

REPORT OF INTERMENT

DATE OF REPORT

9 April 54

TYPE OF REPORT

☐ INITIAL ☒ SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)Imprint Identification Tag If Possible.
DO NOT TYPE

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)

SERVICE NUMBER

TURKEY

ARIKAN ABDULLAN

18491

ID tags

GRADE

ORGANIZATION

BRANCH OF SERVICE

unable to

Pvt

3rd TAFB Brigade

Turkish Army

TURKEY

RACE

RELIGION

COUNTRY (If not U.S.)

Caucasian

Unk

Turkey

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Madam-ni CT-076-076

Undetermined

Est May 53

IDENTIFICATION TAGS FOUND ON
BODY (1, 2, or none)IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified
fill in section 3 on reverse)

Two (2)

Attached allied case Report # 26,473

WERE SUBSTITUTE TAGS PROVIDED?

Three ☒ YES 3 ☐ NO GRS

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.

9 April 54

1000

Canvas Square

Star
& Crescent

45

3

3993

WAS THIS A REBURIAL?

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

☒ YES ☒ NORemains formerly stored in Mausoleum Zone Hqs
AGRS 8204th AU APO 3

PLOT NO.

ROW NO.

GRAVE NO.

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICA-
TION DATA AND CONTAINER BURIED WITH BODY

GENERAL

GERALD C. DEAN
MAJOR CHCOne (1) copy of this form buried in
burial bottle eighteen (18) inches
below grave marker at head of grave.IDENTIFICATION TAG BURIED
WITH BODYIDENTIFICATION TAG ATTACHED
TO MARKERThree ☒ YES ☐ NOTwo ☒ YES ☐ NOREMAINS BURIED IN GRAVE TO LEFT (When viewed from foot
of grave), NAME (Last, First, Middle Initial)

GRADE

SERVICE NUMBER

ORGANIZATION

GRAVE NO.

KESNIK MEHMET ALI

Pvt

18458

3rd TAFB
Brigade

3992

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot
of grave), NAME (Last, First, Middle Initial)

GRADE

SERVICE NUMBER

ORGANIZATION

GRAVE NO.

EREN ALI

Pvt

18162

6th Co

3994

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

JAMES L. WILKINSON CPL QMC

ROBERT S. ROBBINS CAPTAIN QMC

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 Utd	WEIGHT Utd	COLOR OF EYES Utd	COLOR OF HAIR Utd	WHERE BODY WAS FOUND (Grid Coordinates) Madam-ni CT 076-076
BIRTHMARKS, SCARS, OR TATTOOS Nonenoted				LAUNDRY MARKS None
WEAPON(S) WITH SERIAL NUMBER(S)				

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

****REMARKS**** No clothing found w/remains

- Two (2) ID tags found w/remains bearing SN
- Remains rec from Zone Hqs AGRSG 8204 th AU APO 3
- Name, rank, org, DOD & POD taken from Allied Case Report # 26,473

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

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

SECTION 4 - IDENTIFICATION

NAME OF REPORT

DATE OF REPORT

16552-5

ALLIED

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT

☐ INITIAL ☒ SUPPLEMENTAL (Reason)

ADDITIONAL INFORMATION

Imprint Identification Tag If Possible.
DO NOT TYPE

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)

SERVICE NUMBER

ARIKAN, ABDULLAN

18491

GRADE

ORGANIZATION

BRANCH OF SERVICE

PVT.

3RD TAFB BRIGADE

TURKISH ARMY

RACE

RELIGION

COUNTRY (If not U.S.)

CAUCASIAN

UNK

TURKEY

PLACE OF DEATH MADAM-NI

CAUSE OF DEATH

DATE OF DEATH

CT 076 076

UNDETERMINED

EST. MAY 53

IDENTIFICATION TAGS FOUND ON
BODY (1, 2, or none)IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified
fill in section 3 on reverse)

TWO (2)

ATTACHED ALLIED CASE
REPORT # 26, 473

WERE SUBSTITUTE TAGS PROVIDED?

☒ YES ☐ NO

THREE (3) GRS.

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 STAR

PLOT NO.

ROW NO.

GRAVE NO.

9 APRIL 54

1000

CANVAS SQUARE

AND CRESCENT 45

3

3993

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 AGASC 8220
AL APO 3

PLOT NO.

ROW NO.

GRAVE NO.

TYPE OF BURIAL

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICA-
TION DATA AND CONTAINER BURIED WITH BODY ONE (1)GENERAL
MEMORIALGERALD C DEAN
MAJOR CHCCOPY OF THIS FORM BURIED IN
BURIAL BOTTLE EIGHTEEN (18)
INCHES BELOW GRAVE MARKER
BT HEAD OF GRAVE.IDENTIFICATION TAG BURIED
WITH BODY THREE (3)IDENTIFICATION TAG ATTACHED
TO MARKER TWO (2)☒ YES ☐ NO☒ YES ☐ NOREMAINS BURIED IN GRAVE TO LEFT (When viewed from foot
of grave), NAME (Last, First, Middle Initial)

KESNIK, MEHMET 171

GRADE

SERVICE NUMBER

ORGANIZATION

GRAVE NO.

PVT

18458

3RD TAFB
BRIGADE

3992

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot
of grave), NAME (Last, First, Middle Initial)

EREN, ALI

GRADE

SERVICE NUMBER

ORGANIZATION

GRAVE NO.

PVT

18162

6TH COMPANY

3994

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

James S. Wilkinson aff.

DD FORM 551

1 JUL 51

REPLACES OMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

ARIKAN, ABDULLAN

18491

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 LTD	WEIGHT LTD	COLOR OF EYES LTD	COLOR OF HAIR LTD	WHERE BODY WAS FOUND (Grid Coordinates) MADAM NI CT-076 076
BIRTHMARKS, SCARS, OR TATTOOS NONE NOTED				LAUNDRY MARKS NONE
WEAPON(S) WITH SERIAL NUMBER(S) IDENTIFICATION TAG BOBBED				INCHES BEYOND GUNNE MARKS BOLTS EIGHTEEN (18) COAT OF THIS KODAK BOWLING

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

NO CLOTHING FOUND W/REMNAINS

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

[illegible]

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

2) REMAINS REC. FROM ZONE HQS ACROSS 68204TH AU APR 03
3) NAME, RANK, ORG. DOD AND POD TAKEN FROM ALLIED CASE REPORT # 26,473

ALLIED

16552-5

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN ARIKAN ABDULLAN PVT 18491			2. DATE OF REPORT 9 April 54		
3. NAME OF CEMETERY UNMC TANGGOK, KOREA	4. PLOT 45	5. ROW 3	6. GRAVE 3993	7. DATE OF DISINTERMENT. REINTERMENT	
				N/A N/A	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Utd	9. ESTIMATED HEIGHT Utd	10. COLOR OF HAIR Utd	11. RACE Caucasian
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

- Two (2) ID tags found w/remains reads; 18491"
- One (1) allied case report # 26,473 reads "ARIKAN ABKULLAN PVT 18491"

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

None noted

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
--	------------------

15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
---	------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Nonenoted

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)

Previously Reported

ALLIED

16552-5

IDENTIFICATION DENTAL CHART

DATE

9 April 54

NAME (Last, First, Middle Initial)

ARIKAN ABDULLAN

GRADE

PVT

SERVICE NUMBER

18491

UNIT

ORGANIZATION 3rd TAFC

CAUSE OF DEATH

See DD form 551

DATE OF DEATH

Est May 59

PLACE OF DEATH OT

Madam-ni 076-076

PLACE OF BURIAL

UNMC TANGGOK, KOREA

PLOT

45

ROW

3

GRAVE

3993

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

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

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

JAMES L. WILKINSON CPL OMC

VERIFIED BY GRS OFFICER

ROBERT S. ROBBINS CAPTAIN OMC

DD FORM 569

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

SEE REVERSE SIDE

ARIKAN, ABDULLAN 18491

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

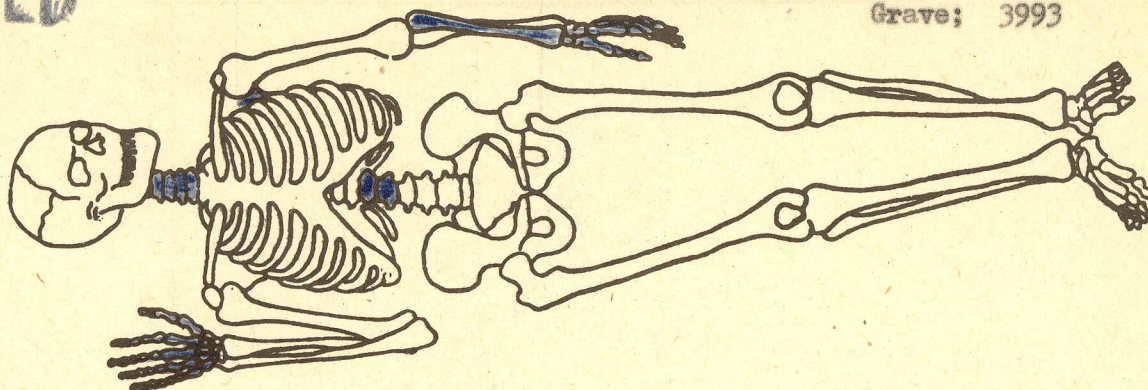
REMARKS (*If no abnormalities are found make notation to that effect*)

16552-5

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

ARIKAN ABDULLAN PVT 18491
UNMC TANGGOK, KOREA PLOT: 45 Row: 3
Grave: 3993



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 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

JOHN A. DORAN PFC
114 QUARTERMASTER CO (GRREG)

SIGNATURE

John A. Doran

16552-5

Name or Unknown No.

SKELETAL CHART
ACRSC

(Black out parts of body not received)

RIGHT

LEFT

ALLIED

SKULL _____ Ins.

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:

ARIKAN, ABDULLAH
18491