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1992 (44 USC 2107 Note). Case#:NW/
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JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

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RECORDS SERIES : DOD-AFFILIATED PERSONNEL AND INCIDENT INVESTIGATIONS
AGENCY FILE NUMBER : X1332650W - PAGES 503-507

DOCUMENT INFORMATION

ORIGINATOR : USA
FROM : 108TH MI GROUP
TO :
TITLE : EXHIBIT
DATE : 02/25/70
PAGES : 5
SUBJECTS : NAGELL, RICHARD C.

TRINKALA, VICTOR L.

SWORN STATEMENT

TAPE RECORDING OF INTERVIEW

CONSCIENTIOUS OBJECTOR

DISCHARGE FROM ARMY

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
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UNITED STATES ARMY INTELLIGENCE COMMAND



EXHIBIT COVER SHEET

SUBJECT:

TRIUKALA, Victor Lee
PVT - 385 48 (3155 (D))

FILE NUMBER:

9321 - 6006

PREPARING UNIT:

108th MI Group (I-SIB)

AGENT REPORT DATED:

25 February 1970

DESCRIPTION:

SUBJECT'S Sworn Statement (DA Form 2823),
dated 19 February 1970.

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

WITNESS STATEMENT

(AR 195-10 - TB PMO 3)

PLACE 108th MI Group, Region I, Room 1332, 26 Federal Plaza, New York, NY 10007	DATE 19 Feb 70	TIME 1500 Hrs 1600 Hrs	FILE NUMBER 9321 6006
LAST NAME, FIRST NAME, MIDDLE NAME TRINKALA, Victor Lee	SOCIAL SECURITY ACCOUNT NO. 388-625 142 (D)		GRADE PVT
ORGANIZATION OR ADDRESS 127 West 43d Street, Room 301, Manhattan, New York 10036			

SWORN STATEMENT

VLT Victor Lee Trinkala WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

Q. Mr. Trinkala, before we proceed, it is my desire to acquaint you with the purpose of this interview. The United States Department of Army must be assured of the character, suitability, and unswerving loyalty to the United States of persons who are in the United States Army and its Reserve component. In this regard, you have been asked to voluntarily undergo an interview under oath concerning your background since you were discharged from active duty and placed in the inactive reserves. This interview will provide a dual opportunity to you and the Department of Army to determine your status up to the present. Do you understand what I have just said to you?

A. Yes.

Q. Do you have any objection to being interviewed under oath?

A. No.

Q. Please stand and raise your right hand. Do you affirm to tell the truth, the whole truth and nothing but the truth?

A. Yes, I so affirm.

Q. Do you have any objection to having this interview tape recorded for administrative purposes?

A. No, none whatsoever. VLT

Q. Please state your name, address of residence, occupation, name and address of employer, and Social Security Account Number.

A. My name is Victor Lee Trinkala and I reside at the Hotel Woodstock, Room 301, 127 West 43d Street, Manhattan, New York. I am currently unemployed. My Social Security Account Number is 388-625 142 (D)

Q. What addresses have you resided at since your discharge?

A. I lived at the Hotel Strand, 206 West 43d Street, Manhattan, New York for approximately two or three weeks after my discharge from the Army. I then moved to my current address and have resided there ever since.

Q. What employment have you had since your discharge?

A. None. I collect a weekly unemployment check from New York State which pays for my bills.

Q. Did you come directly to New York City after your discharge?

A. Yes.

Q. Mr Trinkala, have you ever had contact with any embassies, legations, consulates, or representatives of any foreign country?

A. No, none that I know of. 504

Q. Have you or any member of your family ever been contacted by a representative of a foreign intelligence service either here or abroad?

A. No, none that I know of.

Q. Have you or any member of your family ever been contacted by anyone with a more than casual interest in your military assignments, career, or duties?

VLT

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.