

WITNESS STATEMENT ON INDIVIDUAL <i>(AR 600-8-1)</i>			CHECK APPLICABLE BOX <input type="checkbox"/> MIS <input type="checkbox"/> MIA <input type="checkbox"/> CAP <input type="checkbox"/> DET <input type="checkbox"/> DEAD <i>(Remains not recovered)</i>		
1. LAST NAME - FIRST NAME - MIDDLE INITIAL			2. SERVICE NO.		
2A. SSN	3. GRADE		4. DATE OF DEATH OR WHEN LAST SEEN		
5. ORGANIZATION			6. GEOGRAPHICAL LOCATION <i>(Include grid coordinates and nearby town)</i>		
7. IF ITEMS 1 AND 2 ARE UNKNOWN OR NOT POSITIVE, COMPLETE ITEMS LISTED BELOW:					
AGE	WEIGHT	HEIGHT	HAIR	EYES	RACE
HOME TOWN		CIVILIAN OCCUPATION		NICKNAME	
WAS HE MARRIED? <i>(If so, give wife's name if known)</i>			DID HE HAVE ANY CHILDREN? <i>(If so, give names if known)</i>		
OTHER IDENTIFYING MARKS <i>(such as tattoos or birthmarks)</i>		OTHER PERSONS WHO MAY HAVE WITNESSED THIS INCIDENT OR HAVE FURTHER INFORMATION			

DA FORM 1155, 1 JUN 66
REPLACES EDITION OF 1 JUN 61, WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED.
USAPA V1.00

8. CIRCUMSTANCES SURROUNDING INCIDENT <i>(If known, include cause of death or condition when last seen, and how identified)</i>		
9. NAME OF PERSON MAKING STATEMENT	10. SERVICE NO./SSN	11. UNIT
12. DATE	13. SIGNATURE	

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