

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

WITNESS STATEMENT ON INDIVIDUAL (AR 600-10)		CHECK APPLICABLE BOX			
		<input type="checkbox"/> MIS	<input type="checkbox"/> MIA	<input type="checkbox"/> CAP	<input type="checkbox"/> DET
		<input type="checkbox"/> DEAD (Remains not recovered)			
1. LAST NAME - FIRST NAME - MIDDLE NAME			2. SERVICE NO.		
3. GRADE		4. DATE OF DEATH OR WHEN LAST SEEN			
5. ORGANIZATION			6. GEOGRAPHICAL LOCATION (Include grid coordinates and nearby town)		
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? (If so, give wife's name if known)			DID HE HAVE ANY CHILDREN? (If so, give names if known)		
OTHER IDENTIFYING MARKS (such as tattoos or birthmarks)		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.