

Date : 01/20/98
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JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : INSCOM/CSF
RECORD NUMBER : 194-10004-10141
RECORDS SERIES : DOD-AFFILIATED PERSONNEL INCIDENT INVESTIGATIONS
AGENCY FILE NUMBER : PAGES 378-381

DOCUMENT INFORMATION

ORIGINATOR : USA
FROM : HAYASHIDA, MYRON K.
TO :
TITLE : [RESTRICTED]
DATE : 11/26/66
PAGES : 4
SUBJECTS : FROMER, DAVID R.

LEGAL ADVICE

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
CLASSIFICATION : UNCLASSIFIED
RESTRICTIONS : 3
CURRENT STATUS : RELEASED WITH DELETIONS
DATE OF LAST REVIEW : 03/07/95
OPENING CRITERIA :
COMMENTS :

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME—MIDDLE NAME—MAIDEN NAME (If any)—LAST NAME <input checked="" type="checkbox"/> MR. DAVID REED FROMER <input type="checkbox"/> MRS. <input type="checkbox"/> MISS						2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) None				4. PERMANENT MAILING ADDRESS 13 Rhonda Way, Mill Valley, Calif.			
5. DATE OF BIRTH (Day, month, year) 21 July 1942		PLACE OF BIRTH (City, County, State, and Country) Chicago, Cook, Illinois, USA		PLACE CERTIFICATE RECORDED			
RACE Cauc	HEIGHT 67"	WEIGHT 170	COLOR OF EYES Brown	COLOR OF HAIR Brown	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS Scar above left eye		
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.							
7. U. S. CITIZEN <input checked="" type="checkbox"/>		NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NATURALIZED, CERTIFICATE NO.		IF DERIVED, PARENTS' CERTIFICATE NO(S).	
ALIEN <input type="checkbox"/>		REGISTRATION NO.		NATIVE COUNTRY		DATE AND PORT OF ENTRY	
DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO							
8. MILITARY SERVICE							
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION		DATE CURRENT ACTIVE SERVICE STARTED	
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION OR UNIT AND LOCATION			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS—GRADE AND SERVICE NO.		
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)							
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL			GRADUATE		
FROM—	TO—				YES	NO	
1947	1949	Nettelhorst Elem. School, Chicago, Illinois			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1949	1950	La Casita Elem. School, Clovis, New Mexico			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1950	1954	Argonne Elem. School, S.F., Calif.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1954	1957	Presidio Of. High, S.F., Calif.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1957	1960	Geo. Washington High School, S.F., Calif.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)							
RELATION AND NAME		DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING		U. S. CITIZEN	
						YES	
FATHER IRVING FROMER		12 July 1913 Cincinnati, Ohio		13 Rhonda Way Mill Valley, Calif.		<input checked="" type="checkbox"/>	
MOTHER (Maiden name) Katherine Rhodes		31 Dec 1909 Estherville, Iowa		13 Rhonda Way Mill Valley, Calif.		<input checked="" type="checkbox"/>	
SPOUSE (Maiden name) None							
OTHER (Specify) Brother		11 May 1946 Chicago, Illinois		881 Clayton St. San Francisco, Calif.		<input checked="" type="checkbox"/>	
Sister		15 Aug 1939 San Francisco, Calif.		881 Clayton St. San Francisco, Calif.		<input checked="" type="checkbox"/>	
Ann Spake							

11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)				
RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
None				

12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)			
DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM—	TO—		
		None	

13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)				
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM—	TO—			
Dec 59	Dec 59	Paul Elder Bookstore Sutter & Stockton Sts., S.F., Cal.	Paul Elder	End of holiday season
Summer 60		San Francisco Council Camp Fire Girls, S.F., Calif.	Unknown	End of summer Camp
1960	1961	Fairmont Hotel San Francisco, Calif.	Unknown	Part-time job
1961	1962	Foster's Restaurant San Francisco, Calif.	Unknown	Part-time job
Summer 1961 &	1962	S. F. Boys' Chorus San Francisco, Calif.	Madi Bacon	End of summer camp
1962 &	1963	Madison Board of Education Rec. Madison, Wisconsin	Unknown	end of school year
Fall 1962		Clark Service Station Atwood Ave., Madison, Wisconsin	Ed Cutter	Conflict with studies
		Self-employed - musicians in folk trio		
Oct 65	Jun 66	Cooke Cupboard 1718 Wells St., Chicago, Illinois	Bob George	Return to S.F.

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? ☐ YES ☒ NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? ☐ YES ☒ NO HAVE YOU EVER BEEN REFUSED BOND? ☐ YES ☒ NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

SOCIAL SECURITY NO.

564-58-8137

14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories.)					
CREDIT	NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
	None				
CHARACTER	Malvina Reynolds	10	2027 Parker Street	Berkeley	Calif.
	Stephan Negoesco	10	Sonora Way	Corte Madera	Calif.
	Madi Bacon	4	1120 Keith Avenue	Berkeley	Calif.
	Richard Correll	10	799 Clayton Street	San Francisco	Calif.
	Archie Brown	10	1027 Brussell St.	San Francisco	Calif.

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JUL

15. LIST ALL RESIDENCES FROM 1 JANUARY 1937				
MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM—	TO—			
1942	1949	2817 Pine Grove Street	Chicago	Illinois
1949	1950	Edwards Street	Clovis	New Mexico
1950	1960	1932 Cabrillo Street	San Francisco	California
1960	1961	2450 Bzncroft Way	Berkeley	California
1961	1962	881 Clayton Street	San Francisco	California
1962		219 N. Basset	Madison	Wisconsin
1963		215 Lake Lawn Avenue	Madison	Wisconsin
1963	1964	1427 University Avenue	Madison	Wisconsin
1964	1965	881 Clayton Street	San Francisco	California
1965	1966	435 W. North Avenue	Chicago	Illinois
1966		13 Rhonda Way	Mill Valley	California
1966		140 Langdon Street	Madison	Wisconsin

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS				
NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM—	TO—

17.	
YES	NO

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. ☐ YES ☒ NO
IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

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19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? ☒ YES ☐ NO IF "YES," GIVE DETAILS

I am a conscientious objector. My case is in the courts at the present time.

20. REMARKS

I have been advised by my lawyers that I cannot sign #16 or #17 without putting myself in jeopardy. Private attorney - Peter Franck
Family attorney - Vincent Mallinan

David Reed Fromer, born 21 July 1942, in Chicago, Illinois, a registrant under the Universal Military Training Act, was this date given an opportunity to execute DD Form 398 and in my presence he refused to do so, in its entirety.


MYRON K. HAYASHIDA
1/LT, AGC

ITEM #9 EDUCATION (Continued)

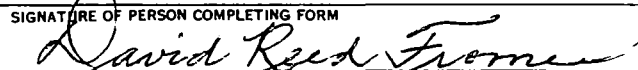
		DEGREE
1960 - 1961	University of California, Berkeley, California	No
1961 - 1962	City College of San Francisco, San Francisco, Calif.	Yes
1962 - 1964	University of Wisconsin, Madison, Wisconsin	No
1964 - 1965	San Francisco State College, San Francisco, Calif. (Ext.)	No
1965 - 1966	Roosevelt University, Chicago, Illinois	No
1966 - Present	University of Wisconsin, Madison, Wisconsin	No

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

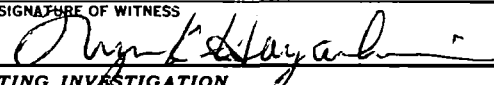
DATE

SIGNATURE OF PERSON COMPLETING FORM

21 Nov. 1966


TYPED NAME AND ADDRESS OF WITNESS
MYRON K. HAYASHIDA, 1/LT, AGC
1515 Clay St., Oakland, Calif.

SIGNATURE OF WITNESS



21.

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS.

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