

**OFFICE OF MILITARY COMMISSIONS
OFFICE OF THE CHIEF PROSECUTOR
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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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