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 TAGS UNABLE
TO IMPRINT
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
Formerly Unk X-6082 SAFA, CEMIL	18213

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
UN GOK CT 066 075, Korea	Utd	Est May 53

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

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 # 26,465

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	4001

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: George M. Carrall Rev MM

IDENTIFICATION TAG BURIED WITH BODY: Three ☒ YES 3 ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER: Two ☒ YES 2 ☐ NO

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

REMAINS BURIED IN GRAVE TO LEFT (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 Brig	4000

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
ARSIAN, SALOH	Pvt	18372	7th Co 3D TAFC Brigade	4002

SIGNATURE OF PERSON PREPARING REPORT: T. CROWELL PFC 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	Ko Gok 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 foundon or with remains

REMARKS

1. Two (2) ID tags found w/remains bearing sn
2. Remains rec from Zone Hqs AGRSG APO 3
3. Name, rank, org, date, and placeof death taken from CIU Case Reprot # 26,465

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

16665-4

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 READ TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
FORMERLY UNK-X 6082 SAFA, Cemil	18213

GRADE	ORGANIZATION	BRANCH OF SERVICE
Put	6TH Co. 3d TAFC Brigade	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
UN-GOK dt 066-075 HAMHUNG	GSW	1ST MAY 53

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

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) ATTACHED CIL CASE Report # 26,465

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.
4 JUNE 54	1000	CANVAS SQUARE	STAB AND Present	45	4	4001

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, MQS AGRSG 8205, AD03

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY
GENERAL	GEORGE M. CARRALL REV. M.M.	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	IDENTIFICATION TAG ATTACHED TO MARKER
THREE (3) ☐ YES ☐ NO	TWO (2) ☐ 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.
AKIN, HALIL	PVT	16873	REPL CO 3D TAFC BRIG	4000
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
ARSLAN, SALOH	PVT	18372	TURCO 3D TAFC BRIG.	4002

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. SAFA, CEMIL 18213

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	YN-60K 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 NOT FINGERPRINTED			

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
	No Fingerprints Taken NOT FINGERPRINTED			

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

1) ~~Two~~ (2) I.D. tags found w/ Remains bearing SN
2) Remains Rec From Zone Headquarters, AGRSG, HPO3
3) Name Rank or Rg Date and POD Taken From CIL
Case Report # 26465

REMARKS

ALLIED

16665-4

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
Formerly Unk X 6082 SAFA, CEMIL PVT 18213				4 June 54	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC TANGGOK, KOREA	45	4	4001	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. Two (2) ID tags found w/remains reads "18213"
2. One (1) CIU Case Reprot rec w/remains reads"SAFA, CEMIL 18213, Pvt"

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

16665-4

ALLIED IDENTIFICATION DENTAL CHART

DATE: 4 June 54

NAME (Last, First, Middle Initial): Formerly Unk X 6082, SAFA, CEMIL

GRADE: Pvt

SERVICE NUMBER: 18213

UNIT: 6th Co

ORGANIZATION: 3d TANK BRIGADE

CAUSE OF DEATH: See DD Form 551

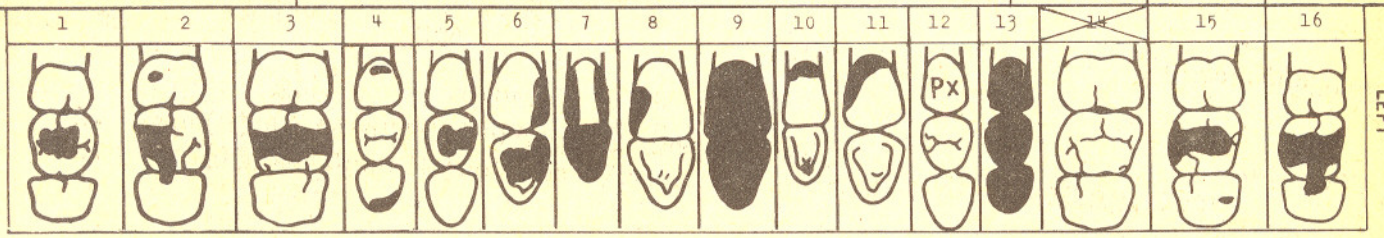
DATE OF DEATH: Est May 53

PLACE OF DEATH: Un Gok CT 066 075

PLACE OF BURIAL: UNMC TANGGOK, KOREA

PLOT: 45 ROW: 4 GRAVE: 4001

RIGHT



LEFT

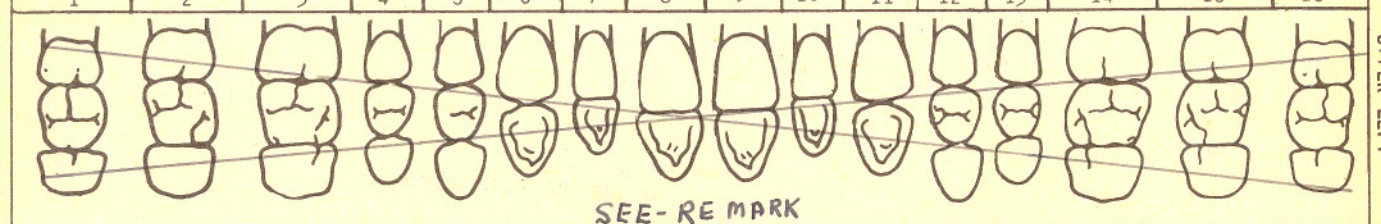
1. O–AM.
2. DOL–AM.; F–AM.
3. MOD. GOLD FILL.
4. F–GOLD FILL.; ML–AM.
5. MO–AM.
6. ML–GOLD FILL.
7. 3/4 GOLD CR.
8. D–PORC. FILL.
9. PORC. CR.
10. F–PORC. FILL.; L–AM.
11. MF–PORC. FILL.
12. Px–POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO–AM.; L–AM.
16. MODL–AM.

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

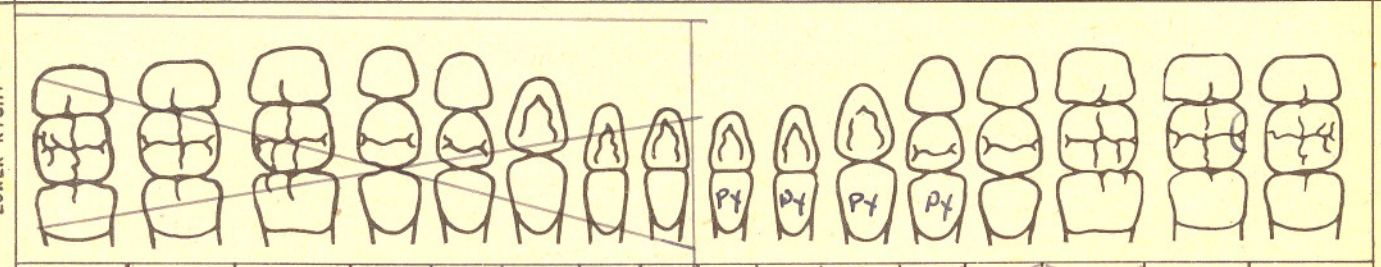
CARIES / RESTORATIONS

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

O
D

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: T. CROWELL MC QMC

VERIFIED BY ORS 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

SAFA-CEMIL - 18213

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 - 6 teeth missing
2. Mandible and teeth missing from # 25 through # 32.

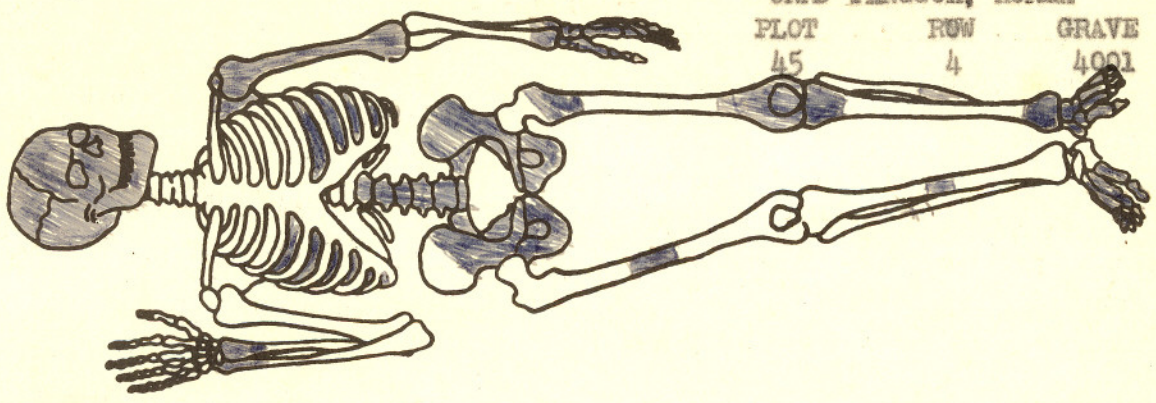
☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

16665-4

19. BLACK OUT PARTS OF BOD[illegible]OT RECOVERED

ALLIED

Formerly Unk 6082
SAFA, CEMIL 18213 Pvt
UNMC TANGGOK, KOREA
PLOT 45 ROW 4 GRAVE 4001



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 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 114th QM CO (GRREG)	James S. Wilkinson Cpl

QMC FORM 18 MAR 47 1044b

SAFA-CEMIL 18213

5762—FEC P&PC—9/50—250M

16665-4

Name or Unknown No. SKELETAL CHART
ARMY

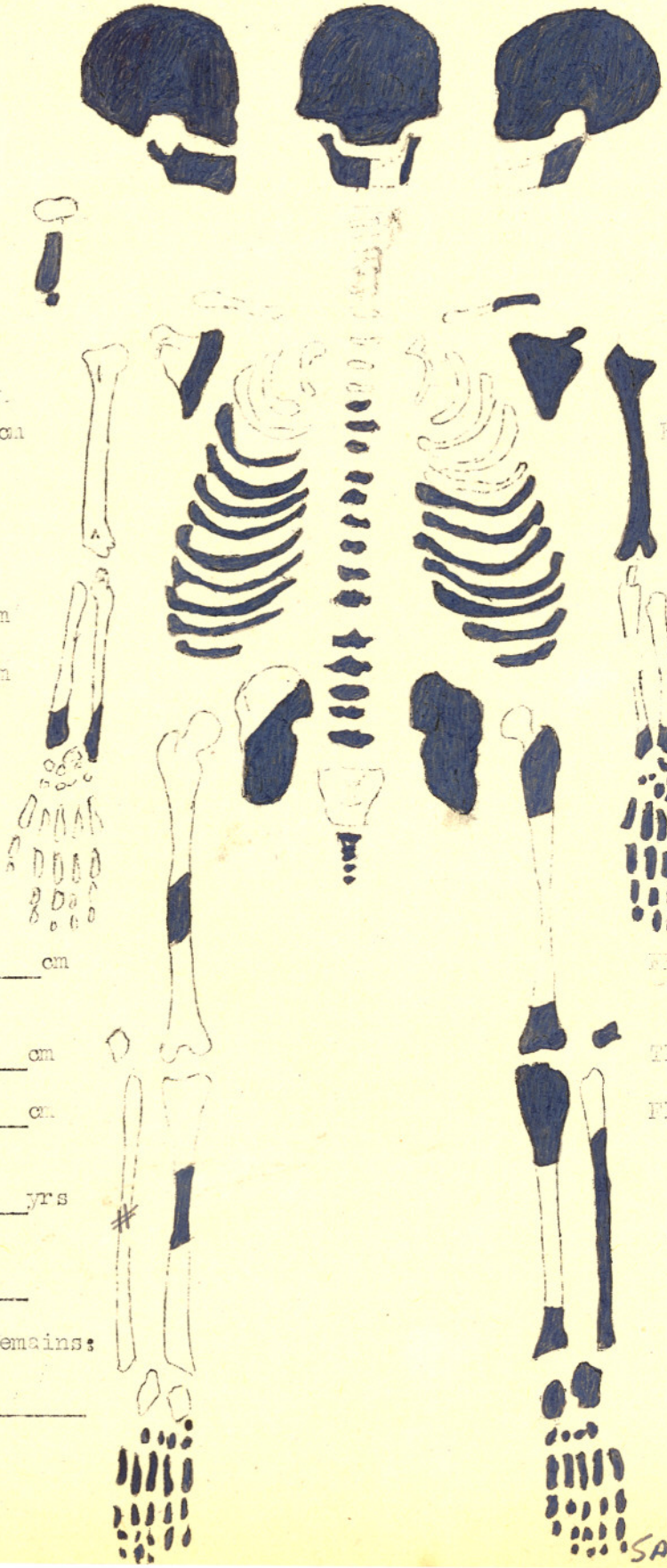
(Black out parts of body no received)

RIGHT

ALIEL

LEFT

SKULL ___ yrs.



HUMERUS _____ cm

HUMERUS _____ cm

ULNA _____ cm

ULNA _____ cm

RADIUS _____ cm

RADIUS _____ cm

FEMUR _____ cm

FEMUR _____ cm

TIBIA _____ cm

TIBIA _____ cm

FIBULA _____ cm

FIBULA _____ cm

Est Age _____ yrs

Est Height _____

Condition of Remains:

_____

SAFA, CEmiL 18213