18268-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 1 July 55

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
NO ID. TAGS
Rec'd W/REMAINS.
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KACAR, TEFIK	27420

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt.	TUEC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Old Co TUEC, Korea	Gun Shot wound	27 June 55

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

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) CERT. OF DEATH Rec'd WITH REMAINS SIGNED BY MICHAEL G BORRES CAPT Q.M.C. CERT. OF IDENTITY REC'D W/REMAINS. SIGNED BY VERIFIED: ROBERT G. KAULKE SFC. 2936 QM GR REG CO — CERTIFICATE OF IDENTITY

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 CLOTHING OR P.E.S FOUND ON OR W/REMAINS

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

UNITED NATIONS MILITARY CEMETERY, 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.
2 July 55	1000	CANVAS SQUARE	STAR & CRESCENT	145	6	4026

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	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY
None		NONE 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
TWO ☒ YES ☐ NO (2)	ONE ☒ YES ☐ NO (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
UCAK, YUSUF	UNK	1554	Turkish Brigade	4025

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				

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.

KACAR, TEFIK 27420

46-1042-Army-AG Admin Cen-AFFE-25M

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 165	Brown	Black	

BIRTHMARKS, SCARS, OR TATTOOS

NONE FOUND

LAUNDRY MARKS

NONE FOUND

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

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

NO CLOTHING OR P.Es 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
	not FINGER PRINTED 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 NOT FINGERPRINTED			

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

(1) REMAINS RECD FROM 293 J.R.M.P.O (GREG)

(2) NAME, RANK, ORG, COD, POD, DOD TAKEN FROM CERT. OF DEATH.

3. CERT. OF IDENTITY ATTACHED.

REMARKS

YOUG DONG PO, APO 301

18268-1

REPORT OF INTERMENT

DATE OF REPORT: 2 July 1955

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No ID tags rec'd with remains

TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KACAR, TEFIK	27420

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	TAFC	Army

RACE	RELIGION	COUNTRY (If not U.S.)
Caucasian	Unknown	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Ord Co, TAFC, Korea	Gunshot wound	27 June 55

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

WERE SUBSTITUTE TAGS PROVIDED? [X] YES [ ] NO

Three (3) GRS

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse): Certificate of Death rec'd with remains signed by NAPI GOZEN, Major, M.C., . . . Certificate of Identity rec'd with remains signed by ERDEM, MEGREL, 2/Lt, TAFC. Verified by ROBERT G. KAHLKE, Sfc, 293rd QM Co (GRREG).

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 clothing or P.E.'s 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

United Nations Military Cemetery, Tanggok, Korea EP089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
2 July 55	1000	Canvas Square	Star & Crescent	45	6	4026

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	PERSON CONDUCTING BURIAL RITES
None	n/a

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: Two [X] YES [ ] NO (2)

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

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
UCAK, YUSUF	Unk	1554	Turkish Brigade	4025
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				

SIGNATURE OF PERSON PREPARING REPORT: Gerald S. Ingram
GERALD S. INGRAM, CPL, QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Louis L. Henry
LOUIS L. HENRY, 1st Lt, QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE. KACAR, TEFIK 27420

46-1042-Army-AG Admin Cen-AFFE-25M

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 165	Brown	Black	

BIRTHMARKS, SCARS, OR TATTOOS

None Found

LAUNDRY MARKS

None Found

WEAPON(S) WITH SERIAL NUMBER(S)

n/a

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

No clothing or P.E.'s found on or with remains.

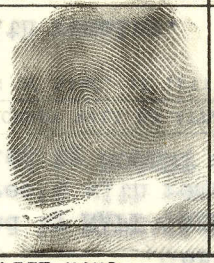
REMARKS

1. Remains rec'd from 293rd QM Co (GRREG), Yong Dung Po, APO 301.
2. Name, rank, organization, COD, POD, and DOD taken from Certificate of Death.
3. Certificate 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

18268-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			2. DATE OF REPORT
KACAR, TEFIK	Pvt	27420	2 July 1955

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC, Tanggok, Korea	45	6	4026		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
165	5'9"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Certificate of Death reads: KACAR, TEFIK, Pvt, 27420.
2. Certificate of Identity reads: KACAR, TEFIK, Pvt, 27420.

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

None Found

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 Found

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks 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 P.E.'s found on or with remains.

18268-1

ALLIED IDENTIFICATION DENTAL CHART

DATE: 2 July 1955

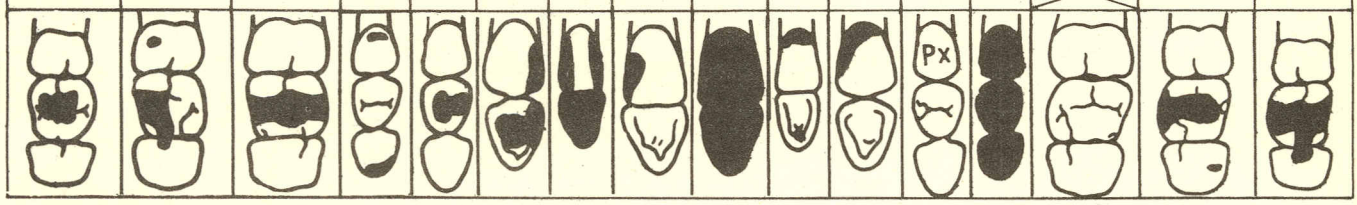
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
KACAR, TEFIK	Pvt	27420

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	TAFC	See DD Form 551	27 June 55

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Ord Co, TAFC, Korea	UNMC, Tanggok, Korea	45	6	4026

RIGHT — LEFT

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

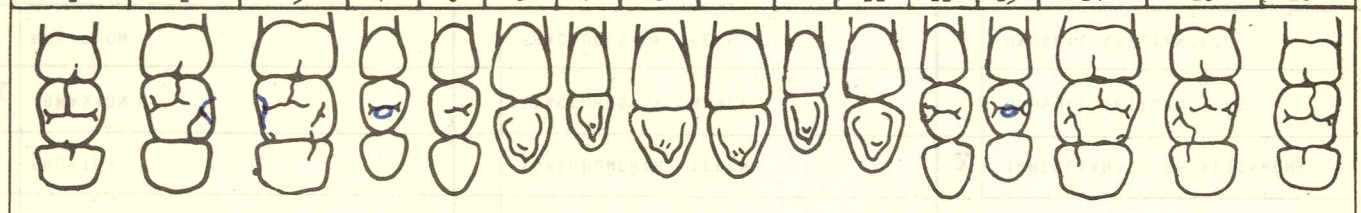


1. O-AM.
2. DOL-AM.; F-AM.
3. MOD. GOLD FILL.
4. F-GOLD FILL.; ML-AM.
5. MO-AM.
6. ML-GOLD FILL.
7. 3/4 GOLD CR.
8. D-PORC. FILL.
9. PORC. CR.
10. F-PORC. FILL.; L-AM.
11. MF-PORC. FILL.
12. Px-POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO-AM.; L-AM.
16. MODL-AM.

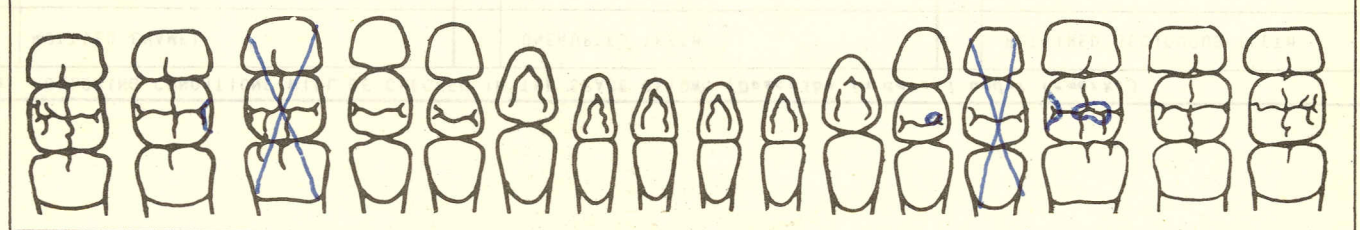
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
CARIES		M,O	D,O	D									O			
RESTORATIONS																

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT



32	31	~~30~~	29	28	27	26	25	24	23	22	21	~~20~~	19	18	17
	M,O										O		D,O,O		

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: GERALD S. INGRAM CPL QMC

VERIFIED BY GRC OFFICER: LOUIS L. HENRY 1st Lt QMC

DD FORM 1 SEP 51 569

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

KACAR, TEFIK 27420

SEE REVERSE SIDE

22902—FEC P&PC—1/52—50M

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	X	ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH	X	IRREGULARITY OF ALIGNMENT
X	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

1. Wear on all teeth.

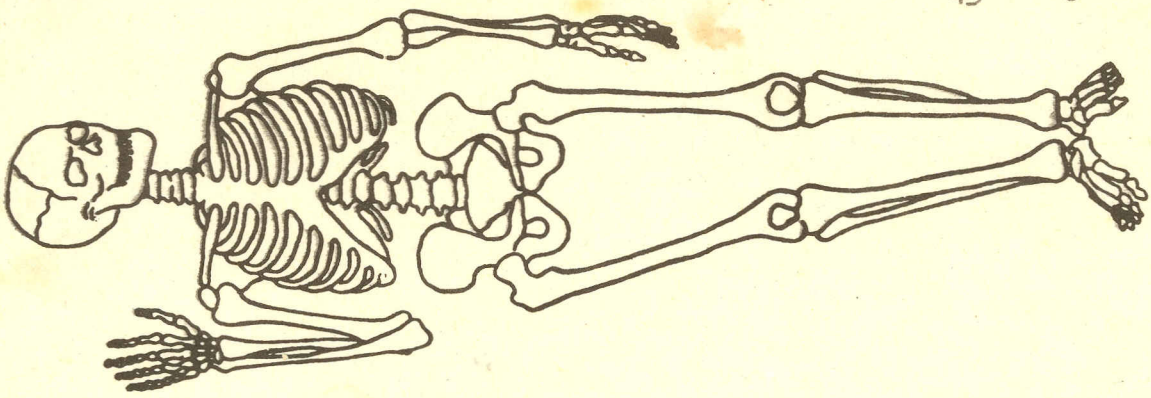
18268-1

19. BLACK OUT PARTS OF BODY NOT COVERED

ALLIED

KACAR, TEFIK, Pvt 27420
UNMC, Tanggok, Korea

PLOT	ROW	GRAVE
45	6	4026



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

Remains rec'd complete and intact.

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
GERALD S. INGRAM CPL QMC 293rd QM Co (GRREG)	

QMC FORM 18 MAR 47 1044b

KACAR, TEFIK 27420

5762—FEC P&PC—9 50—250M