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

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) ATTACHED TITLE CASE REPORT # 26,648

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.

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.
4 JUNE 54	1000	CANVAS SQUARE	STAR + CRESENT	45	4	3999

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 46RS4, 8204 AU APO 3

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY GENERAL

PERSON CONDUCTING BURIAL RITES GEORGE M. CARRALL REV. MM

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 (3)

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.
HASAN, UYGUNOGLU	PVT	21543	TAF SIG. CO	3998
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
AKIN, HALIL	PVT.	16873	REPL CO. 30 TAFC BRIG	4000

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE. KABAK, ALI 18306

30395-Army-AG Admin Cen-FEC-8/52-74M

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 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 Fingerprints 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.) (1) one I.D tag Found on Remains bearing SN.
2) Remains Rec From 2ONC Headquarters AGRSG, APO 3
3) name, RANK, ORG DOD and POD taken From CIU Case Report # 24,468

REMARKS

ALLIED

16663 4

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
Formerly Unk X 6074					
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	DATE OF REINTERMENT
KABAK ALI PVT 18306				4 June 54	
UNMC TANGGOK, KOREA	45	4	3999	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Utd	Utd	Utd	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) ID tag found w/remains reads 18306
2. One (1) CIU case report received w/remains reads "KABAK ALI 18306"

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)

PReviously reported

16663 - 4

ALLIED IDENTIFICATION DENTAL CHART

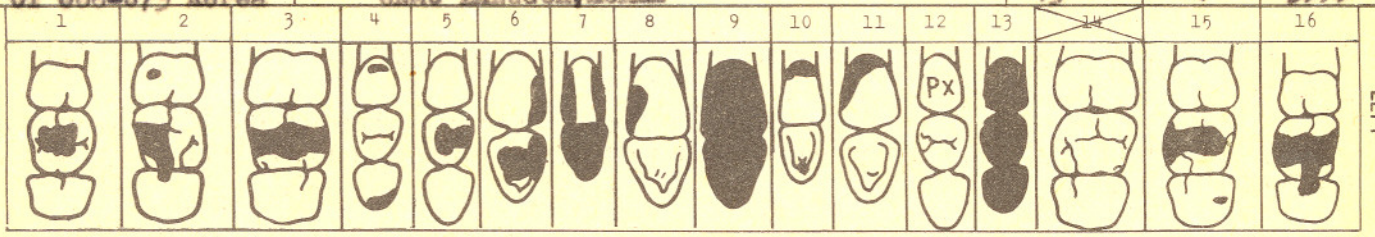
DATE: 4 June 54

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
KABAK ALI, FORMERLY Unk X 6074	Pvt	18306

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	See DD Form 551	See DD form 551	Est 28-29 May 53

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
CT 066-075 Korea	UNMC TANGGOK, KOREA	45	4	3999

RIGHT — LEFT



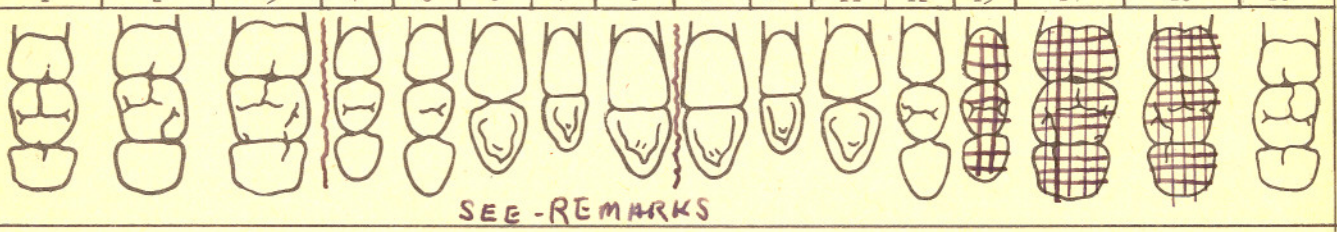
1. O–AM.
2. DOL–AM.; F–AM.
3. MOD. GOLD FILL.
4. F–GOLD FILL.; ML–AM.
5. MO–AM.
6. ML–GOLD FILL.
7. 3/4 GOLD CR.
8. D–PORC. FILL.
9. PORC. CR.
10. F–PORC. FILL.; L–AM.
11. MF–PORC. FILL.
12. Px–POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO–AM.; L–AM.
16. MODL–AM.

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

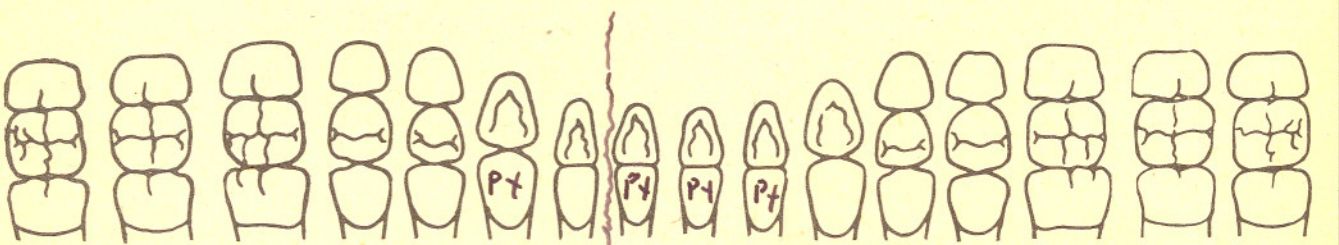
CARIES / RESTORATIONS

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 / CARIES

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

VERIFIED BY GRS OFFICER
ROBERT S. ROBBINS. CAPTAIN QMC

DD FORM 1 SEP 51 569 REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

SEE REVERSE SIDE

KABAK-ALI 18306

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		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

1. Maxilla fractured between tooth # 2 & 4 8 & 9
2. Teeth # 13, 14, 15 are fractured
3. Mandible fractured between teeth # 25, & 26.

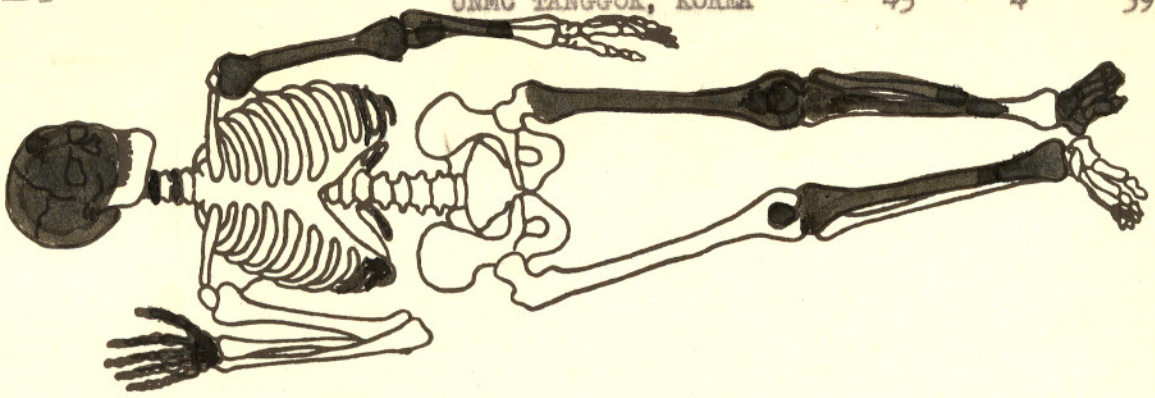
☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

16663-4

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

Formerly Unk X 6074
KABAK ALI PVT 18306 PLOT 45 ROW 4 GRAVE 3999
UNMC TANGGOK, KOREA



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 in a complete states skeletal

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
MYRON E. KANDT PFC QMC 114th QM CO (GRREG) APO 59	Myron E Kandt Pfc

QMC FORM 18 MAR 47 1044b

KABAK-ALI 18306

5762—FEC P&PC—9. 50—250M

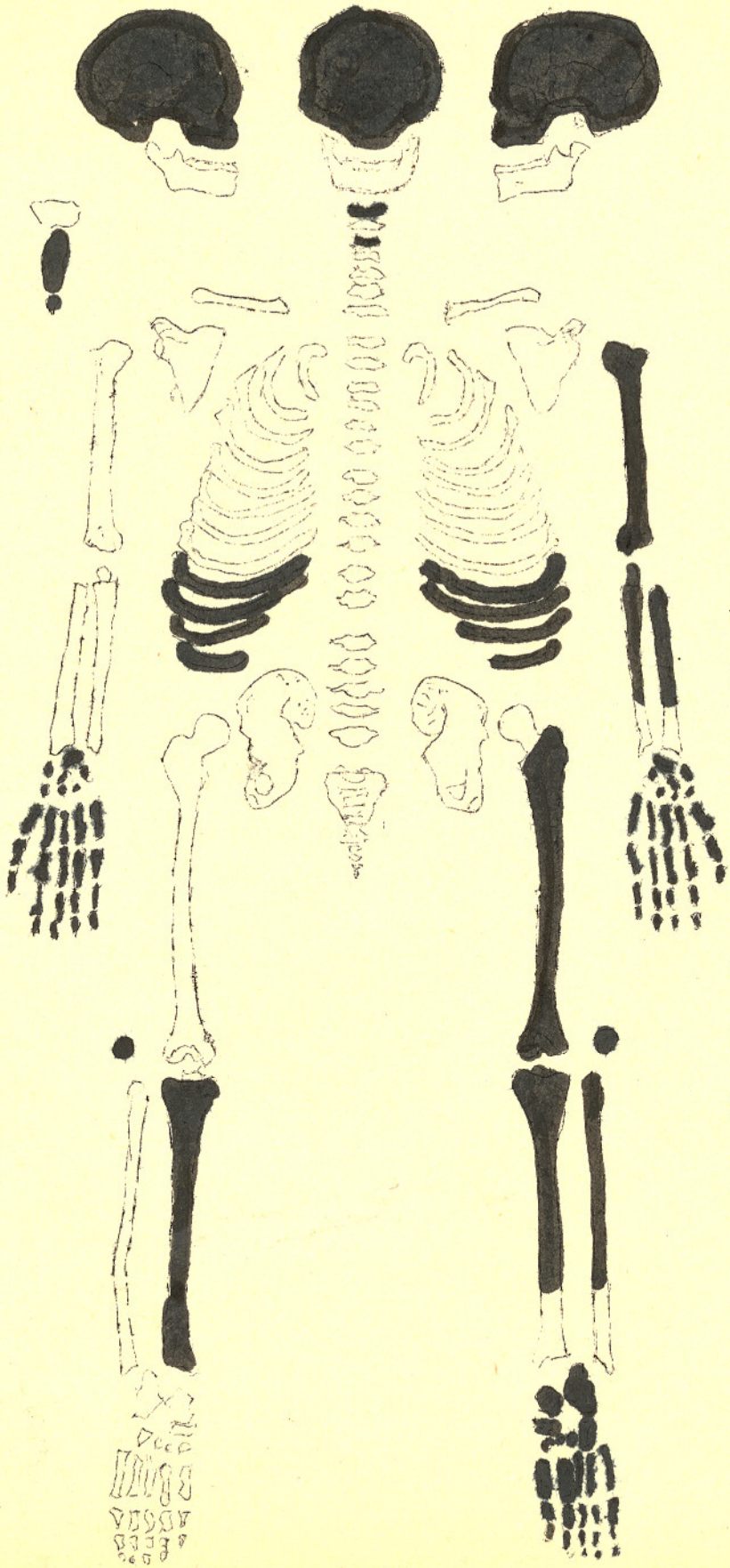
16663-4

SKELETAL CHART

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

RIGHT

LEFT



Skull

Humerus

Humerus

Ulna

Radius

Ulna

Radius

Femur

Femur

Tibia

Fibula

Tibia

Fibula

KABAK, ALI 18306