

**OFFICE OF MILITARY COMMISSIONS
OFFICE OF THE CHIEF PROSECUTOR
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**QUESTIONNAIRE FOR FAMILY MEMBERS OF THOSE WHO LOST THEIR
LIVES ON SEPTEMBER 11, 2001**

(Please print legibly in ink. If you lost more than one loved one, please fill out a separate questionnaire for each of them.)

1. VICTIM INFORMATION:

What was the name of your loved one? _____

Where did he/she lose her life? (i.e., World Trade Center, Pentagon, Flight 11, Flight 175, Flight 77 or Flight 93) _____

Your loved one's employer: _____

What was his/her job? _____

How old was your loved one at the time of death? _____

What was the date of birth of your loved one? _____

Where was he/she born? _____

Was he/she an American citizen? If not, of what country? _____

Where did your loved one live at the time of death? (City/State/Country)

Was your loved one married? If so, to whom?

Did your loved one have any children? If so, please provide names and ages. Also, if any of the children have any serious health problems, please indicate.

What are the names of your loved one's parents? If they are living, may we contact them? If possible, please provide their contact information (address, phone number and email):

Mother: _____

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Father: _____

II. INFORMATION ABOUT THE PERSON COMPLETING THE QUESTIONNAIRE:

Name: _____

Address: _____

Home telephone number: _____

Work telephone number: _____

Where do you work (or home, if applicable) _____

Cell (mobile) phone number: _____

Relationship to your loved one: _____

Do you want to testify at the trial of the 9/11 co-conspirators? _____

Do you wish to be contacted by one of the 9/11 prosecutors to talk about your desire to testify in these cases? _____

Would you like to be interviewed by one of the prosecutors even if you are disinclined to testify (counsel could benefit from your perspective even if you would prefer not to testify)? _____

Do you feel as though the death penalty is an appropriate sentence in this case?

Yes _____ No _____

Please explain (if you would like to provide this information):

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III. VICTIM IMPACT INFORMATION

Did you speak to your loved one on September 11th? Yes _____ No _____

If yes to the above question, was it while they were either in the World Trade Center, Pentagon, or on one of the flights? Yes _____ No _____

If yes, please describe the conversation: _____

Do you have any recordings of your last communication with your loved one; i.e., did he or she leave a message on your answering machine, etc.? Yes ____ No ____

If you have such a recording, have you provided a copy to the FBI? Yes ____ No ____

Has any family member of your loved one provided DNA samples? Yes ____ No ____

If yes to the above question, please list their names, ages, and relationship to your loved one:

Please use the following to describe your loved one, including any information that will give us a better sense of who he/she was as a person, and how this crime has affected you.

Please provide us with any photos of your loved one that you would like to share with us.

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**QUESTIONNAIRE FOR THOSE WHO WERE INJURED ON
SEPTEMBER 11, 2001**

(Please print legibly in ink.)

1. VICTIM INFORMATION:

What is your name?

How old were you on September 11, 2001?

What is your date of birth?

Where were you born?

Are you married, and if so, to whom?

Do you have any children? If so, please provide their names and ages.

Where were you at the time of your injury?

By who were you employed at the time of the injury?

Were you taken to a hospital for treatment due to injuries sustained on that day? If so, which hospital? (Please provide name and address of hospital, and the ward in which you were treated.)

What was the name of your doctor(s) during your stay in the hospital?

Please describe the extent of your injuries.

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Do you feel as though the death penalty is an appropriate sentence in this case? Yes No

Please explain (if you would like to provide this information):

III. VICTIM IMPACT INFORMATION

Have you written articles or participated in interviews regarding the injuries you incurred on September 11, 2001? If yes, please describe here: (name of publication or news source)

Please describe the effect these injuries have had on your life, including any information that will give us a better sense of how this affected your family, your work, and any other important aspects of your life.

Please provide us with any photos of your injuries that you would like to share with us. You can send the photos to the email address below.

Thank you for taking your time to share this information.

Office of Military Commissions, Department of Defense
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