

**COMMANDER'S PRELIMINARY ASSESSMENT AND RECOMMENDATION  
REGARDING MISSING PERSON**

*(For use of this form, see DODI 2310.5; the proponent agency is OSD/DPMO)*

**SECTION I - IDENTITY OF MISSING PERSON** *(Use a separate report for each missing person.)*

1. NAME <i>(Last, First, Middle)</i>	2. SOCIAL SECURITY NUMBER	3. RANK/GRADE/CIVILIAN
4. DATE INFORMATION RECEIVED REGARDING MISSING PERSON'S LOSS <i>(YYYYMMDD)</i>	5. THEATER IN WHICH SERVING AT TIME OF LOSS	
6. BRANCH OF ARMED SERVICE TO WHICH ASSIGNED, DETAILED, OR ATTACHED	7. UNIT, FACILITY, OR AREA TO OR IN WHICH THE PERSON IS ASSIGNED	

**SECTION II - ASSESSMENT OF CIRCUMSTANCES**

8. ASSESS THE CIRCUMSTANCES OF THE LOSS AND DESCRIBE WHY YOU BELIEVE THE PERSON IS MISSING *(Provide additional rationale and any other information pertinent to this assessment as attachments.)*

*(See attachments \_\_\_\_\_ through \_\_\_\_\_ .)*

**SECTION III - RECOMMENDATION**

That the person be placed in a missing status.

Within 10 days of receiving information regarding the missing person, this report must be transmitted to the Secretary concerned of the missing person. In addition, safeguard and forward to the Secretary concerned for official use any information relating to the whereabouts and status of the missing person that results from this preliminary assessment or from actions taken to locate the person.

In addition, a copy of this report must be transmitted to the theater component commander having jurisdiction over the missing person.

**9. COMMANDER OF UNIT, FACILITY, OR AREA TO OR IN WHICH THE MISSING PERSON IS ASSIGNED**

a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. GRADE	c. UNIT
d. SIGNATURE		e. DATE SIGNED <i>(YYYYMMDD)</i>