

Date : 01/13/98  
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JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : INSCOM/CSF  
RECORD NUMBER : 194-10004-10138  
RECORDS SERIES : DOD-AFFILIATED PERSONNEL INCIDENT INVESTIGATIONS  
AGENCY FILE NUMBER : PAGES 27-27A  
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DOCUMENT INFORMATION

ORIGINATOR : USA  
FROM : DIETRICH, DAN H. JR  
TO : USA PERSONNEL SECURITY GROUP  
TITLE : [ RESTRICTED ]  
DATE : 06/13/67  
PAGES : 2  
SUBJECTS : FROMER, DAVID REED

LOCAL FBI (S) FILE CHECK

REQUEST FOR AND RESULTS OF PERSONNEL SECURITY ACTION

RESULTS OF PERSONNEL SECURITY ACTION

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

Released under the John F. Kennedy Assassination Records  
Collection Act of 1992 (44 USC 2107 Note). Case# MW 64954  
Date: 09-22-2022

Released under the John F. Kennedy Assassination Records  
Collection Act of 1992 (44 USC 2107 Note). Case# MW 64954  
Date: 03-10-2025

SECTION III - REQUIREMENTS TO CONTROL OFFICE				DAY
17. REPORT OF ACTION				
<input type="checkbox"/> INFORMATION NOTED		<input type="checkbox"/> SUBJECT REASSIGNED TO NON-SENSITIVE DUTIES, INVESTIGATION MAY BE CANCELED.		<input type="checkbox"/> 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)				
INCL.	TYPED NAME AND TITLE	SIGNATURE		
SECTION IV - CONTROL OFFICE TO ACTION AGENCY				DATE
20. RESULTS OF PERSONNEL SECURITY ACTION				
<input type="checkbox"/> NO RECORD <input type="checkbox"/> FAVORABLE <input type="checkbox"/> MINOR UNFAVORABLE INFORMATION RECORDED IN ITEM 21 <input type="checkbox"/> PRIOR INVESTIGATION INSUFFICIENT FOR ACTION CONTEMPLATED <input checked="" type="checkbox"/> FORWARDED FOR SECURITY DETERMINATION BY CLEARING AUTHORITY IF NEEDED, INITIATE REQUEST FOR INVESTIGATION.				
TYPE OF INVESTIGATION		COMPLETED BY	DATE	DOSSIER NUMBER
<input type="checkbox"/> NAC <input type="checkbox"/> NACI <input type="checkbox"/> SI <input checked="" type="checkbox"/> OTHER		USAINTC	13 Jun 67	765175 (83) (37) (D)
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.				
INCL.	TYPED NAME AND TITLE	SIGNATURE		
n/c	DAN H. DIPTRICH, JR. LTC, AIS, CHIEF, JOOP-III	S. B. But		
SECTION V - ACTION AGENCY TO CONTROL OFFICE				DATE
22. REPORT OF ACTION				
<input type="checkbox"/> FAVORABLE DETERMINATION, USACRF COPY DA FORM 873 ATTACHED <input type="checkbox"/> UNFAVORABLE DETERMINATION, RECOMMENDED ACTION IN ITEM 24				
23. SUBJECT WAS TRANSFERRED				
TO	HEADQUARTERS	PER	DATED	
24. REMARKS				
Regraded Unclassified When Separated From Classified Inclosures and Marked "FOR OFFICIAL USE ONLY - This Protective Marking is Excluded From Automatic Termination"				
INCL.	TYPED NAME AND TITLE	SIGNATURE		
	27			

RESCINDED PER DA MESSAGE  
DA 765175, DATED 10 MAY 68

REGRADUATED ON 2 SEP 94  
BY CDR [illegible] F01/PO  
AUTH Para 1-6.3 DOD 5200.1R

REQUEST FOR AND RESULTS OF PERSONNEL SECURITY ACTION (AR 161-130)		DATE 5 May 1967
TO: (Control Office) DCS-OPS USAINTC ATTN: OPS III (Mr. Burwasser) Fort Holabird, Md.		THRU:
FROM: (Requesting Agency) USAPSG		
(Enter name and address of the ACTION AGENCY to which results are to be sent, if known by requester)		CONTROL OFFICE USE ONLY
U.S. Army Personnel Security Group Fort Holabird, Maryland 21219 ATTN: Adjudications Division		REQUIREMENT
		REQUEST NO.
		DOSSIER NO.
		OPENING DATE
		REMARKS
		REC'D 7 1 2 9 ICOP III
SECTION I - REQUESTER TO CONTROL OFFICE		
1. SUBJECT (Last name in capitals, first and middle names) FROMER, David Reed	2. ALIAS(ES), MAIDEN NAME None	3. SERVICE/SOCIAL SECURITY NO. JF 64-58-6137D
4. DATE OF BIRTH (Day, Month, Year) 21 July 1942	5. PLACE OF BIRTH (City, State and country) Chicago, Illinois	6. GRADE AND POSITION Registrant
7. REQUESTED ACTION <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> VALIDATION <input type="checkbox"/> RECORDS CHECK		
8. TYPE OF INVESTIGATION: <input type="checkbox"/> NAC <input type="checkbox"/> NACI <input type="checkbox"/> BI <input checked="" type="checkbox"/> OTHER (Explain in Item 15)		
9. FOR CLEARANCE AND/OR ACCESS TO: <input type="checkbox"/> TOP SECRET <input type="checkbox"/> SECRET <input type="checkbox"/> CONFIDENTIAL		
10. TO DETERMINE SUITABILITY FOR: a. <input type="checkbox"/> FOR LIMITED ACCESS AUTHORIZATION b. <input type="checkbox"/> INTERIM CLEARANCE DESIRED c. <input checked="" type="checkbox"/> OTHER (Explain in Item 15)		
11. JUSTIFICATION		
12. REVIEW OF FILES REQUIRED BY PARAGRAPH AR 604-5, COMPLETED ON _____ REVEALED: <input type="checkbox"/> NO UNFAVORABLE INFORMATION <input type="checkbox"/> UNFAVORABLE INFORMATION DETERMINED NOT TO BE A BAR TO ACTION <input type="checkbox"/> INFORMATION SUMMARIZED IN ITEM 15		
13. LATEST INVESTIGATION/CLEARANCE (Type, when, by whom)		
14. NO BREAK IN FEDERAL SERVICE EXCEEDING SIX MONTHS SINCE		
15. REMARKS (If unfavorable information entered, transmit in sealed envelope thru intelligence channels.) Request that Headquarters and Local FBI (S) file checks be conducted on SUBJECT's parents. "Request this investigation be expedited as determination under AR 604-10 is being delayed at Department of the Army pending results". REQUEST RECEIVED ON 2 Sep 67 BY CLT C. J. F01/PO AUTH Para 1-6.3 DOD 5200.1R		
INCLS Dossier 564588137 re SUBJECT	TYPED NAME AND TITLE J B FINNEGAN COL AIS	SIGNATURE Henry G. [Signature]
SECTION II - CONTROL OFFICE TO REQUESTER		
16. <input type="checkbox"/> NEW FINGERPRINT CARD REQUIRED <input type="checkbox"/> ITEMS _____ ON SPH (PSG) REQUIRE CORRECTION AND/OR COMPLETION. <input type="checkbox"/> INTERIM REPORT FORWARDED. REQUEST REPORT OF ACTION TAKEN AND RETURN OF INCLOSURES UPON COMPLETION.		
INCLS	TYPED NAME AND TITLE 27a. [Signature] Regarded as [Signature] When separated [Signature] [Signature]	SIGNATURE [Signature]

DA FORM 2784  
1 APR 64