OFFICE 6 THE QUARTERMASTER GENERAL OF T

| REV 1 | APR 48 638 | OFFICE | G THE | QUARTERMASTER GENERAL OF ARMY |
|-------|--|--|--------------|--|
| | | IN | ITRAC | OFFICE REFERENCE SHEET |
| 295 | ank | - Bala | met | e CIL 453 DUE, HOUR AND DATE |
| NO. | FROM- | 73- | DATE | MESSAGE |
| 1 | Chief, Ident Br Ident Sec Mem Div | Chief, R/R Br Mem Div Attn: Capt Sned: | 21 Feb 49 | Attached Report of Burial forwarded for cancellation and return to Identification Section. |
| acn | | | | l Incl: R/B X-453 w/loose papers (La Cambe) France |
| 2 | Chief, Rec Sec R/R Br Mem Div | Chief, Ident Sec Ident Br Mem Div | 1 Mar 49 | 1. Necessar action taken. SNEDIGAR 5198 JACKSUN 5198 |
| | | | | l Incl n/c |
| | | | | |

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE
U. 3. SOVERHEEN: PRINTING OFFICE 15-49650-5

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MEMORIAL DIVISION
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REPATRIA.

HEADQUARTERS AMERICAN CRAVES REGISTRATION CONMAND FUROPEAN ARFA APO 58 US ARMY

RRE 314.6

7 February 1949

SUBJECT:

CIL Remains

TO:

The Quartermaster General Washington 25, D.C.

1. The following Unknown has been eliminated from the records of this office by assigning them a CIL number.

X-453

La Cambe

Plot E

Row 5

Grave 92

2. The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING OFFICER:

GEORGE L FROMMAN 1/Lt. QCC Actg Asst Adj Gen



HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

mbe C/L 453 February 1949

TO:

The Quartermaster General Washington 25, D.C.

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X-453

La Cambe

Plot E

Row 5

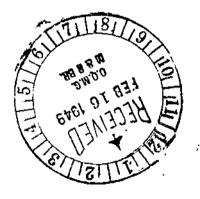
Grave 92

The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING OFFICER:

Actg Asst Adj Gen

TUO 9



| | | | | | | | MAM |
|-----------------------------|--|--|----------------|------------------|----------------|--------|---|
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| 0 | SECTION A— NAME AND BURIAL LOCA | ATION OF DECEASED | | DIRECTIVE NUMB | | | DAY MONTH YEAR |
| NAME | | UNKNOW | SERIAL NU | | RANK | ARM | DATE OF DEATH DAY MONTH YEAR |
| CEMETERY LA CAH | IBE | ISIGNY | | | | 0. | DISPOSITION OF REMAINS CODE DIST. PT. |
| PLOT ROW | GRAVE COUNTR | | | | | | CAUSE OF DEATH |
| | / | SECTION B - CO | NSIGNEE AN | D NEXT OF KIN | | -(500) | Marie Committee |
| | OF CONSIGNEE NT, FRANCE ISTRATIVE ORE | DER) | NAME | AND ADDRESS OF | NEXT OF KIN | | |
| NAME | | SECTION C — DISIN | RANK | DATE OF DEATH | 1 | DAT | E DISTINTERRED |
| IDENTIFICATION TA | G ON ORGANIZATION | | 1 | RELIGION | IDENTIFICATION | DN VER | IFIED BY |
| | | SECTION D - PREPARA | TION OF REM | AINS FOR SHIPME | NT | 10 | (17) X 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| OTHER MEANS OF ID | ENTIFICATION | | CONDINC | ON OF REMAINS | | | |
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| REMAINS PREPARED A | AND PLACED IN CASKET | | | | | | |
| DATE | | BY | | The same | | | 45000000000000000000000000000000000000 |
| CASKET SEALED BY | | | EMBALME | R (Signature) | | | |
| CASKET BOXED AND | | | SHIPPING | ADDRESS VERIFIED | ВУ | | |
| I hereby and that the r | certify that all the fo eport above is correc | regoing operations w | vere condu | cted and accom | nplished unde | er my | immediate supervision |
| and the same of | | Summer of the last | | SIGNATURE O | F GRS INSPECT | OR | |
| 1 Prepare Disc | crepancy Report QMC | Form 1194a for majo | or discrepa | ncies. | | | |
| QMC FORM REV 15 MAR 46 1 | 194 | | 20 98 SU | ***** | | | |

FILE UNDER NO.

293 - Unk. I-453 - France (La Cambe)

INDEX SHEET

SYNOPSIS

2nd Ind

6 Dec 45

FROM:

ASF, OCEG

#D:

Hors. Amer Cg Reg Command, TSF ET (Rear)

APO 387, c/o FM, New York, E.Y.

Fifth: The Chedit Ga

RES

Burial Reports.....

DOCUMENT FILED UNDER NO.

293 - Unk. Misc France

Jpm

FILE UNDER NO. 293 - Unk. X453 France (La Cambe)

INDEX SHEET

SYNOPSIS

Letter .

26 Oct 45

FKOM:

0Q14G

TO:

GG, COMZONE ETO APO 887, c/o PM, New York, H. Y.

FOR: Chief CM

SUBJ:

Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unk. (Misc) France (La Cambe)

jpm

AGRC FORM No. 11
Revised 16 Sept. 1948
Formely "Check List
of Unknowns")



IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy of Report of Interment WD QMC Form 1042)

D.D.# 699

| | | | 1 | Inknown X - 453 |
|----|--|----------------------------------|---|---|
| | | | | Cemetery La Camba, France |
| | | | I | Plot |
| 1. | Date reproce | ssed: 7 16 Jan 48 (Hour) (Date) | | • |
| 2. | Place of death | | | |
| | | (Name of closest town |) | (Coordinates and letter Prefix, maps) |
| | | ale and serials used) | | |
| 3. | Remains ************************************ | disinterred by and | raproce | (Name and organization) |
| 4. | Evacuated to Cen | netery by | ((,,,,,,),,)));;;;;;;;;;;;;;;;;;;;;;;;;; | |
| | | | | (Name and organization) |
| 5. | Description of clo | thing and equipment: (if | clothes do | not fit, obtain size from body measurements) |
| | Item | Clothing | | Indicate unusual markings |
| | | Markings | Sizes | color, wear, tear, repairs, etc. |
| | * Headgear | None (Type) | | • |
| | Raincoat | None | | |
| | Overcoat | None | | |
| | Jacket, Field | None | ,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | |
| | Jacket, Combat | Nome | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Mackinaw | None | | |
| | Sweater | None | | MINIMAN (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| | Jacket, HBT | None | (11 - ppopoposite | |
| | * Shirt, Wool OI | None | •••• | |
| | Undershirt, Wool | None | | |
| | Undershirt, Cotto | n None | | |
| | Trousers, HBT | None | | |
| | * Trousers, Wool | 47 | | |

FEB 261948

| Belt, web | None ' |
|--|---|
| Drawers, wool | None / |
| Drawers, cotton | None |
| Leggings, wool | None |
| Socks, cotton | None |
| * Shoes | None (type) |
| Overshoes | None |
| Web Equipment | None (type) |
| (Other item) | None |
| | None of these items should be computed by measuring the remains |
| Chevrons or Insignia | . None |
| . 11121A1114 | (Type & location; shirt, jacket, coat, helmet) |
| Shoulder Patch | None |
| Shoulder Patch | None None ate that deceased was a member of the Air, Ground or Naval Force? UTD |
| Shoulder Patch Does clothing indicate Description of Ren | None None ate that deceased was a member of the Air, Ground or Naval Force? UTD |
| Shoulder Patch | None ate that deceased was a member of the Air, Ground or Naval Force? UTD tains: Light TTD Weight UTD Description of wounds UTD Scars |
| Shoulder Patch Does clothing indic Description of Ren Age UTD H Bandages or dressi | None None ate that deceased was a member of the Air, Ground or Naval Force? UTD tains: Light TTD Weight UTD Description of wounds UTD Scars (Length, width, location) UTD UTDTattoos (Number, location — illustrate on separate page) |
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| Shoulder Patch Does clothing indice Description of Ren Age UTD H Bandages or dressi Outstanding moles Sunburn or tan, of | None ate that deceased was a member of the Air, Ground or Naval Force? UTD ains: ains: ains: Cight TTD Weight UTD Description of wounds UTD ags UTD Scars (Length, width, location) UTD UTDTattoos (Number, location — illustrate on separate page) warts or birthmarks UTD (Yes-no; description, location) her than hand and face UTD |
| Shoulder Patch Does clothing indice Description of Ren Age UTD H Bandages or dressi Outstanding moles Sunburn or tan, of | None ate that deceased was a member of the Air, Ground or Naval Force? UTD ains: ains: ains: Cight TTD Weight UTD Description of wounds UTD ags UTD Scars (Length, width, location) UTD UTDTattoos (Number, location — illustrate on separate page) warts or birthmarks UTD (Yes-no; description, location) her than hand and face UTD |
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| Shoulder Patch Does clothing indice Description of Ren Age UTD Ho Bandages or dressi Outstanding moles Sunburn or tan, of Complexion Build | None None ate that deceased was a member of the Air, Ground or Naval Force? UTD pains: hight TTD Weight UTD Description of wounds Scars (Length, width, location) UTD UTD UTD Tattoos (Number, location — illustrate on separate page) warts or birthmarks UTD (Yes-no; description, location) |

| Eyes | Goatee | (Light, color, extent) | 3 | The second secon |
|--|----------------|---|--|--|
| Nose | | | | |
| Nose | Eyes | UTD | Eyebrows | UTD |
| Mouth UTD Lips UTD (Size, situpe, straight) (Large, medium, small) Teeth None found (White, size, uneveness, spacing, noticeable crowns, fillings, extracts) Chin UTD (Ironinent, receding, pointed, dimples, double) [Large, small, normal) [Large, small, normal) [Large, small, normal) [Larynx UTD (Ital hand) Neck UTD Larynx UTD (Size, length, short, normal, wrinkled) [Road, straight, small, rounded) [Road, straight, small, rounded) [Road, straight, small, rounded] [Larynx UTD [Road, straight, small, rounded] [Larynx UTD [Road, straight, small, rounded] [Road, straight, small, rounded] [Larynx UTD [Road, straight, small, rounded] [Chenglin, muscular, color, extent and quantity of hards [Chenglin, muscular, normal] [Chenglin, muscular, normal] [Chenglin, muscular, small, normal] [Chenglin, small, norma | | (Color, selling, shape) | | (t.olor, bushiness, extent across nose) |
| Mouth UTD Lips UTD (Size, site close to or far Jeann head) Mouth UTD Lips UTD (Small, large, full) Teeth None found (White, size, uneveness, spacing, noticeable crowns, fillings, extracts) Chin UTD (Prominent, receding, pointed, dimples, double) [Large, small, normal) [Complete of the large | Nose | UTD | Eears | THE THE PERSON NAMED IN COLUMN TO TH |
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| (Size, corns, callouses, fial) (Slender, straight, crooked, overlap) Evidence of healed fractures | | | | |
| Evidence of healed fractures UTD | Feet | UTD | Toes UTI | (Slanday stealight areached avoiday) |
| Evidence of healed fractures UTD (Nose, arms, legs, etc.) | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (Nose, arms, legs, etc.) | Evidence of he | ealed fractures UTD | | |
| | | | (Nose, arms, | legs, etc.) |
| NOTE: Use attached charts "A" and "B" to indicate parts not received. | NOME II | | | 4d |

- 3 -

| 7.' | Have finger prints been placed o | n Report of Interment? No | (Yes-no) |
|-----|---|--|---------------------|
| | If not ourslain | Missing | • |
| | ir not, explain | | |
| 8. | Has tooth chart been prepared? | (Yes-no) If not, explain | Nona found |
| 9. | | d in burial box, upon | |
| | were found . An embos | sed plate and remnants | of a mattress cover |
| | was recovered. Case i | s eliminated. | |
| | | | |
| | I certify that I have personally vi has been recorded to the best of | , | |
| | • | WOOD | down to loof |
| | | ************************************** | (Officer's Name) |
| | | CAPT | ovc |
| | | Ronk | Service |
| | | OPERA | TIONS OFFICER |
| | | | (Organization) |

J

AGRC FORM'No. It , Revised 16 Sept. 1948 Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy of Report of Interment WD QMC Form 1042)

| | | | • | Unknown | _X - 453 | ,. | |
|------------|--|-------------------|--|--|--|---|--|
| | | | | | _ | | •. |
| | | | | Plot BE | Row | 5 Gra | ve 92 |
| ۱. | A CONTRACTOR OF THE CONTRACTOR | Date repr | (Date) | 0 April | 1947. | | |
| 2. | Place of death | (Name of close | | | | letter Prefix, n | |
| | | and serials used) | | | | | |
| 3. | Remains Tecovered on | disinterred by | Subordina | | dification organization | | Carentar France. |
| 1 . | Evacuated to Cemete | ry by | The state of the s | (Name and | organization) | i Minidalessii (1911-Mahdassi (1977) | >>>halldatva>>>>ranaddt(tv().>>halb |
| 5. | Description of clothin | g and equipme | nt: (if clothes d | o not fit, o | btain size fr | om body me | easurements) |
| | Ma | othing rkings | Sizes | ٠. | | e unusual m wear, tear, : | _ |
| | * Headgear | one (Type) | | | | | |
| | Overcoat | none | | | • | | |
| | Jacket, Field | ክለክል | | | | | |
| | Jacket, Combat | none | • | | | | |
| | Mackinaw | - | • | | | | |
| | Sweater | A | one | | | | |
| | Jacket, HBT | | MANA. | | h.m.ariiidhalmmiki | 7111411555555555555 | , |
| | * Shirt, Wool OD | | Mama | ************************************** | 711W1++++++>>>>> | h-H-f- | |
| | Undershirt, Wool | | *** | | | 44444 | |
| | Undershirt, Cotton | | none | | | | |
| | Trousers, HBT | | ne | on• | | | ************************************** |
| | * Trousers, Wool Of | | | none | ······································ | *************************************** | ······ |

| В | web | |
|------------|---|--------------|
| D. | vers, wool Bone | |
| | wers, cotton Done | |
| Le | gings, wool | |
| Sc | s, cotton none | |
| | oesoes | |
| 0 | rshoes | |
| V | Equipment (type) | |
| (C | er item) | |
| | er item) | |
| * 1 | ody is nude, sizes of these items should be computed by measuring the remains | |
| | vrons or none | |
| | (Type & location; shirt, Jacket, coat, helmet) RONE ulder Patch | |
| | s clothing indicate that deceased was a member of the Air, Ground or Naval Force? | |
| Δ | rription of Remains: Uta | |
| _ | dages or dressings Scars (Length, width, Joentlan) | |
| В | | |
| | Tattoos (Number, location — illustrate on separate page) | |
| _ | standing moles, warts or birthmarks. | |
| 13 | (105-10) descriptions recurrence | |
| | burn or tan, other than hand and face. | |
| C | nplexion | |
| | (Light, medium, nark, clear, phulples, poesse records) | |
| В | d | ************ |
| } - | None found | |
| | (Color, length, quantity, curly, wavy, straight, whorls, or definite parting) | |
| } | f | |
| | Uta Uta Beard or Genetic heavy | |
| ۵ | (Color, setting, shape) (Color, size, shape) (Length, heavy) | |

| Goatee | Uta 🛡 | | | | | | |
|---------------------|--|---|--|--|--|--|--|
| | (Light, color, extent) | · | | | | | |
| Eyes | Ved | Utd Eyebrows | | | | | |
| , | (Color, setting, shape) | (Color, hushiness, extent across nose) | | | | | |
| Nose | Vta | EearsE | | | | | |
| | (Size, shape, straight) | (Size, set close to or far from head) | | | | | |
| Mouth | Vta | J.ips Utd | | | | | |
| · | (Large, medium, small) | (Small, large, full) | | | | | |
| Teeth | See Tooth Chart | | | | | | |
| _ | (White, size, uneveness, | spacing, noticeable crowns, fillings, extracts) | | | | | |
| CHIH | | eceding, pointed, dimples, double) | | | | | |
| Tauz | Utd Circum | ference of head in inches | | | | | |
| Jaw | (Large, small, normal) | (Hat band) | | | | | |
| Manla | Vta | Larynx Larynx | | | | | |
| TACK "www. | (Size, length, short, normal, wrickled | | | | | | |
| مسمله المسماك | Utd | Tta | | | | | |
| Quodigers | (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair) | | | | | | |
| Hands | Vta | | | | | | |
| _ | Uta | | | | | | |
| ringers | (Short, thick, long, sle | ender, size of knuckles, missing fingers or joints) | | | | | |
| | ए ६७ | | | | | | |
| | | ecteristics of flagernalis) | | | | | |
| Ch | Uta | | | | | | |
| Chest | (Size of nipples, color, quan | tity and extent of hair, large, small, normal) | | | | | |
| 537 ₋₁ . | Uta | | | | | | |
| vv aist | (Size of navel, appende | ectomy, amount, quantity, and color of hair) | | | | | |
| D 1 | Uta | Utd None found | | | | | |
| Back | (Quantity and extent of hair) | Circumcision Pubic Hair (Color) | | | | | |
| | Uta | | | | | | |
| Herniaplasi | ty | (Yes-nu; location) | | | | | |
| Legs | Üta | | | | | | |
| - | (Insenm, muscular, knock-kneed, | howed, normal, quantity, color and extent of hair) | | | | | |
| Feet | Utd | Toes | | | | | |
| | (Size, corns, callouses, flut) | (Stender, straight, crooked, overlap) | | | | | |
| Evidence o | f healed fractures None for | ound | | | | | |
| | | (Nose, arms, leas, etc.) | | | | | |

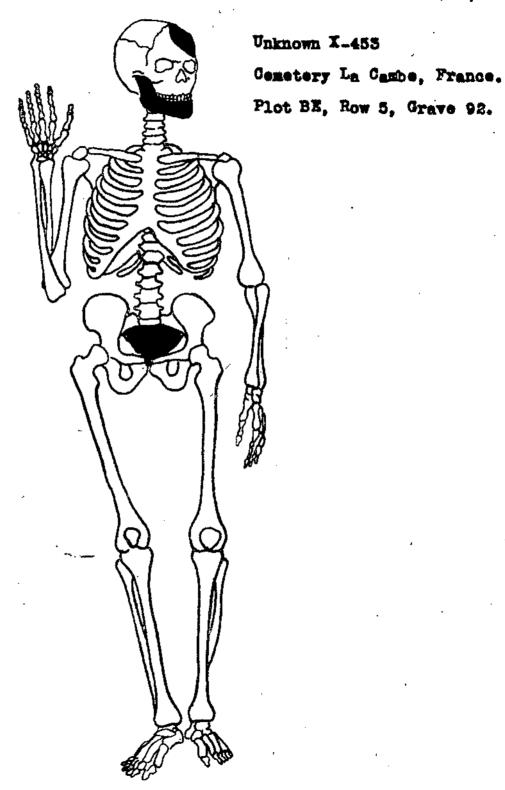
NOTE: Use attached charts "A" and "B" to indicate parts not received.

| | -g p zz- pcu cn | eport of Interment? | (Yes-110) | AND PROPERTY OF SPREAMENT OF STREET |
|---|---|---|--|---|
| If not, | explain hands missi | 8 | | Transmitt and the state of the |
| Has too | th chart been prepared? | Yes If not, explai | n | ······································ |
| Thi recor X-454 from It is cases | All that remains of skull. No clot s body disinterred as) with George E. X-455, X-456, an Pont-Hebert (N W) possible that con mentioned in above all burial report, | from common grave Tillett, 13047453, Edward A. Bochnie Slidation can be a burial report. (C | (Buried by Ge X-450, X-451 asz, 16016671, asde with any Sertified true | of the |
| has been | that I have personally view recorded to the best of m | | cceased and all result | ing information |
| Case | remains "Unknown". | | • | |
| | | P | alterall | - huhty |
| | | ELJ | LEWORTH T. MAG | INTYRE |
| | | | Captain 3 | ra. |
| | | Renk | | Service |
| | | | Identificati | |

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



OFFICE OF THE CHIEF QUARTERMASTER HQ. COM. ZONE, ETOUSA

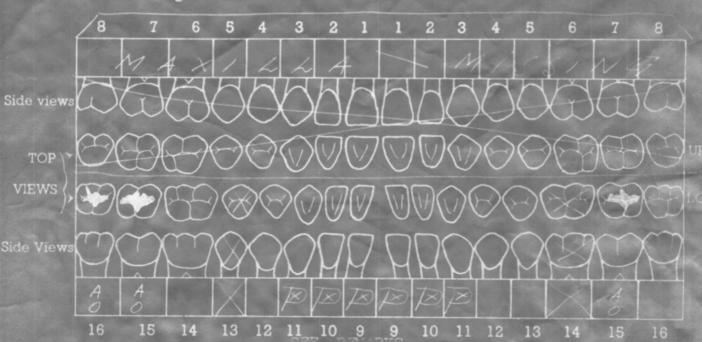
HTOOTH CHART

Place of Death

Cause of Death

Right

Left



32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge

GRAVES REGISTRATION

MISSING TEETH .. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:

CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:

BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:

FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:

CARIES (CAVITIES). Outline location and size of cavity, shade in thus:

DENTURES (PLATES). . Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing: R-9, 10, 11; L-9, 10, 11.

L-12-L-16 rotated 1/8 of a turn mesially

No space between R-12-R-14

Teeth are normal size, white and alignment fair.

R-15 malposed facially (slightly).

RESTRICTED RESTRICTED TM'10-630 AND AR 30-1815

| • | 22 | 041 |
|-----|------|-----|
| Sep | 8/44 | |
| | Date | |

| | | 111 10-030 ŽIAD VK 20-101 | • | Date |
|--|--|---|-------------------------------|---|
| X-453 | | | Unk. | Unk. |
| Last Name | First | Initial | Rank Unik . | Serial No. |
| · · · · · · · · · · · · · · · · · · · | Unit | | Organization | |
| ni. Ny of Po | nt-Hebert | Unk. | | Unk. |
| Place of Death 50 Sep 8/44 | <u>L</u> | Date of Death La. Cambe | | Cause of Death 558-881 |
| Time and Date of Buris | 1 | Name of Cemetery | | e or Coordinates of Location |
| 92 | 5 | BE | | Stake Type of Marker |
| | w Number | Plot Number | | |
| osition of Identification lo Identification Tag How were remains i | gs | GRS Ident. Tag | • | I No 22 Ident. Tag r ltr dtd 7 Feb 49 |
| 1100 Nete 1emails | acatemea (| Subj: CIL Re | mains. | r iur aud 7 res 49 |
| | | X-456, 160166 | X-451, X-45 and Edward | llett, 13047453 52, X-454, X-459 A. Bochniasz, com Pont-Hebert |
| determine Right or | Left use Deceased | l's Right and Left. | | |
| io is buried on: | X-454 | | | 93 |
| ceased's Right: - | Name | Serial No. Ran | k Organiza | |
| ceased's Left: - | X-452 Name | Serial No. Rank | C Organiza | 91 Grave No. |
| | * ************************************ | ### government | | |
| Signature or Name, Rank an | d if possible Organization | of person furnishing above Data w If print of identification tag | | |
| e-452 unengen | | | TT1- | |
| , wertean | | Emergency Addressee | unk. | Name |
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| A September 1995 - Sept | <i></i> | • | | |
| The state of the s | | Religion Unk. | | |
| t only Personal Effec | ts Found on Bod | y and disposition of same | 2 : | |
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| No Person | nal Effects | | 11, | Wast 49 |
| | | | F) | 120 |
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| | | / ti | NEss or other protection | tion burdel |
| | | Signature of (| Officer or other person repor | nus omisi |

HQ. 805. 22/9/43. 380M/8/15219

LYNFORD G. CHASE, 1st Lt., QHO

| | • | IF DECEASED UNIDENT ED Take Fingerprints of Both Hands. If unable to obtain a | |
|------------------|--|---|------------------------------|
| Left Hand | ¢d | complete set of Fingerprints, Take Those You Can, and fill in the following: Height: Laundry Marks: Weight: Number of Rifle: Color of Eyes: Wear Glasses? Color of Hair: Is Tooth Chart Attached? Race: (If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, | |
| | to obtain | and describe any scars, birthmarks, moles, deformities, etc. | to obtain |
| | Impossible | Note below any identifying chies found, such as letters, photographs, probable organization of deceased, etc.: | Impossible |
| | Thumb | • | - |
| Deceased's Left | 1 2 3 4 5 8 7 8 H2001 Crowns by O. filings by D. Bridges | oriented with Permanent Landmarks. If more attach separate sheet. Indicate North. | f the Location, space needed |
| Deceased's Right | 8 7 6 5 4 3 2 1 1 2 3 4 5 8 7 6 5 4 3 2 1 1 2 3 4 5 10 10 10 10 10 10 10 10 10 10 10 10 10 | Characteristics: Characteristics: Other Data: | |

Upper