OFFICE OF MILITARY COMMISSIONS OFFICE OF THE CHIEF PROSECUTOR FOR OFFICIAL USE ONLY

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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How long did you remain in the hospital?

Have you been hospitalized after your initial release for injuries related to the attack? If so, please describe in detail:

Do you have medical records of your injuries?	Yes	No	
Were you medically disabled so as to affect your abilit	y to work?	Yes	No
II. CURRENT INFORMATION			
Name:			

Address:		-
Home telephone number:		_
Where are you employed (or home, if applicable)		
Work telephone number:		-
Cell (mobile) phone number:		
Do you want to testify at the trial of the alleged 9/11 Co- conspirators?	Yes	No
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)?	Yes	No

2 OF 3 Fax to 703-556-5508 or scan and email to karenL2@ptf.gov, or victim.travel@osd.mil

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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 Attn: Ms. Karen Loftus, Director, VWAP Fax: 703-556-5508 E-mail: victim.travel@osd.mil

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