

Date : 01/20/98  
Page : 1

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : INSCOM/CSF  
RECORD NUMBER : 194-10004-10139  
RECORDS SERIES : DOD-AFFILIATED PERSONNEL INCIDENT INVESTIGATIONS  
AGENCY FILE NUMBER : PAGE 372-373  
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DOCUMENT INFORMATION

ORIGINATOR : USA  
FROM : HAYASHIDA, MYRON K.  
TO : USA INTELLIGENCE CMD  
TITLE : [ RESTRICTED ]  
DATE : 11/25/66  
PAGES : 2  
SUBJECTS : FROMER, DAVID R.

INDUCTION

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : UNCLASSIFIED  
RESTRICTIONS : 3  
CURRENT STATUS : RELEASED WITH DELETIONS  
DATE OF LAST REVIEW : 03/07/95  
OPENING CRITERIA :  
COMMENTS : RECORD REGRADED UNCLASSIFIED ON 2 SEP 94. INCLOSURES  
NOT INCLUDED.

| REQUEST FOR AND RESULTS OF PERSONNEL ACTION<br>(AR 381-130)  |   | DATE<br>25 November 1966   |             |             |             |              |         |  |
|--|---|--|-------------|-------------|-------------|--------------|---------|--|
| <b>TO: (Control Office)</b><br>CG, USA Intelligence Cmd<br>ATTN: ACofS, CONOPS<br>PO Box 398<br>Fort Holabird, Md 21219  | <b>THRU:</b><br>CG, USAREC<br>ATTN: Security Officer<br>Hampton, Va 23369 | <b>FROM: (Requesting Agency)</b><br>CO, AFEES<br>1515 Clay Street<br>Oakland, California   |             |             |             |              |         |  |
| (Enter name and address of the ACTION AGENCY to which results are to be sent, if known by requester)<br><br><div style="text-align: center;"> <b>CHIEF, USAPSG</b><br/> <b>ATTN: Adjudication Branch</b><br/> <b>Fort Holabird, Md 21219</b> </div>  |   | <b>CONTROL OFFICE USE ONLY</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">REQUIREMENT</td> <td style="width: 50%;">REQUEST NO.</td> </tr> <tr> <td>DOSSIER NO.</td> <td>OPENING DATE</td> </tr> <tr> <td colspan="2">REMARKS</td> </tr> </table>   | REQUIREMENT | REQUEST NO. | DOSSIER NO. | OPENING DATE | REMARKS |  |
| REQUIREMENT  | REQUEST NO.   |  |             |             |             |              |         |  |
| DOSSIER NO.  | OPENING DATE  |  |             |             |             |              |         |  |
| REMARKS  |   |  |             |             |             |              |         |  |
| <b>SECTION I - REQUESTER TO CONTROL OFFICE</b>   |   |  |             |             |             |              |         |  |
| 1. SUBJECT (Last name in capitals, first and middle names)<br><b>FROMER, David Reed</b>  | 2. ALIAS(ES)<br><b>None</b>   | 3. SOCIAL SECURITY NO.<br><b>564-58-8137</b>   |             |             |             |              |         |  |
| 4. DATE OF BIRTH (Day, Month, Year)<br><b>21 July 1942</b>   | 5. PLACE OF BIRTH (City, State and country)<br><b>Chicago, Illinois</b>   | 6. GRADE AND POSITION<br><b>N/A</b>  |             |             |             |              |         |  |
| 7. REQUESTED ACTION <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> VALIDATION <input type="checkbox"/> RECORDS CHECK   |   |  |             |             |             |              |         |  |
| 8. TYPE OF INVESTIGATION:<br><input type="checkbox"/> NAC <input type="checkbox"/> NACI <input type="checkbox"/> BI <input type="checkbox"/> OTHER (Explain in Item 15)  |   | 9. a. FOR CLEARANCE AND/OR ACCESS TO:<br><input type="checkbox"/> TOP SECRET <input type="checkbox"/> SECRET <input type="checkbox"/> CONFIDENTIAL<br><br>b. <input type="checkbox"/> FOR LIMITED ACCESS AUTHORIZATION<br><br>c. <input type="checkbox"/> INTERIM CLEARANCE DESIRED<br><br>d. <input checked="" type="checkbox"/> OTHER (Explain in Item 15) |             |             |             |              |         |  |
| 10. TO DETERMINE SUITABILITY FOR:<br><b>INDUCTION</b>  |   |  |             |             |             |              |         |  |
| 11. JUSTIFICATION<br><b>PAR 18, AR-604-10</b>  |   |  |             |             |             |              |         |  |
| 12. REVIEW OF FILES REQUIRED BY PARAGRAPH AR 604-5, COMPLETED ON _____ REVEALED:<br><input type="checkbox"/> NO UNFAVORABLE INFORMATION <input type="checkbox"/> UNFAVORABLE INFORMATION DETERMINED NOT TO BE A BAR TO ACTION CONTEMPLATED<br><input type="checkbox"/> INFORMATION SUMMARIZED IN ITEM 15   |   |  |             |             |             |              |         |  |
| 13. LATEST INVESTIGATION/CLEARANCE (Type, when, by whom)<br><b>N/A</b>   |   | 14. NO BREAK IN FEDERAL SERVICE EXCEEDING SIX MONTHS SINCE<br><b>N/A</b>   |             |             |             |              |         |  |
| 15. REMARKS (If unfavorable information entered, transmit in sealed envelope thru intelligence channels).<br><b>Request investigation of registrant in view of remarks made by registrant in remarks section of DD Form 98 and DD Form 398. SSN: 4-42-42-204</b><br><div style="text-align: right; margin-top: 20px;"> <b>Headquarters</b><br/> <b>US Army Recruiting Command</b><br/> <b>Hampton, Virginia 23369</b> </div> |   |  |             |             |             |              |         |  |
| INCLS<br><b>3</b>  | TYPED NAME AND TITLE<br><b>MYRON K. HAYASHIDA</b><br><b>1/LT, AGC</b>     | SIGNATURE<br>  |             |             |             |              |         |  |
| <b>SECTION II - CONTROL OFFICE TO REQUESTER</b>  |   | DATE<br>   |             |             |             |              |         |  |
| 16. <input type="checkbox"/> NEW FINGERPRINT CARD REQUIRED<br><input type="checkbox"/> ITEMS _____ ON SPH (PSQ) REQUIRE CORRECTION AND/OR COMPLETION.<br><input type="checkbox"/> INTERIM REPORT FORWARDED. REQUEST REPORT OF ACTION TAKEN AND RETURN OF INCLOSURES UPON COMPLETION.   |   |  |             |             |             |              |         |  |
| INCLS  | TYPED NAME AND TITLE  | SIGNATURE  |             |             |             |              |         |  |

DA FORM 2784  
1 APR 64

## SECTION III - REQUEST TO CONTROL OFFICE

## 17. REPORT OF ACTION

☐ INFORMATION NOTED☐ SUBJECT REASSIGNED TO NON-SENSITIVE DUTIES. INVESTIGATION MAY BE CANCELED.☐ INFORMATION CONSIDERED NO BAR TO CLEARANCE. REQUEST COMPLETION OF INVESTIGATION.

## 18. SUBJECT WAS TRANSFERRED

TO

HEADQUARTERS

PER

DATED

## 19. REMARKS (If returning corrected forms, state here)

INCLS

TYPED NAME AND TITLE

SIGNATURE

## SECTION IV - CONTROL OFFICE TO ACTION AGENCY

DATE

30 MAR 1967

## 20. RESULTS OF PERSONNEL SECURITY ACTION

☐ NO RECORD☐ FAVORABLE☐ MINOR UNFAVORABLE INFORMATION RECORDED IN ITEM 21☐ PRIOR INVESTIGATION INSUFFICIENT FOR ACTION CONTEMPLATED☒ FORWARDED FOR SECURITY DETERMINATION BY CLEARING AUTHORITY

IF NEEDED, INITIATE REQUEST FOR INVESTIGATION.

## TYPE OF INVESTIGATION

☐ NAC ☐ NACI ☐ BI ☒ OTHER

## COMPLETED BY

USAINTC

## DATE

29 Mar 1967

## DOSSIER NUMBER

AA 81 40 20

## 21. REMARKS

a. THIS FORM, TOGETHER WITH ANY INCLOSURES, REPORT OF ACTION TAKEN AND USACRF COPY OF DA FORM 873 (if appropriate) WILL BE RETURNED TO THE CONTROL OFFICE WITHIN \_\_\_\_\_ DAYS AFTER RECEIPT.

b. IN THE EVENT SUBJECT HAS BEEN TRANSFERRED FROM YOUR COMMAND, THIS FORM AND INCLOSURES WILL BE RETURNED IMMEDIATELY WITH ITEM 23 COMPLETED.

c. ATTENTION IS INVITED TO: PARAGRAPHS \_\_\_\_\_ AR 604-5; PARAGRAPH \_\_\_\_\_ AR 604-11; PARAGRAPH \_\_\_\_\_ AR 640-98; AND PARAGRAPH \_\_\_\_\_ AR 381-130, AS APPLICABLE.

INCLS SUBJECT'S Dossier and that of HIS father - D8 03 23 86

TYPED NAME AND TITLE

DAN H. DIETRICH  
Lt Col AIS  
Chief of Operations III

SIGNATURE

S. B. Burt

## SECTION V - ACTION AGENCY TO CONTROL OFFICE

DATE

## 22. REPORT OF ACTION

☐ FAVORABLE DETERMINATION, USACRF COPY DA FORM 873 ATTACHED☐ UNFAVORABLE DETERMINATION, RECOMMENDED ACTION IN ITEM 24

RESCINDED PER DA MESSAGE  
DA 785175, DATED 16 MAY 66  
REQUEST ADDITIONAL INVESTIGATION AS INDICATED IN ITEM 24

## 23. SUBJECT WAS TRANSFERRED

TO

HEADQUARTERS

PER

DATED

## 24. REMARKS

373 FOR OFFICIAL USE ONLY - This protective Marking is Excluded From Automatic Termination

CONFIDENTIAL

INCLS

TYPED NAME AND TITLE

SIGNATURE