



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
PERSONNEL MANAGEMENT SUPPORT BRANCH (MMSB)
2008 ELLIOT ROAD
QUANTICO, VA 22134-5030

IN REPLY REFER TO
1070
MMSB-11

07 JAN 1998

Mr. W. David Lloyd
Attorney and Counselor
at Law
101 South Elm Street
Lower Level
Greensboro, NC 27401

Dear Mr. Lloyd:

This is in further reply to your letter of October 24, 1997, regarding Mr. Ronnie Lee Kimble, former member of the U.S. Marine Corps.

A copy of Mr. Kimble's Official Military Personnel File, including medical record, is enclosed.

Sincerely,

A handwritten signature in cursive script, appearing to read "W. Harrison".

W. HARRISON

Head

Records Correspondence Section
Personnel Management Support Branch
By direction of the
Commandant of the Marine Corps

Encl:

(1) Copy of OMPF

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) KIMBLE Ronnie Lee		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NO. [REDACTED]	
4.a. GRADE, RATE OR RANK LCpl	4.b. PAY GRADE E-3	5. DATE OF BIRTH (YYMMDD) 720117	6. RESERVE OBLIG. TERM. DATE Year 97 Month 06 Day 16		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY Charlotte MEPS Charlotte NC 28202-1626		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 6318 Liberty Road Julian NC 27283			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3DEN 2dMAR 2dMARDIV FNF		8.b. STATION WHERE SEPARATED RUC 12130 Camp Lejeune NC 28542-0096			
9. COMMAND TO WHICH TRANSFERRED MARINE Corps Reserve Support Command 15303 Andrews Road Kansas City MO 64147-1207 RUC 36005			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000		
11. PRIMARY SPECIALTY (List number, title and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 0311: Rifleman: 3years		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	93	04	07
		b. Separation Date This Period	97	06	16
		c. Net Active Service This Period	04	02	10
		d. Total Prior Active Service	00	00	00
		e. Total Prior Inactive Service	00	02	11
		f. Foreign Service	00	00	00
		g. Sea Service	00	06	12
		h. Effective Date of Pay Grade	97	06	16
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) National Defense Service Medal Certificate of Appreciation (2) Sea Service Deployment Ribbon Certificate of Commendation Armed Forces Expeditionary Medal Letter of Appreciation Good Conduct Medal Rifle Expert Badge					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			<input checked="" type="checkbox"/>	Yes	
			<input checked="" type="checkbox"/>	No	
16. DAYS ACCRUED LEAVE PAID SLB 0.0/RLB 17.5					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS Good Conduct Medal period commences 960407 Subject to active duty recall and or annual screening While a member of the Marine Corps Reserve, you will keep the Director, MCRSC (Toll free 1-800-255-5082, or if in the State of Kansas call commercial (913) 236-3108; if DSN is available, call 465-3110) informed of any change of address, marital status, number of dependents, civilian employment, or physical standards.					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 6318 Liberty Road Julian NC 27283			19.b. NEAREST RELATIVE (Name and address - include Zip Code) Ronnie L. Kimble (F) Same as Block 19a		
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No					
21. SIGNATURE OF MEMBER BEING SEPARATED MARINE NOT AVAILABLE			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) GARY L THOMPSON, CM3, Esq/RCO		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Discharged		24. CHARACTER OF SERVICE (Include upgrades) UNDER OTHER THAN HONORABLE CONDITIONS			
25. SEPARATION AUTHORITY USMC CONSERVATION PAR 6210.6 CG 2dMARDIV ltr 1910 SJA/PM of 9 Jun 97		26. SEPARATION CODE GR01		27. REENTRY CODE RE-4	
28. NARRATIVE REASON FOR SEPARATION Commission of a Serious Offense					
29. DATES OF TIME LOST DURING THIS PERIOD (77)970401-970616				30. MEMBER REQUESTS COPY 4 Initials	



UNITED STATES MARINE CORPS

2D MARINE DIVISION

PSC Box 20003

CAMP LEJEUNE, NORTH CAROLINA 28542-0003

IN REPLY REFER TO:

1910

SJA/FM

09 JUN 1997

FIFTH ENDORSEMENT on CO, 3dBn, 2dMar, 2dMarDiv ltr 1910 Legal of 3 Apr 97

From: Commanding General, 2d Marine Division, U.S. Marine Corps Forces, Atlantic
To: Commandant of the Marine Corps (MMSB), 2008 Elliot Rd., Suite 200, Quantico, VA
22134-5030

Subj: ADMINISTRATIVE SEPARATION PROCEEDINGS IN THE CASE OF
CORPORAL RONNIE L. KIMBLE 240 37 9667/0311 U.S. MARINE CORPS

Encl: (10) Staff Judge Advocate Review

1. Readdressed and forwarded.
2. Enclosure (11) is attached as required by paragraph 6308.1c of reference (a).
3. Board Exhibit (5) materially supports the basis for separation. However, it has been removed per paragraph 6305.2d of reference (a).
4. Based on the foregoing proceedings, the respondent will be separated from the U.S. Marine Corps. The respondent will be administratively reduced to pay grade E-3 pursuant to paragraph 1004.3 of reference (a). The discharge will be under other than honorable conditions by reason of misconduct due to commission of a serious offense pursuant to paragraph 6210.6 of reference (a).
4. The respondent's Commanding Officer will effect separation in this case within ten working days, and assign the respondent a reenlistment code of RE-4 and a separation code of GKQ1 (commission of a serious offense).


L. H. LIVINGSTON

Copy to:
CO, 3dBn, 2dMar, 2dMarDiv (end only)
CO, 2dMar, 2dMarDiv (end only)
ADJ, 2dMarDiv (end only)
DisbO (end only)

ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

Privacy Act Statement

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES: This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) KIMBLE RICHARD LEE		2. SOCIAL SECURITY NUMBER [REDACTED]		
3. HOME OF RECORD (Street, City, State, ZIP Code) 6313 E. LIBERTY BLVD J.J. 160 MO 27403-0000		4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State) WHEELWRIGHT MILS WHEELWRIGHT MILS WHEELWRIGHT MILS		
5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD) 08 JAN 87	6. DATE OF BIRTH (YYMMDD) 22 JAN 17	7. PREV. MIL. SVC. UPON ENL/REENLIST	YEARS	MONTHS
		a. Total Active Military Service	135	00
		b. Total Inactive Military Service	00	00

B. AGREEMENTS

8. I am enlisting /reenlisting in the United States (list branch of service) INFANTRY **this date for** 8 **years and** 0 **weeks beginning in pay grade** E-1. The additional details of my enlistment /reenlistment are in Section C and Annex(es) None.

a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) 08 JAN 87 for enlistment in the Regular component of the United States (list branch of service) INFANTRY for not less than 8 years and 0 weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.)

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) AK

(Continued on reverse side.)

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)	SOCI	ENLISTEE / REENLISTEE
RONALD E. KIMBLE	240 111111	

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) NONE KK (Initials of enlistee/reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE	c. DATE SIGNED (YYMMDD)
<i>Ronald E. Kimble</i>	93 JAN 27

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) PLURAL CORPS, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
SEYMOUR ROBINOLD A	E-6	USMC 1100000000000000
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
<i>Seymour A. Robinold</i>	93 JAN 27	RALEIGH NC 27602

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, RONALD E. KIMBLE, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted /reenlisted this _____ day of _____ 19____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE	b. DATE SIGNED (YYMMDD)
<i>Ronald E. Kimble</i>	93 JAN 27

19. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
_____	O-2	_____
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
<i>[Signature]</i>	93 JAN 27	_____

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)		SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE	
KIMBLE RONNIE LEE			
F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM			
<p>20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) <u>MARINE CORPS</u> for a period of <u>4</u> years and _____ weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) <u>B</u> _____ which replace(s) Annex(es) <u>NA</u> _____.</p>			
b. SIGNATURE OF DELAYED ENTRY / ENLISTMENT PROGRAM ENLISTEE		c. DATE SIGNED (YYMMDD)	
X <i>Ronnie Lee Kimble</i>		93 APR 07	
G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE			
21. SERVICE REPRESENTATIVE CERTIFICATION			
<p>a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) <u>MARINE CORPS</u> in pay grade <u>E-1</u>.</p>			
b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME	
SETTLEMIRE REGINALD A	E-6	USMC RECRUITING STATION	
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)	
<i>Reginald A Settlemire</i>	93 APR 07	RALEIGH NC 27602	
H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT			
22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:			
<p>I, <u>RONNIE LEE KIMBLE</u> do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.</p>			
b. SIGNATURE OF ENLISTEE / REENLISTEE		c. DATE SIGNED (YYMMDD)	
X <i>Ronnie Lee Kimble</i>		93 APR 07	
23. ENLISTMENT OFFICER CERTIFICATION			
<p>a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.</p>			
b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME	
SENNEWALD MARC/A	O-2	CHARLOTTE MEPS	
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)	
<i>Marc A Sennewald</i>	93 APR 07	CHARLOTTE NC 28202-1626	



UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
2ND RTBN, HTR MCRG, PARRIS IS 930407 RUC 32092 MCC 016	Recruit (9900) (03)	930407 (DATE) JD FOR REC TRNG 930702 (DATE)
SOI MCB CAMLEJ NC RUC 31407 MCC JA4	STUD MCT (0300) (01)	TR TO CG MCB CAMLEJ NC MCC JA4 FOR TEMINS (MCC) FOR DU 930714 JD FOR TEMINS ECO CL 34-93
3DBN 2DMAR 2DMARDIV FMF CAMLEJ NC 28542 RUC 12130 MCC V32	STUD ITB (0300) (02)	930812 REASGN TO ACO CL 20-93 930812 JD TO ACO CL 20-93 930928 TR TO CG 2DMARDIV CAMLEJ NC MCC V16 FOR DU V32
3DBN 2DMAR 2DMARDIV FMF CAMLEJ NC 28542 RUC 12130 MCC V32	RIFLEMAN (0311) (21)	930929 JD FOR DU INDIA CO 950707 TO FAP
MARINE CORPS RESERVE SUPPORT COMMAND 15303 ANDREWS ROAD KANSAS CITY, MO 64147-1207	CHAPPEL SUPPORT MAN (9916) (20)	950707 JD FAP W/ACO HQSPTBN MCB CAMLEJ RUC 31001 MCC 013 970313 FAP TERM 970313 FR FAP
MARINE CORPS RESERVE SUPPORT COMMAND 15303 ANDREWS ROAD KANSAS CITY, MO 64147-1207	RIFLEMAN (0311) ()	MCRSG <u>970207</u> TR TO SEL RES RUC <u>12130</u> MCRSG <u>970914</u> TR TO SEL RES RUC <u>33149</u>

**** MCTFS RECORD OF SERVICE ****

03/13/1997
10:14:25

SSN: NAME: KIMBLE, RONNIE L
 RUC: COMPANY CODE: A PRES-GRADE: E4 RECSTAT: B COMP CODE: 11
 DOR: 19961101 AFADBD: 19930407 MCC: V32 RCOMP-CODE:
 PEBD: 19930407
 PROFICIENT/CONDUCT

OCC	PRO	CON	EFF DATE	OCC	PRO	CON	EFF DATE
TR	N/A	N/A	970206	TD	4.2	4.4	950707
PR	4.8	4.8	961031	SA	4.2	4.3	950131
SA	4.8	4.8	960731	SA	4.2	4.3	940731
TR	N/A	N/A	960531	SA	4.3	4.4	940131
SA	4.8	4.8	960131	TR	4.1	4.1	930702
SA	4.3	4.5	950731	TD	4.6	4.5	970313

AVERAGE MARKS IN GRADE: PRO 0.0 CON 0.0
 AVERAGE MARKS IN SERVICE: 4.4 4.5
 AVERAGE MARKS IN ENLISTMENT: 4.4 4.5

Ay. Bate Bydir

SPECIAL DUTY BONUS POINTS: 0 SPECIAL DUTY BONUS DATE: 000000
 COMMAND RECR BONUS POINTS: 0


COMPOSITE SCORE

COMP DATE	SCORE	COMP DATE	SCORE
19960829	1670	19950829	1325
19960531	1639	19950602	1284
19960305	1597	19950302	1468
19951129	1566		

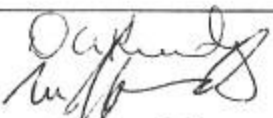

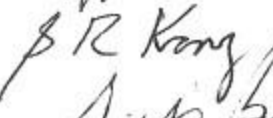





C

COMBAT HISTORY - EXPEDITIONS - AWARDS RECORD (1070)

COMBAT HISTORY AND EXPEDITIONS

DATE OF ENTRY	DETAILS	DATES		SIGNATURE
		FROM (ON)	TO -	
940887	Participated in contingency Ops in the Indian Ocean vic Mogadishu, Somalia. Served as member of Landing Force USCENTCOM (26 MEU SOG), prepared to execute NEO and reinforcement missions in support of US policy and UNOSOM II in Somalia. (OP RESTORE HOPE)	940525	940730	 Bydir

AUTHORIZED AWARDS

NAME OF AWARD	SUB SEQUENT AWARD STARS	DEVICES OR SERVICE STARS	DATE ISSUED	SIGNATURE
ND			930702	 Bydir
SD			941101	 Bydir
AE (OP RESTORE HOPE BLT 3/2)			941116	 BYDIR
CERT OF APPRECIATION			951204	 Bydir
GC			960407	 Bydir
CERT OF COMMENDATION			960521	 Bydir
CERT OF APPRECIATION			960711	 Bydir
LTR OF APPRECIATION			960711	 Bydir

NAME (LAST, FIRST, MIDDLE) _____ SSN _____

DATE: <u>536414</u>	DATE: <u>431014</u>
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.
<i>Rossie L. Kimble</i> (SIGNATURE)	<i>Rossie L. Kimble</i> (SIGNATURE)

SECRET

Cont on Supp Pg

ADMINISTRATIVE REMARKS (1070)

DATE

DATE

Articles UCMJ explained to me this date as required by Article 137, UCMJ.

Articles UCMJ explained to me this date as required by Article 137, UCMJ.

IMPERIUM NEPTUNI REGIS

Know Ye, that

on the 6th day of July 1994 aboard the USS Austin (LPD - 4)

Latitude 00°-00'-00". Longitude 043°-

RONNIE L. KIMBLE

appeared into Our Royal Domain, and having been inspected and found worthy by My Royal Staff, was initiated into the

Solemn Mysteries of the Ancient Order of the Deep

I command my subjects to Honor and Respect the bearer of this Certificate as one of Our Trusty Shellbacks.

T. D. WALDHAUSER
CO BLT 3/2

NEPTUNUS REX



KIMBLE

RONNIE

L

NAME (last, first, middle)

SSN

NAVMC 118(11) (REV. 3-82) SN: 0000-00-000-2706 UMI: PADS OF 100
PREVIOUS EDITIONS WILL BE USED. (11) 9

cont'd on supp page

G

ADMINISTRATIVE REMARKS (1070)

<p>DATE</p> <p>Articles UCMJ explained to me this date as required by Article 137, UCMJ.</p>	<p>DATE</p> <p>Articles UCMJ explained to me this date as required by Article 137, UCMJ.</p>	
<p>(Signature)</p>	<p>(Signature)</p>	
<p>960918 Iss Govt Veh Opr's Permit, No 06-262-01, on 960918. Permit expires 20000919. The fol restr apply: LP 540. Auth to drive the fol veh: Commercial 3 ton.</p> <p><i>[Handwritten Signature]</i> dir</p>		

<p>KIMBLE Ronnie L</p> <p>NAME (last, first, middle)</p>	<p>SSN</p>
--	------------

OFFENSES AND PUNISHMENTS (1070)

GOOD CONDUCT MEDAL PERIOD COMMENCES:

~~980407~~
980407

SELECTED MARINE CORPS RESERVE MEDAL / ARMED FORCES RESERVE MEDAL PERIOD COMMENCES

KIPALE

MCARDIE

L

NAME (LAST, FIRST, MIDDLE)

SSN

**** MCTFS EDUCATION RECORD ****

06/12/1997
09:10:21

SSN: NAME: KIMBLE, RONNIE L
RUC: 12130 COMPANY CODE: A PRES-GRADE: E4 RECSTAT: 0 COMP CODE: 11
PLT CODE: A008 TRNGRP: R-RECSTAT: RCOMP CODE:

DOR: 19961101 MAJOR SUBJECT: 00 NO MAJOR SUBJECT INDICATED

EDUCATION LEVEL: 12 12TH GRADE EDUCATION CERTIFICATE: L HS DIPL

SERVICE SCHOOLS/SPECIAL SKILLS

CODE	SCHOOL/SPECIAL SKILLS	DATE	CODE	SCHOOL/SPECIAL SKILLS	DATE
808	RECRUIT TRAINING, MALE	0093	M92	MARINE COMBAT TRAINING	0093
031	RIFLEMAN	0093			

LOCAL SCHOOLS: 000000000

LOCAL ADMIN SCHOOLS: 000000000

MCI COURSES

CRS NO	COURSE TITLE	COMPL DATE	STATUS CODE	SCORE
358CZZ	AUTO ENG MAINT & RPR	950427	Z	A
0381AZ	INF SQD LDR LAND NAV	950711	Z	A
1335CZ	FUND DIESEL ENG	950313	Z	A
0112BZ	CNSELING FOR MARINES	941116	Z	A
0335BZ	INFANTRY PATROLLING	940929	Z	A
0372ZZ	MAR RIFLEMN: WEAPONS	940610	Z	A
0210AZ	TERRORISM CNTRACTION	940728	Z	A
3420CZ	PERSONNAL FINANCE	940216	Z	A

OFF DUTY EDUCATION

DATE	COURSE TITLE	SCHOOL AND LOCATION	CREDIT	GRADE
*** THERE ARE NO REMARKS FOR INPUT SSN ***				

EDUCATION BONUS POINTS CURRENT GRADE: 00

**** MARINE CORPS INSTITUTE COURSES 120 REMARKS ****

06/12/1997
09:10:31

SSN: NAME: KIMBLE, RONNIE L
RUC: 12130 COMPANY CODE: A PRES-GRADE: E4 RECSTAT: 0 COMP CODE: 11
PLT CODE: A008 TRNGRP: R-RECSTAT: RCOMP CODE:

CRS	COMPL ST	ADR	DOC
SEQ NUMBER COURSE TITLE	DATE CD	SCR TYP-DOC#-RUC-DPI-TTC-S-	DATE
008 358CZZ AUTO ENG MAINT & RPR	950427 Z	A 4-007595-54864-09-352-D-	950427
007 0381AZ INF SQD LDR LAND NAV	950711 Z	A 4-012095-54864-09-352-D-	950711
006 1335CZ FUND DIESEL ENG	950313 Z	A 4-004695-54864-09-352-D-	950313
005 0112BZ CNSELING FOR MARINES	941116 Z	A 4-018794-54864-09-352-D-	941116
004 0335BZ INFANTRY PATROLLING	940929 Z	A 4-016094-54864-09-352-D-	940929
003 0372ZZ MAR RIFLEMN: WEAPONS	940610 Z	A 4-009194-54864-09-352-D-	940610
002 0210AZ TERRORISM CNTRACTION	940728 Z	A 4-012094-54864-09-352-D-	940728
001 3420CZ PERSONNAL FINANCE	940216 Z	A 4-002394-54864-09-352-D-	940216

**** MCTFS RECORD OF SERVICE ****

06/12/1997

09:10:48

SSN: NAME: KIMBLE, RONNIE L
 RUC: 12130 COMPANY CODE: A PRES-GRADE: E4 RECSTAT: 0 COMP CODE: 11
 DOR: 19961101 PLT CODE: A008 TRNGRP: R-RECSTAT: RCOMP-CODE:
 AFABD: 19930407 MCC: V32 PEBD: 19930407
 PROFICIENT/CONDUCT

OCC	PRO	CON	EFF DATE	OCC	PRO	CON	EFF DATE
TR	N/A	N/A	970206	TD	4.2	4.4	950707
PR	4.8	4.8	961031	SA	4.2	4.3	950131
SA	4.8	4.8	960731	SA	4.2	4.3	940731
TR	N/A	N/A	960531	SA	4.3	4.4	940131
SA	4.8	4.8	960131	TR	4.1	4.1	930702
SA	4.3	4.5	950731				

	PRO	CON
AVERAGE MARKS IN GRADE:	0.0	0.0
AVERAGE MARKS IN SERVICE:	4.4	4.5
AVERAGE MARKS IN ENLISTMENT:	4.4	4.5

SPECIAL DUTY BONUS POINTS: 0 SPECIAL DUTY BONUS DATE: 000000
 COMMAND RECR BONUS POINTS: 0

COMPOSITE SCORE

COMP DATE	SCORE	COMP DATE	SCORE
19960829	1670	19950829	1325
19960531	1639	19950602	1284
19960305	1597	19950302	1468
19951129	1566		

**** MCTFS_INDIVIDUAL DEPLOYMENT RECORD ****

06/12/1997
09:11:04

SSN: NAME: KIMBLE, RONNIE L
 RUC: 12130 COMPANY CODE: A PRES-GRADE: E4 RECSTAT: 0 COMP CODE: 11
 PLT CODE: A008 TRNGRP: R-RECSTAT: RCOMP-CODE:

DATE OF RANK:	19961101	NUMBER	TOTAL		
INCLUSIVE DATES		DAYS	DAYS		
RUC	FROM TO	LOCATION	DEPLOYED	DEPLOYED	OSC DATE
12130	19940521-19941116	LF6F2-94USSAUSTIN	180	196	19890504
12130	19940405-19940420	BLUE/GREENSOCEX94	16	16	19880509

NAME: KIMBLE, RONNIE L

WDC: 12164 EMPY CODE: A PLE CODE: 4608 GRADE: E3 CONF CODE: 11

SPOUSE NAME/ADDRESS: KIMBERLY S KIMBLE 5824 BONNETT RD JULIAN NC 27283

CHILD NR/NAME/DOB/ADDRESS: NONE (ADDRESS SAME AS SPOUSE)

GUARDIAN NR/NAME/PHONE/RELATION/ADDRESS: NONE

FATHER/MOTHER NAME/ADDRESS: RONNIE L KIMBLE 6318 LIBERTY RD GREENSBORO NC27283; EDNA KIMBLE SAME AS FATHER

DEATH GRATUITY BENEFICIARY(IES) NR/NAME/RELATION/PCT/ADDRESS: 1 RONNIE L KIMBLE (F)(50PCT) (SEE ABOVE FOR ADDRESS NOT GIVEN); 2 EDNA KIMBLE (M)(50PCT) (SEE ABOVE FOR ADDRESS NOT GIVEN)

PAY ARREARS BENEFICIARY(IES) NR/NAME/RELATION/PCT/ADDRESS: 1 KIMBERLY S KIMBLE (W) SAME AS ABOVE; PAY ARREARS 2 NOT GIVEN

DO NOT NOTIFY DUE TO ILL HEALTH NR/NAME/RELATION/ADDRESS: NOT NOTIFY 1 NOT GIVEN; NOT NOTIFY 2 NOT GIVEN

INSURANCE COMPANIES NR/NAME/POLICY NUMBER: NONE

NEXT OF KIN NR/TELEPHONE NUMBER/RELATIONSHIP: 1 916-6972687 X W

NEXT OF KIN DIRECTIONS: NONE

ROLL INFORMATION ELECTION: ELECTIONS \$200,000.00 COVERAGE; BENEFICIARY: SPOUSE TO RECEIVE; PAY DESIGNATION: 36 MONTH EQUAL PAYMENT; DATE: 19941212 X Ronnie L Kimble 960816

MEMBER CERTIFICATION: X Ronnie L Kimble; RPT OR ID NUMBER: 119

WITNESS CERTIFICATION: [Signature]; DATE CERTIFIED: 960816

REQUEST FOR INSURANCE

(SERVICEMEN'S GROUP LIFE INSURANCE)

IMPORTANT - This form is for use by ACTIVE DUTY and RESERVE MEMBERS. Please read instructions on reverse before completing this form. NOTE: No insurance may be granted unless a completed application form has been received. (38 C.F.R. 9.8)

PART I - TO BE COMPLETED BY MEMBER

1. AMOUNT OF SGLI NOW IN FORCE \$100,000.00	2. AMOUNT OF INCREASE DESIRED \$100,000.00	3. TOTAL (BLOCK 1 + BLOCK 2) \$200,000.00	
4. FIRST NAME - MIDDLE NAME - LAST NAME Ronnie Lee Kimble			5. SOCIAL SECURITY NUMBER
6. BRANCH OF SERVICE (Do not abbreviate) USMC	7. DATE OF BIRTH (Mo., day, yr.) 1/17/72	8. WEIGHT 182	9. HEIGHT 72
10. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
11. HAVE YOU EVER BEEN DIAGNOSED AS HAVING A DISEASE OR DISORDER OF THE IMMUNE SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12. HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF:		YES	NO
A. HEART CONDITION?			
B. HIGH BLOOD PRESSURE?			
C. NERVOUS DISORDER?			
D. DIABETES?			
E. CANCER OR TUMORS?			
13. DO YOU HAVE ANY KNOWN PHYSICAL OR MENTAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14. IF YOUR ANSWER TO ANY PART OF ITEMS 11 THROUGH 13 IS "YES," REFER TO ITEM NUMBER AND GIVE DATES, DURATION AND OTHER DETAILS. (If more space is needed, attach a separate sheet.) N/A			

CERTIFICATION

The answers that I have given are for securing approval of this request for insurance and I CERTIFY that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of evidence of insurability by the Office of Servicemen's Group Life Insurance (OSGLI). I further understand that should I fail to furnish satisfactory evidence of insurability, the fact that withholdings have been made from my pay for the insurance being requested shall not create any liability for insurance, and that I shall be entitled to appropriate credit for such withholdings. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim. I consent that OSGLI may obtain copies of any medical records pertaining to me. A photostatic copy of this consent will be considered as valid as the original.

15A. SIGNATURE AND RANK, TITLE OR GRADE OF MEMBER Ronnie L. Kimble LCPL	15B. ORGANIZATION AND MAILING ADDRESS "I Co." BLT 26 MEU DET L Unit # 82225 FPO AE 09502-8537	15C. DATE COMPLETED 6/26/94
--	--	--------------------------------

PART II - TO BE COMPLETED BY MEMBER'S COMMANDING OFFICER

CERTIFY THAT the statements made above to the best of my knowledge are true and correct and that the member is now performing full and unrestricted military duty and is physically qualified to perform all duties of his/her rank or position and that there is no obvious impairment. I further certify that the signature above is that of the member named and according to the records of this department, this member is eligible to apply for the additional insurance requested on this form.

6A. SIGNATURE OF COMMANDING OFFICER T. P. DALY JR	16C. ORGANIZATION AND MAILING ADDRESS I Co, BLT 3/2, 26th MEU Det L, Unit # 82225 FPO AE 09502-8537	16D. DATE RECEIVED 940826
6B. RANK, TITLE OR GRADE T. P. DALY JR MAJ, USMC	SIGNATURE OF OSGLI REPRESENTATIVE	
OR USE OF THE OFFICE IF SERVICEMEN'S GROUP LIFE INSURANCE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE

ABBREVIATED LIMITED DUTY MEDICAL BOARD REPORT

Date: 5/15/96 Name: Kumble, Ronnie Rate/Rank: LCDR SSN: _____ Service: USMC
 (Last, First, M.I.)

Parent Command: Base Chaplain's Office, MCB Phone: 3210 1781 NEC/MOS: _____
 (Duty) (Home)

Diagnosis: (1) Hyper somnolence ICD-9-CM: 7800
 (2) _____ ICD-9-CM: _____

Circumstances of Injury/Illness: Pt with excessive daytime sleepiness and early morning inability to wake-up.

Treatment Plan: MRI of head, Psychiatry eval & medication trials

Limitations: Non-deployable, no field duty.

Period of Limited Duty: 6 months
 Additional Documentation: SF-539; Narrative Summary; Operation Report

Ronnie L Kumble Member's Signature
[Signature] Physician's name and signature
H. J. GERHARD, CDR MC USN Convening Authority name and signature

PATIENT ADMINISTRATION ENDORSEMENT

Line of Duty determination required? yes no Has one been requested? yes no Member entered into tracking system
20 May 1996 (date)

This report has been reviewed and discussed with the member. Full medical board is not required. The member has been instructed to report to the Personnel Support Detachment to be made available for orders.

M. S. CURNOW, LT MSC USN
 Patient Admin Officer name and signature

PARENT COMMAND ENDORSEMENT

The member is presently assigned duties as Chaplain's Asst/CMD Driver, MCB Camp Lejeune, NC and can/cannot be usefully employed at this command considering the medical restriction of activity. A line of duty determination is/is not required and has/has not been made.
 Comments: It is strongly recommended that servicemember be retained at this command.

[Signature] JAMES V. PRINCE, CAPT, CHC, USN
 Name and signature of Commanding Officer or designee

PSD ENDORSEMENT

Member's current PRD is 9/6/2/15 Member has been made available for orders this date N/A
 PRD is readjusted to N/A Member must be scheduled for reevaluation appointment no later than 9/6/10
[Signature] Name and signature of PSD representative



ORIGINAL ORDER NO

UNITED STATES MARINE CORPS

MARINE CORPS BASE
PSC Box 20004

Camp Lejeune, North Carolina 28542-0004

IN REPLY REFER TO:

1320

PERS

10 Mar 97

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Corporal Ronnie L. KIMBLE /0311 USMC
T/O 7511 Ln# 1229A EAS: 970406
Via: Commanding Officer, Headquarters and Support Battalion,
Marine Corps Base, Camp Lejeune

Subj: TERMINATION OF FLEET ASSISTANCE PROGRAM BY SERVICE RECORDS

Ref: (a) BO P5300.3J

1. Effective at ^{1600 B}~~1300~~, 970312 your temporary additional duty in connection with the Fleet Assistance Program (FAP) is terminated for the following reason: "EAS."

2. You are further directed to report to the Commanding General, 2d MarDiv Bldg# 10 by ^{1430 B}~~1400~~, 970312 for further endorsement and subsequent return to your parent command.

C.M. Towers

C. M. TOWERS
By direction

Copy to:
CG, 2d MarDiv

You Reported To The
Consolidated Reception Center
At 1540 On 970313
You Will Further Report
To ~~CG 2d MARDIV~~
CO 2d MARINES

1530 970313

NA
Kimble
052
970317

MARK HERE FOR GUARD OR RESERVE PRE-ENROLLMENT →

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD DEERS ENROLLMENT

Form Approved OMB No. 0704-0020 Expires Aug 31, 1990

SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle) KIMBLE RONNIE LEE		2. SEX M	3. SSN (or SN)	4. STATUS AD	5. BR OF SERVICE USMC			
	6. PAY GRADE E3	7. RANK LCPL	8. GEN. CAT I	9. TYPE OF CARD ISSUED 2ACK	10. ID NO.	11. LAST UPDATE (YYYYMMDD)	12. V/I I		
	13. CURRENT RESIDENCE ADDRESS 8-B PORTWEST TOWNHOUSE			14. SUPPLEMENTAL ADDRESS INFORMATION					
	15. CITY SWANSBORO		16. STATE NC	17. ZIP CODE 28584-0000		18. COUNTRY US	19. UIC 12130V32	20. HOME TELEPHONE NO. (Include Area Code) 910 3282126	
21. DATE OF BIRTH (YYYYMMDD) 1972JAN17		22. BLOOD TYPE O+	23. COLOR EYES HZ	24. COLOR HAIR BR	25. HEIGHT 72	26. WEIGHT 172	27. MEDICARE N	28. MARITAL STATUS MAR	
29. ELIG ST/MC EFF DATE (YYYYMMDD) 1993APR07		30. CARD EX/ELIG END DATE (YYYYMMDD) 1997APR06		31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC N MS Y C Y T Y EU Y EL N			32. END ELIG REASON		
SECTION II DEPENDENT INFORMATION	33. NAME (Last, First, Middle) KIMBLE KIMBERLY STUMP		34. SEX F	35. RELATIONSHIP SP	36. SSN	37. ID NO.			
	38. LAST UPDATE (YYYYMMDD) I		39. V/I I	40. CURRENT RESIDENCE ADDRESS 8B PORTWEST TOWNHOUSE		41. SUPPLEMENTAL ADDRESS INFORMATION			
	42. CITY SWANSBORO		43. STATE NC	44. ZIP CODE 28584-0000		45. COUNTRY US	46. HOME TELEPHONE NO. (Include area code) 910 3262126	47. DATE OF BIRTH (YYYYMMDD) 1971AUG18	
	48. MBI N	49. STU N	50. INCAP N	51. MEDICARE N	52. COLOR EYES BL	53. COLOR HAIR BR	54. HEIGHT 68	55. WEIGHT 155	56. DATE OF MARRIAGE (YYYYMMDD) 1994DEC10
	57. ELIG ST/MC EFF DATE (YYYYMMDD) 1994DEC10		58. CARD EX/ELIG END DATE (YYYYMMDD) 1997APR06		59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC C MS Y C Y T Y EU Y EL N			60. END ELIG REASON	
	61. NAME (Last, First, Middle) AND NO OTHERS		62. SEX	63. RELATIONSHIP	64. SSN	65. ID NO.			
	66. LAST UPDATE (YYYYMMDD)		67. V/I	68. CURRENT RESIDENCE ADDRESS		69. SUPPLEMENTAL ADDRESS INFORMATION			
	70. CITY		71. STATE	72. ZIP CODE		73. COUNTRY	74. HOME TELEPHONE NO. (Include area code)	75. DATE OF BIRTH (YYYYMMDD)	
76. MBI	77. STU	78. INCAP	79. MEDICARE	80. COLOR EYES	81. COLOR HAIR	82. HEIGHT	83. WEIGHT	84. DATE OF MARRIAGE (YYYYMMDD)	
85. ELIG ST/MC EFF DATE (YYYYMMDD)		86. CARD EX/ELIG END DATE (YYYYMMDD)		87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C T EU EL			88. END ELIG REASON		
SECTION III SPONSOR DECLARATION AND REMARKS	89. REMARKS (Cite legal documentation as applicable.) BCT 372 26 MEU CERTIFIED FROM DD FORM 4, BWANNE 10922 BY ATTESTING OFFICER PSC BOX 20096 CAMP LEJEUNE NC 28542-0096						NOTARY SIGNATURE AND SEAL		
	I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII on reverse. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)								
	90. SIGNATURE <i>[Signature]</i>					91. DATE SIGNED (YYYYMMDD) 1994DEC14			
SECTION IV VERIFIED BY	92. TYPED NAME (Last, First, Middle) RONZ BERARD RND		93. PAY GRADE SSGT	94. UNIT/COMMAND NAME BCT 372 26 MEU					
	95. TITLE ADMINCHF		96. UIC 12130V32	97. DUTY PHONE NO. 919 4511544	98. UNIT/COMMAND ADDRESS (Street, City, State, Zip Code) PSC BOX 20096 MCO V32 CAMP LEJEUNE NC 28542-0096				
	99. SIGNATURE <i>[Signature]</i>		100. DATE VERIFIED (YYYYMMDD) 1994DEC14						
SECTION V ISSUED BY	101. TYPED NAME (Last, First, Middle)		102. PAY GRADE		103. UNIT/COMMAND NAME				
	104. TITLE		105. UIC	106. DUTY PHONE NO.		107. UNIT/COMMAND ADDRESS (Street, City, State, Zip Code)			
	108. SIGNATURE		109. DATE ISSUED (YYYYMMDD)						
SECTION VI RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED								
	110. SIGNATURE					111. DATE SIGNED (YYYYMMDD)			

VARIABLE HOUSING ALLOWANCE APPLICATION (7200)

NAVMC 11192 (10-87)
SN: 0000-00-006-9920 U/I: PAD OF 100

PRIVACY ACT STATEMENT
THE PRIVACY ACT STATEMENT FOR INFORMATION ON THIS FORM IS CONTAINED ON NAVMC FORM 11000, PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS.

PART A - PURPOSE OF APPLICATION

1. CHECK APPROPRIATE BOX

- CHANGE IN RESIDENCE
- CHANGE IN HOUSING COST/ADDITIONAL RESIDENCE
- CHANGE IN NUMBER OF SHARERS
- OTHER

2. VHA ENTITLEMENT CLAIMED FOR:

- MARINE'S DUTY STATION
- DEPENDENT'S LOCATION
- MARINE'S DUTY STATION AND DEPENDENT'S LOCATION

3. STOP CURRENT VHA ENTITLEMENT, EFFECTIVE DATE:

PART B - IDENTIFYING INFORMATION

1. SERVICE MEMBER	A. NAME (Last, First, MI) KIMBLE RONNIE LEE	B. PAY GRADE E3	C. SSN
	D. DUTY STATION OR HOME PORT (Station Name, City, State, ZIP Code) 3DBN 2DMAR 2DMARDIV PSC BOX 20096 CAMLEJ NC 28542		
2. DEPENDENT (If Applicable)	A. NAME (Last, First, MI) KIMBLE KIMBERLY STUMP	B. RELATIONSHIP WIFE	

PART C - HOUSING INFORMATION

1. SERVICE MEMBER	A. RESIDENCE (City, State, ZIP Code) JULIAN NC 27283	B. NO. OF SHARER, INCLUDING APPLICANT 01	C. DATE OF OCCUPANCY/EFFECTIVE DATE OF CHANGE 950601525
	D. MO. RENT PMT RENTER: _____ + _____ = _____	MO. INS PMT	TOTAL MO. PMT
	F. MO. MTGE PMT HOME OWNER: \$251.89 + _____ + _____ = _____	2D MTGE PMT	MO. INS PMT \$21.41
E. ARE ALL UTILITIES INCLUDED IN THE RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL MO. PMT \$298.30	
2. DEPENDENT (If Applicable)	A. RESIDENCE (City, State, ZIP Code)	B. NO. OF SHARERS, INCLUDING APPLICANT	C. DATE OF OCCUPANCY/EFFECTIVE DATE OF CHANGE
	D. MO. RENT PMT RENTER: _____ + _____ = _____	MO. INS PMT	TOTAL MO. PMT
	F. MO. MTGE PMT HOME OWNER: _____ + _____ + _____ = _____	2D MTGE PMT	MO. INS PMT
E. ARE ALL UTILITIES INCLUDED IN THE RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL MO. PMT	

PART D - MEMBER CERTIFICATION

I CERTIFY that I fully understand the conditions of entitlement to VHA and my responsibility for promptly notifying my commanding officer when changes affecting my entitlement occur. I also certify that the information reported in this application is true and correct.
(The penalty for making a fraudulent claim/statement is a maximum fine of \$10,000 or maximum imprisonment of 5 years, or both (18 U.S.C., Section 287)).

SIGNATURE Ronnie L. Kimble DATE 950626

PART E - REMARKS

5821 MONNETT RD
JULIAN NC 27283

PART F - COMMANDER OR AUTHORIZED REPRESENTATIVE CERTIFICATION

1. PURPOSE: START STOP CHANGE EFFECTIVE DATE 950525 UD NO. 134-950625

2. I have reviewed the Marine's lease/rental/purchase agreement and the VHA entitlement has been reported on the Unit Diary.

SIGNATURE [Signature] DATE 950701

COMPLETION INSTRUCTIONS ON REVERSE

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first middle initial) <i>Kimble, Rennie L.</i>	SOCIAL SECURITY NUMBER (SSN)
LEGAL RESIDENCE/DOMICILE (City or county and State) <i>6318 Julian, NC</i>	

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

1994

▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.

1 Type or print your first name and middle initial <i>Rennie L.</i>	Last name <i>Kimble</i>	2 Your social security number
Home address (number and street or rural route) <i>8-B Portwest Townhouses</i>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>
City or town, state, and ZIP code <i>Swansboro, NC 28584</i>		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5 <i>00</i>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 1994 and I certify that I meet BOTH of the following conditions for exemption: <ul style="list-style-type: none"> • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here <input type="checkbox"/> 7		

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ *R Rennie L Kimble* Date ▶ *December 14, 1994*

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number
--	--------------------------	-----------------------------------

Cat. No. 10220Q

S/F
02#001 - 950102
W/H 334-950113

about with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that, to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE <i>Rennie Kimble</i>	CURRENT MAILING ADDRESS (Include ZIP Code) <i>PLT 2061 RTR HCRD PISC 29905</i>	DATE <i>930408</i>
--	--	------------------------------

UNIFORMED SERVICES ACTIVE DUTY DEPENDENT DENTAL PLAN (DDP) ENROLLMENT ELECTION

(Read Privacy Act Statement on reverse before completing form.)

INSTRUCTIONS

IMPORTANT: ELIGIBILITY FOR DDP CLAIMS PAYMENT IS BASED UPON DEERS ELIGIBILITY FOR CHAMPUS. WHEN ENROLLING OR CHANGING DDP ENROLLMENT, MAKE SURE YOUR DEERS INFORMATION IS CORRECT. EXPIRED ID CARDS WILL AFFECT YOUR CHAMPUS (and Dental) ELIGIBILITY. CHECK YOUR DEPENDENT'S ID CARD.

NOTE: CHANGES IN FAMILY STATUS (*gains and losses*) THAT AFFECT YOUR DENTAL PREMIUM MUST BE REPORTED TO DEERS USING A DD FORM 1172.

DDP Enrollment is for a minimum of two (2) years, unless:

- (1) Dependents lose their DEERS eligibility; or
- (2) Spouse becomes entitled to another dental care plan; or
- (3) Sponsor and dependents transfer OCONUS; or
- (4) Sponsor and dependents transfer to a CONUS location.

All family members must be enrolled if any members are enrolled, except:

- (1) Sponsors with one (1) dependent over 4 and one (1) dependent under 4 may elect to enroll as a single premium with only the dependent over 4 being eligible for the DDP; or
- (2) Dependents residing in physically separate locations where one of the households of dependents is receiving space-available dental care. Those dependents not receiving space-available dental care may be enrolled in the DDP using DD Form 2494-1 (DDP Supplemental Enrollment Form).

REMINDER: The DDP is a "prepaid" program, which means payments are made in advance of coverage. TO AVOID UNPAID CLAIMS, CHECK YOUR LES TO ENSURE THE APPROPRIATE DEDUCTION IS BEING TAKEN FROM YOUR PAY BEFORE USING THE DDP. Coverage shall begin the first day of the month following receipt of this form by your personnel activity. For example, a deduction in January covers your dependent(s) for February

SECTION I - ACTIVE DUTY MEMBER ELIGIBILITY INFORMATION

1. SPONSOR'S NAME (Last, First, Middle Initial) KIMBLE RONNIE LEE	2. SPONSOR'S SOCIAL SECURITY NUMBER	3. SPONSOR'S GRADE E3 LCPL
4. SPONSOR'S UNIT BLT 3/2 26 MEU PSC BOX 20096 CAMP LEJEUNE NC 28542-0096	5. DATE OF EXPIRATION OF SERVICE OR CONTRACT (As extended) (YYMMDD) 970406	

SECTION II - COVERAGE INFORMATION

6. ELECTION OF COVERAGE (Enrollment activity must do a DEERS check to verify the information below.)	
a. SINGLE PREMIUMS (X the block that describes your dependency status.)	b. FAMILY PREMIUMS (X this block if you have more than one Dental dependent eligible regardless of the dependents' ages.)
1 <input checked="" type="checkbox"/> I have a sole (one) dependent over age four (4) for whom I am electing coverage.	2 <input type="checkbox"/> I have more than one (1) dependent for whom I am electing coverage.
3 <input type="checkbox"/> I have a sole (one) dependent under age four (4) for whom I am electing coverage.	NOTE: If the above block is marked, all eligible dependents regardless of age will be enrolled
1 <input type="checkbox"/> I have one (1) dependent over age four (4) for whom I am electing coverage and one (1) or more dependents under age four (4) for whom I am not electing coverage.	
c. ENTER PREMIUM CODE (Found to the left of the marked block).	

FOR PERSONNEL/FINANCE USE:

7. TERMINATION OF COVERAGE (Service ending activity must cite appropriate document(s) to ensure termination conditions are understood and met.)

All terminations due to changes in eligibility for benefits as determined by DEERS will be processed automatically through the system. This type of change will not require action on the part of the sponsor except to ensure the accuracy of his/her DEERS record.

Place an X in the block describing your reason for disenrollment.

a. MY DEPENDENTS HAVE BEEN ENROLLED IN THE UNIFORMED SERVICE DEPENDENTS DENTAL PLAN FOR AT LEAST TWO YEARS (Verified by DEERS, Personnel or Finance file).

- | | |
|----------|---|
| A | (1) I am dissatisfied with the benefits package. |
| B | (2) I am dissatisfied with claims processing. |
| C | (3) I am dissatisfied with the quality of treatment received. |
| D | (4) I am dissatisfied with the premium amount I pay. |
| E | (5) I am satisfied, but wish to disenroll after the 24 month minimum enrollment period for personal reasons (Verified by DEERS, Personnel or Finance file). |

b. I HAVE CHANGED MY DUTY STATION:

- | | |
|----------|---|
| F | (6) OCONUS |
| G | (7) CONUS (Must be accomplished within 90 days of arrival at a new CONUS duty station). |

c. MY SPOUSE IS ENROLLED IN A SEPARATE DENTAL PLAN THROUGH HIS/HER EMPLOYER (Enrolling facility must cite the insurance policy. Service member must provide policy identification.)

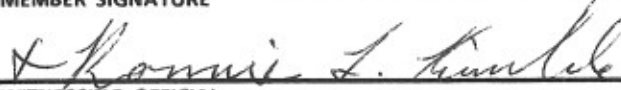

- | | |
|----------|--|
| H | (8) Spouse's dental insurance plan election. (NOTE: If you have more than one dependent, then all dependents will be disenrolled.) |
|----------|--|

8. Privacy Act Statement

- AUTHORITY:** 10 USC 55, 1076A (Dental Plan), 5 USC 552a and EO 9397.
- PRINCIPAL PURPOSE:** Used by applicant to apply for dental insurance coverage of dependents.
- ROUTINE USES:** None.
- DISCLOSURE:** Voluntary; however, failure to furnish all information could delay or prevent enrollment in the DDP.

9. STATEMENT OF UNDERSTANDING

I understand that changes in family size from one to two or more eligible dependents (or the reverse) will result in an automatic change in enrollment status and an automatic change in premium. I also understand I may not terminate enrollment based on a change in family size. If my DEERS record indicates a dependent is no longer eligible, a change will occur automatically with no action on my part. I further understand that the premium rate for this program is subject to change but cannot exceed \$10.00 per month (under current legislation) for the family premium. I also understand that during the two year minimum enrollment period I cannot disenroll due to a change in premium rate. I authorize payroll deductions to be taken from my pay based upon the information in DEERS.

10. MEMBER SIGNATURE 		11. DATE SIGNED (YYMMDD) X 941214	
12. WITNESSING OFFICIAL			
a. NAME (Last, First, Middle Initial) Nosalik, William J.		b. GRADE SSGT	
c. SIGNATURE 		d. DATE SIGNED (YYMMDD) 941214	

MC MONTGOMERY GI BILL ACT OF 1984 (B)

(Chapter 30, Title 38, U.S. Code)

Privacy Act Statement

AUTHORITY: Chapter 30, Title 38, US Code, Sections 1411 and 1412; and EO 9397.
PRINCIPAL PURPOSE: To establish eligibility to participate in the Montgomery GI Bill Act of 1984.
ROUTINE USES: Information will be used as a source document indicating participation status of each service member in the Montgomery GI Bill benefits program.
DISCLOSURE: Voluntary; however, failure to provide Social Security Number and other personal information may delay processing of this form and may result in the respondent being automatically enrolled in the MGIB.

1. SERVICE MEMBER

a. NAME (Last, First, Middle Initial) Kimble, Ronnie L. b. SOCIAL SECURITY NUMBER (SSN)

2. STATEMENT OF UNDERSTANDING

a. ACADEMY / ROTC SCHOLARSHIP GRADUATES I am NOT eligible for the MGIB because I am a Service Academy graduate / Reserve Officers' Training Corps (ROTC) scholarship graduate.

(1) Service Member Signature (2) Rank / Grade (3) Date Signed (YYMMDD)

b. ALL OTHER SERVICE MEMBERS

- (1) I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985.
(2) I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 3 below by the date designated by my Service.
(3) I understand that unless I disenroll from the MGIB, my basic pay will be reduced \$100 per month for EACH of the first 12 full months of active duty and this basic pay reduction cannot be REFUNDED, SUSPENDED OR STOPPED.
(4) I must complete 36 months of active duty service before I am entitled to \$300 per month of benefits for a period of 36 months.
(5) If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive \$250 per month of benefits for a period of 36 months.
(6) I must complete 24 months of active duty service and join the Selected Reserve for a minimum of a 48 month service agreement and serve honorably in the Selected Reserve to begin receiving \$300 per month for up to 36 months.
(7) If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment.
(8) I must use the MGIB within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6).
(9) I must receive an honorable discharge for service establishing entitlement to the MGIB.
(10) I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less.
(11) If I die while on active duty, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA).
(12) I cannot receive any combination of DVA benefits in excess of 48 months and if I have received 12 months or more of benefits under any other VA program, my MGIB benefits will be appropriately adjusted.
(13) My qualifying period of active duty service will not entitle me to both active duty MGIB and Selected Reserve MGIB benefits.

(a) Service Member Signature (b) Rank / Grade (c) Date Signed (YYMMDD)

3. STATEMENT OF DISENROLLMENT

I do not desire to participate in the MGIB. I understand that I WILL NOT be able to enroll at a later date.

a. SERVICE MEMBER SIGNATURE Ronnie Kimble b. RANK / GRADE PVT c. DATE SIGNED (YYMMDD) 930412

4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

930420

5. WITNESSING OFFICIAL

a. TYPED OR PRINTED NAME (Last, First, Middle Initial) Garity, Joseph P. b. RANK / GRADE CPL c. SIGNATURE d. DATE SIGNED (YYMMDD) 930412

NAME (Last, First, Middle Initial) Kimble, Ronnie L. SOCIAL SECURITY NUMBER

SECTION III - OTHER PERSONAL DATA

23. EDUCATION

a. List all high schools and colleges attended.				(5) GRADUATE	
(1) FROM (YYMM)	(2) TO (YYMM)	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO
8/86	5/91	Southeast Senior	Greensboro NC	RK	
8/91	12/91	Guilford Technical Comm Coll	Jamestown NC		RK
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or the Civil Air Patrol?				YES	NO
					RK

24. MARITAL / DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")

a. Is anyone dependent upon you for support?	RK
b. Are you now or have you ever been divorced or legally separated?	RK
c. Is any court order of judgment in effect that directs you to provide alimony or support for children?	RK

25. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE US GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")

a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?	RK
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?	RK
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?	RK
d. Have you ever been employed by the United States Government?	RK
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?	RK

26. RELIGIOUS BELIEFS (If "Yes," explain in Section VI, "Remarks.")

Are you a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)	RK
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27. CHARACTER AND SOCIAL ADJUSTMENT (If "Yes," explain in Section VI, "Remarks.")

a. Are you a homosexual or a bisexual? ("Homosexual" is defined as: sexual desire or behavior directed at (a) person(s) of one's own sex. "Bisexual" is defined as: a person sexually responsive to both sexes.)	RK
b. Do you intend to engage in homosexual acts (sexual relations with another person of the same sex)?	RK

SECTION IV - CERTIFICATION

28. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. SIGNATURE	d. DATE SIGNED (YYMMDD)
<u>Kimble, Ronnie L.</u>	<u>Ronnie Kimble</u>	<u>11/19/93</u>

29. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)

a. NAME (X one)	b. AGE (X one)	c. CITIZENSHIP (X one)
<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE
<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)
d. SOCIAL SECURITY NUMBER (X one)	e. EDUCATION (X one)	f. OTHER DOCUMENTS USED
<input checked="" type="checkbox"/> (1) SSN CARD	<input checked="" type="checkbox"/> (1) DIPLOMA	
<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)	

30. CERTIFICATION OF WITNESS

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. PAY GRADE	d. RECRUITER I.D.	e. SIGNATURE	f. DATE SIGNED (YYMMDD)
<u>Morrison James R</u>	<u>E-6</u>	<u>23731 8889</u>	<u>James R Morrison</u>	<u>93/01/19</u>

31. SPECIFIC OPTION / PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES

a. SPECIFIC OPTION / PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service - use clear text English)	b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in item 31 a. above and annexes attached to my Enlistment/ Reenlistment Document (DD Form 4).	c. APPLICANT'S INITIALS
<u>9900 OPEN 4 yr INFANTRY 9303UH930218</u>		<u>RK</u>

NAME (Last, First, Middle Initial) Rumble Ronnie L SOCIAL SECURITY NUMBER

32. CERTIFICATION OF RECRUITER OR ACCEPTOR
 a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) US Marine Corps and certify that I have not made any promises or guarantees other than those listed in Item 31 above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) <u>Ashley James E</u>	c. PAY GRADE <u>E5</u>	d. RECRUITER I.D. OR ORGANIZATION <u>240276031</u>	e. SIGNATURE <u>James E Ashley</u>	f. DATE SIGNED (YYMMDD) <u>930127</u>
---	---------------------------	---	---------------------------------------	--

SECTION V - RECERTIFICATION

33. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY
 a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 33" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED
#16	NO LICENSE TURNED IN 930217
395-2 186	SPEEDING DAVIE COUNTY, N.C. JAN 93. PAID \$110.00
	SPEEDING RANDOLPH COUNTY, N.C. FEB 93. PAID \$60.00

d. WITNESS			e. APPLICANT	
(1) TYPED OR PRINTED NAME <u>REGINALD A SETTLEMIRE</u>	(2) PAY GRADE <u>E6</u>	(3) SIGNATURE <u>Reginald A Settlemire</u>	(1) SIGNATURE <u>Ronnie Rumble</u>	DATE SIGNED <u>930127</u> <u>930222</u>

SECTION VI - REMARKS (Specify item(s) being continued by item number. Continue on separate pages if necessary.)

930227: CORRS EVEL WAIVER GRANTED. RS RALEIGH CONTROL #93-121 (DAD)

930219 IST RESULTS PU 4 SU 45 RJU 954

930222: ENLISTED UNDER THE PROVISIONS OF THE EOP UH 9991 INFANTRY 9303UH930218

930222 ABOVE CHANGES ADDED TO ORIGINAL WAIVER N1 PERL SGT STACH + SSUT SETTLEMIRE

930330 GRANTED (G level waiver CODE DEB - AS PER LTR DATED 30 MARCH 93 RCTG M-0502 - ENCLOSED)

930407 - BIRTH OF 4 ENLISTED AGE 13 5406, 1 YR PROBATION, 50 HRS COMM SERV SUPPLEMENTAL 93-6 - 150 PERS - 15 HRS COMM SERV

DD FORM 1966/4 ATTACHED (X one) YES NO

C

WEAPONS FIRING RECORD, COMPETITIVE MARKSMANSHIP (1070)

WEAPONS FIRING RECORD				
DATE	COURSE	WEAPON	SCORE FINAL QUALIFICATION	SIGNATURE OF CERTIFYING OFFICER
930507	KD	M-16A2	215 SS	By dir
950209	KD	M16	155 UNQ	
960607	KD	M16A2	206 MM	

EXPERT REQUALIFICATION BAR RECORD					
WEAPON	AWARD	YEARS	WEAPON	AWARD	YEARS

COMPETITIVE MARKSMANSHIP				
MATCH PARTICIPATED IN	DATES	SCORE FINAL/POSSIBLE	PLACED/TOTAL COMPETITORS	BADGES AWARDED

ADDITIONAL MARKSMANSHIP INFORMATION	
KIPPLE	FERRIE L
NAME (LAST, FIRST, MIDDLE)	SSN

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552A)

PART A — GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment, reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as address and telephone number, names and other information on dependents, preferences for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information which is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about forms such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form which it is used, your commanding officer will provide such information upon request.

PART B — INFORMATION TO BE FURNISHED TO INDIVIDUAL

AUTHORITY:

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from you can be obtained by consulting the applicable description for systems such as the following:

SYSTEM DESCRIPTION	SYSTEM NUMBER
Marine Corps Military Personnel Records System	MMN 00006
Manpower Management System	MMN 00003
Board and Allotment System	MFD 00004
Joint Uniform Military Pay System/Manpower Management System	MFD 00003

3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Civil Service Commission; Veterans Administration; the Federal Bureau of Investigation and other Federal, State and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.

PART C — STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement. I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.

93-04-08
Date

Royanne Kimmle
Signature of the Individual

Social Security No.

PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS

NAVMC 1000(476) SN: 0000-00-006-6540 U/1/SH

(File Original in OOR or SRB; Provide Copy to Individual)

MPPM ENLPROC

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY CONCERNING ILLEGAL USE OF DRUGS

1. Purpose. The purpose of this document is to make sure that you completely understand the Marine Corps' policy on the illegal use of drugs.
2. Policy. The illegal distribution, possession or use of drugs is not tolerated in the United States Marine Corps. Furthermore, each instance of illegal drug use by a Marine makes that Marine unfit for duty and a risk to the safety of fellow Marines.
3. Certification. I certify that I completely understand the Marine Corps' policy on the illegal use of drugs. I understand that I will be given a urinalysis test for drugs within 72 hours of my arrival at recruit training. I understand that if I test positive on the urinalysis, that I may be subject to an administrative discharge from the Marine Corps or even to courts-martial. I also understood that any illegal use of drugs while I am a Marine Corps reservist in the Delayed Entry Program may adversely affect my ability to enlist in the Regular component or obtain an enlistment program or bonus.

Ronnie Kimble
(Applicant's Signature)

1/19/93
(Date)

Ronnie Kimble
(Applicant's Printed Name)

(Social Security Number)

4. Recruiter Verification. I certify that I have completely explained the Marine Corps' policy on the illegal use of drugs to the above named applicant and advised

Ronnie Kimble to be thoroughly honest in completing the Drug Abuse Screening form.
(Applicant's name)

James R. Morrison
(Recruiter's Signature)

93/01/19
(Date)

5. MEPS Liaison Verification. I certify that I have completely explained the Marine Corps' policy on the illegal use of drugs to the above named applicant and advised

Ronnie Kimble to be thoroughly honest in completing the Drug Abuse Screening form.
(Applicant's name)

J. Ashley
(MEPS Liaison's Signature)

930127
(Date)

(ANNEX-A)

Figure F-1 -- Statement of Understanding
Marine Corps Policy Concerning Illegal Use of Drugs

PART I - PERSONAL DATA

NAME <i>Kimble, Ronnie L.</i>		SSN	GRADE	DOR
ORGANIZATION	AFADBD	EAS <i>970406</i>	PMOS	ADD MOS
AV PRO/CON	MARITAL STATUS	FY/CATEGORY <i>97F</i>	RTD	WAIVER REQUIRED/TYPE

PART II - INITIAL INTERVIEW

A. CAREER PLANNER'S INITIAL INTERVIEW

SUMMARY OF INTERVIEW

Marine has been briefed in a classroom environment on FTAP, Enlisted Career Force Controls, and the requirements for reenlistment. Marine has also been briefed on the difference between reenlistment eligibility and competitiveness. PME requirements were also discussed.

[Signature] *950310*
 CAREER PLANNER (Signature and Date)

Ronnie L Kimble 950310
 MARINE (Signature and Date)

RELM SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE <i>N/A</i>	LENGTH REQUESTED <i>N/A</i>	INCENTIVE (DUSTAS/LATMOV/SRBP)/ APPLICABLE ALMAR <i>N/A</i>
---	--------------------	--------------------------------	--

B. COMMANDING OFFICER'S INITIAL INTERVIEW

SUMMARY OF INTERVIEW

*SUM WANTS to get out at end of Enlistment.
 WANTS to work for POST OFFICE Back Home.
 Needs to come back at 6 month.
 LAST PRO/CON 4.8/4.8 → outstanding job.*

RECOMMENDED FOR REENLISTMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>(If not initially recommended for reenlistment, reinterview 6 months prior to EAS for possible improved recommendation.)</small>	COMMANDING OFFICER (Signature and Grade) <i>[Signature]</i>	DATE OF INTERVIEW <i>960626</i>
--	--	------------------------------------

PART III - SUBSEQUENT INTERVIEWS

SUMMARY OF INTERVIEW

SUM currently under doctors care for sleeping disorder. Interested in reserves. Explained about prereqs for reenlistment. Advised to seek more information from Recruiter.

FOR UNSCHEDULED INTERVIEW AS OCCUR

[Signature] *960626*
 CAREER PLANNER (Signature and Date)

Ronnie L Kimble 960626
 MARINE (Signature and Date)

RELM SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE <i>960626</i>	LENGTH REQUESTED <i>N/A</i>	INCENTIVE (DUSTAS/LATMOV/SRBP)/ APPLICABLE ALMAR <i>N/A</i>
---	-----------------------	--------------------------------	--

SUMMARY OF INTERVIEW

CAREER PLANNER'S 6 MONTH INTERVIEW

RELM SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	LENGTH REQUESTED	INCENTIVE (DUSTAS/LATMOV/SRBP)/APPLICABLE ALMAR
--	------	------------------	---

SUMMARY OF INTERVIEW

CO'S 6 MONTH INTERVIEW

RECOMMENDED FOR REENLISTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMANDING OFFICER (Signature and Date)	DATE OF INTERVIEW	MARINE'S INITIALS
--	---	-------------------	-------------------

PART IV - EAS INTERVIEW

A. CAREER PLANNER'S EAS INTERVIEW

SUMMARY OF INTERVIEW SNM WANT TO GO TO THE AR Program. SNM
 Would like AR in LEJEUNE AREA OR Greensboro, NC. SNM
 Isnt concerning REENL.

RELM SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 970314	LENGTH REQUESTED /	INCENTIVE (DUSTAS/LATMOV/SRBP) APPLICABLE ALMAR /
TYPE DISCHARGE Honorable	RECOMMENDED RE CODE RC	CAREER PLANNER'S SIGNATURE/DATE William M... 90314	MARINE'S SIGNATURE/DATE

B. COMMANDING OFFICER'S EAS INTERVIEW

SUMMARY OF INTERVIEW

RECOMMENDED FOR REENLISTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	RE CODE	COMMANDING OFFICER (Signature and Grade)	MARINE'S SIGNATURE/DATE
--	---------	--	-------------------------

ADDITIONAL COMMENTS

DEPARTMENT OF THE NAVY
Naval Hospital
P. O. Box 10100
Camp Lejeune, North Carolina 28547-0100

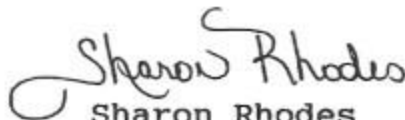
MEMORANDUM

Date: 17 MARCH 1997

From: Patient Administration Department, Medical Board Section
To: Commanding Officer,

Subj: PHYSICAL EVALUATION BOARD

1. CPL RONNIE L. KIMBLE, USMC, is being processed for a Physical Evaluation Board (PEB).
2. The member will be given information regarding the process of the Physical Evaluation Board following a class on FRIDAY, 21 MARCH 1997 at 0700 (CLASS ROOM C)
3. If the member is a "NO SHOW" for the appointment you will be notified.
4. If the member needs to reschedule his/her appointment please contact the medical board section twenty-four (24) hours prior to the scheduled appointment.
5. Point of contact is Mrs. Rhodes at 451-4588.



Sharon Rhodes
Physical Evaluation Board Counselor

I hereby acknowledge I have been informed that I am being placed on a Physical Evaluation Board (PEB). I understand that I have an appointment scheduled for FRIDAY, 21 MARCH 1997 AT 0700 (CLASS ROOM C) for counseling of the Physical Evaluation Board.



Member's Signature



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
P.O. BOX 10100
CAMP LEJEUNE, NORTH CAROLINA 28547-0100

IN REPLY REFER TO:
6100
15A3
21 MAR 97

From: Commanding Officer, Naval Hospital, Camp Lejeune, NC
To: Commanding Officer, 1 COMPANY, 3/2, 2D MARDIV., CLNC

Subj: MEDICAL BOARD IN THE CASE OF CPL RONNIE L. KIMBLE, USMC,

Ref: (a) MANMED Chapter 18
(b) SECNAVINST 1850.4C

1. The above named member is being processed for a PHYSICAL EVALUATION BOARD.

2. Initial Diagnosis are: HYPERMOMOLENCE

3. Recommended Limitations of Duty are: NO PFT, DRILLING, SQUATTING, DIGGING, FIRING RANGE, PROLONGED STANDING, FORMATION (OVER 10 MINUTES), DRIVING MILITARY VEHICLES, LIFTING WEIGHTS (OVER 10 LBS), GUARD DUTY, KNEELING, JUMPING, CRAWLING.

4. The member is non-deployable. We request the member not be granted leave until the medical board is signed. Member may be granted liberty per discretion of the member's command provided they are in compliance with the limitations. Emergency leave may be granted per command's approval. If granted, please notify the Medical Board Section.

5. We request written notification if member is pending disciplinary action or administrative separation, as these take precedence over a medical board.

6. Member is directed to report to the Medical Board Section to read and sign the medical board dictation on 09 APRIL 1997 at 1300.

7. Member is directed to report to the Medical Board Section to attend the mandatory PEB/DTAP class on 09 APRIL 1997 at 0800.

8. Member is directed to report to his/her BAS or Dispensary to have a physical exam. A copy of the physical exam must be forwarded or hand-delivered to the medical board section when completed.

9. Point of contact at this command is Mrs. Rhodes, Medical Boards, at 451-4588.

M. S. CURNOW
By direction

Copy to:
Member
File
Health Record
BAS

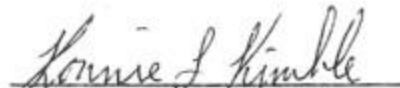
Subj: MEDICAL BOARD IN THE CASE OF CPL RONNIE L. KIMBLE, USMC,

STATEMENT OF AWARENESS

I hereby acknowledge I have been informed that my medical board is being processed. I have been informed of the following appointments (appointment to read and sign dictation, appointment to attend DTAP). I have been notified that I need to contact my BAS/Dispensary to have a physical exam. I have also been informed of the preliminary lab work requirements prior to a physical exam.

I understand that a copy of the physical exam should be forwarded or hand-delivered to the Medical Board Section after it has been completed. I understand that my medical board cannot be forwarded to the Physical Evaluation Board Office without full documentation to include the physical exam.

I understand until the board is signed I am to remain in the vicinity of my command. I further understand in case of emergency, I am to contact the Disability Evaluation System Counselor, at 451-4450 and I am to return to the Naval Hospital when directed. I further understand that if I go on leave I am to notify the Disability Evaluation System Counselor of my leave address and phone number.



Member's Signature

Copy to:
Member
File
Health Record
BAS

DATE 21 MAR 97

MEMORANDUM

From: Disability Evaluation System Counselor, Naval Hospital, CLNC
To: CPL RONNIE L. KIMBLE, USMC,

Subj: DISABILITY TRANSITION ASSISTANCE PROGRAM (D-TAP)

Ref: (a) SECNAVINST 1850.4C
(b) MILPERSMAN 3620270
(c) MCO P1900.16 Chap 8

1. Public Law 101-510, extended D-TAP nationwide for all service members awaiting discharge for disability or who believe they have a disability qualifying them for vocational rehabilitation. Attendance at D-TAP is mandatory unless the service member cannot attend for reasons beyond his or her control.

2. You are currently being processed in accordance with references (a) and (b) or (c) for determination of Fit for Duty by reason of the submission of a medical board reporting a condition(s) which may be considered unfitting for your continuation of military service.

3. The next D-TAP program will be held on 09 APRIL 97 beginning at 0800, located at Naval Hospital, Camp Lejeune, NC.

4. This program will explain the disability procedures as your case is processed and Veterans Administration Rights, Benefits and Vocational Rehabilitation to which you may be entitled. Your attendance is mandatory. Failure to attend may result in administrative action being taken. If you cannot make the above scheduled date for any reason, your command must contact me at least 24 hours prior to the course at 451-4450 to be rescheduled.

William T. Gibson
W. T. GIBSON, MSC
DES Counselor

Subj: DISABILITY TRANSITION PROGRAM (D-TAP)

I, CPL RONNIE L. KIMBLE, USMC, 240 47 9667, have been informed that I must attend the D-TAP on 09 APRIL 97 AT 0800. I understand that I have been scheduled to attend the next class and it is to my advantage to attend the class. I also understand that failure to attend may result in administrative action being taken.

Ronnie L. Kimble

(Member's Signature)

Copy to:
File
Member
DESC

HEARING CONSERVATION DATA										ZIP CODE/APO 2 8 5 4 7 0 1 0 0																									
DOD COMPONENT <input type="checkbox"/> M A-ARMY <input type="checkbox"/> N-NAVY <input type="checkbox"/> F-AIR FORCE					M-MARINE CORPS 1-OTHER DOD ACTIVITY					SERVICE COMPONENT <input type="checkbox"/> R R-REGULAR V-RESERVE					G-NATIONAL GUARD 1-OTHER																				
SSN					LAST NAME—FIRST NAME—MIDDLE INITIAL KIMBLE, RONNIE					SEX <input type="checkbox"/> M M-MALE <input type="checkbox"/> F-FEMALE					DATE OF BIRTH year month day 7 2 0 1 1 7																				
PAY GRADE, UNIF SVCS E 0 4					GRADE, CIVILIAN					SERVICE DUTY OCCUPATION CODE 0311					MAILING ADDRESS OF ASSIGNMENT 3/2 BN/CAMP LEJEUNE/NC 28542																				
LOCATION—PLACE OF WORK I CO.					UIC=20361					MAJOR COMMAND SECONDMARDIV					DUTY PHONE 910-451-3380																				
TWA=																AUDIOMETRY Impulse noise=																			
PURPOSE		2				1-90 DAY				2-ANNUAL				3-TERMINATION				4-OTHER																	
H1								RE: ANSI S3.6								LEFT				RIGHT															
CURRENT AUDIOGRAM DATE		year		month		day		500		1000		2000		3000		4000		6000		500		1000		2000		3000		4000		6000					
9		7		0		3		1		9		10		15		10		05		05		35		05		10		05		05		10		25	
REFERENCE AUDIOGRAM DATE		year		month		day		5M		0M		10M		0M		5M		5M		-5M		5M		0M		0M		0M		0M		0M			
9		3		0		4		0		9		5M		0M		10M		0M		5M		5M		-5M		5M		0M		0M		0M			
THRESHOLD SHIFT								/		15		00		05		00		/		/		05		05		05		10		/		/			
+ = Poorer - = Better																																			
<input type="checkbox"/> 2					1-No Significant threshold shift					STS NO					<input type="checkbox"/> Counsel <input type="checkbox"/> Return to duty <input type="checkbox"/> Retest in 12 mo.					<input type="checkbox"/> Validated by reviewer <input type="checkbox"/> Orig in health record <input type="checkbox"/> Send copy to registry					<input type="checkbox"/> STS YES <input type="checkbox"/> Notify supervisor <input type="checkbox"/> Followup No. 1 after minimum 15 hours noise free										
<input type="checkbox"/> 2					2-Yes ± 20dB or greater																														
NAME OF EXAMINER (Last, first, MI)					TRAINING CERT. NO.					SSN					SERVICE DUTY OCCUPATION CODE					OFC SYMBOL															
STEWART, MARIA, .					964702					0 0 0 0 0 0 0 0 2 0					8499					68093															
TYPE					MODEL					MANUFACTURER					SERIAL NO.					LAST ELECTROACOUSTIC CALIB DATE															
<input type="checkbox"/> 3					1-Manual 2-Self-recording (auto) 3-Microprocessor					RA600					PCA					0976					9 6 0 4 0 1										
FOLLOWUP NO. 1					Minimum 15 hours noise free																														
H1								RE: ANSI S3.6								LEFT				RIGHT															
CURRENT AUDIOGRAM DATE		year		month		day		500		1000		2000		3000		4000		6000		500		1000		2000		3000		4000		6000					
9		7		0		3		2		6		05		05		10		05		10		30		05		10		05		05		35			
REFERENCE AUDIOGRAM DATE		year		month		day		5M		0M		10M		0M		5M		5M		-5M		5M		0M		0M		0M		0M					
9		3		0		4		0		9		5M		0M		10M		0M		5M		5M		-5M		5M		0M		0M					
THRESHOLD SHIFT								/		05		00		05		05		/		/		05		05		05		05		/		/			
+ = Poorer - = Better																																			
<input type="checkbox"/> 1					1-No Significant threshold shift					STS NO					<input type="checkbox"/> Counsel <input type="checkbox"/> Return to duty <input type="checkbox"/> Retest in 12 mo.					<input type="checkbox"/> Validated by reviewer <input type="checkbox"/> Orig in health record <input type="checkbox"/> Send copy to registry					<input type="checkbox"/> STS YES <input type="checkbox"/> Notify Supervisor <input type="checkbox"/> Cleared by medical reviewer before Followup No. 2										
<input type="checkbox"/> 1					2-Yes ± 20dB or greater																														
NAME OF EXAMINER (Last, first, MI)					TRAINING CERT. NO.					SSN					SERVICE DUTY OCCUPATION CODE					OFC SYMBOL															
HIDLEBAUGH, DARREL, e.					9708001					0 0 0 0 0 0 0 0 2 2					8499					68093															
TYPE					MODEL					MANUFACTURER					SERIAL NO.					LAST ELECTROACOUSTIC CALIB DATE															
<input type="checkbox"/> 3					1-Manual 2-Self-recording (auto) 3-Microprocessor					RA600					PCA					0976					9 6 0 4 0 1										
FOLLOWUP NO. 2					Minimum 40 hours noise free since Followup No. 1																														
AUDIOMETRIC DATA								RE: ANSI S3.6								LEFT				RIGHT															
CURRENT AUDIOGRAM DATE		year		month		day		500		1000		2000		3000		4000		6000		500		1000		2000		3000		4000		6000					
REFERENCE AUDIOGRAM DATE		year		month		day																													
THRESHOLD SHIFT								/		/		/		/		/		/		/		/		/		/		/		/					
+ = Poorer - = Better																																			
<input type="checkbox"/>					Significant threshold shift ± 20dB or greater					STS NO					<input type="checkbox"/> Counsel <input type="checkbox"/> Return to duty <input type="checkbox"/> Retest in 12 mo.					<input type="checkbox"/> Validated by reviewer <input type="checkbox"/> Orig in health record <input type="checkbox"/> Send copy to registry					<input type="checkbox"/> STS YES <input type="checkbox"/> Refer to appro directive <input type="checkbox"/> Requires medical disposition					<input type="checkbox"/> Validated by reviewer <input type="checkbox"/> Orig in health record <input type="checkbox"/> Send copy to appro registry					
<input type="checkbox"/>					1-No 2-Yes																														
NAME OF EXAMINER (Last, first, MI)					TRAINING CERT. NO.					SSN					SERVICE DUTY OCCUPATION CODE					OFC SYMBOL															
TYPE					MODEL					MANUFACTURER					SERIAL NO.					LAST ELECTROACOUSTIC CALIB DATE															
<input type="checkbox"/>					1-Manual 2-Self-recording (auto) 3-Microprocessor																														
REVIEWED & VALIDATED BY:					SERVICE DUTY OCCUPATION CODE					AUTOVON					SSN					OFC SYMBOL															
STEWART, MARIA					8499					484-2767										68093															

DD Form 2216

/N 0102-LF-005-8900

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	26 MEU 3/2 BLT I CO.
20 Sep 91	ASBESTOS MEDICAL SURVEILLANCE PROGRAM QUESTIONAIRE
	Breathing asbestos dust may be hazardous to your health. All personnel who have been, or who are significantly exposed to asbestos are to be included in an Asbestos Medical Surveillance Program (AMSP). While present engineering and environmental controls and personnel protective equipment prevent personnel from being exposed to hazardous levels of asbestos dust, continued periodic medical surveillance is required to assure the continued adequacy of control measures and/or detect early asbestos related changes. Personnel in selected jobs are being surveyed to determine if they should be included in the Asbestos Medical Surveillance Program.
	1. During your career, have you been exposed to asbestos dust during rip-out operations, or other asbestos dust operations or worked with asbestos, or asbestos products?
	A. Prior to your military/civil service career? YES <input type="radio"/> NO <input checked="" type="radio"/> UNCERTAIN <input type="radio"/>
	B. During your military/civil service career? YES <input type="radio"/> NO <input checked="" type="radio"/> UNCERTAIN <input type="radio"/>
	2. Total exposure to asbestos in years: <input type="text" value="0"/>
	3. Years' in rating/job:
	4. Brief description of how you were exposed and when exposure was incurred:
	SIGNATURE: <i>Bonnie L Kimple</i>
	Work phone number:

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	3/2 BAS		
PATIENT'S NAME (Last, First, Middle Initial)	Kimple, Bonnie L.		SEX male
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
N/A	Active Duty	LCPL	
SPONSOR'S NAME	ORGANIZATION		
N/A	E-60 3/2		
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
DOD/usmc	201	17 JAN 72	

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

BRANCH CLINIC
 NAVAL HOSPITAL BEAUFORT

MCRD PARRIS ISLAND, S. C. 29905

DATE

12 APR 1993

SCREENING PHYSICAL EXAMINATION CONDUCTED THIS DATE AND FOUND TO BE
 PHYSICALLY FIT TO UNDERGO MILITARY TRAINING. SCREENED BY: R. COLBY P.A.

[Handwritten Signature]

VIEWED FILM ON TESTICULAR
 SELF EXAM/BREAST EXAM.

MONTGOMERY, K.R.
 LT/USN/AD

RECRUIT SCREENING, BLOOD DRAWN THIS DATE AND BLOOD SCREENING TESTS
 (LABORATORY TESTS) CONDUCTED WITH THE FOLLOWING RESULTS:

DATE

BLOOD TYPE AND RH FACTOR

Opeo

GLUCOSE 6-PHOSPHATE DEHYDROGENASE CELL TEST - G6PD TEST

- NORMAL AMOUNT OF ENZYME PRESENT
- ABNORMAL/DEFICIENT AMOUNT OF ENZYME

SICKLE CELL HEMOGLOBIN SCREENING TEST

- NEGATIVE FOR SICKLE CELL TRAIT
- POSITIVE FOR SICKLE CELL TRAIT
- POSITIVE FOR SICKLE CELL DISEASE

SENIOR, R.J.

CDR, MC, USNR

[Handwritten Signature]
 SIGNATURE

20

SOCIAL SECURITY NUMBER H	SEX M	RACE C	DATE OF BIRTH 17 JAN 72	ORGANIZATION OR UNIT 2061	PHONE	
NAME KINBLE	RONNIE	L	SERVICE NO.	RANK PVT	COMP OR BRANCH USMC	SERVICE DEPT. OR AGENCY DEPT. OF DEFENSE

File as top page on left side of folder.

Summary of Care

(This form is subject to the Privacy Act of 1974)

No.	Significant Health Problem	Date	Medical Alert	(SBE Prophylaxis, allergies, other)	
1.			NKA		
2.					
3.					
4.					
5.			Alcohol:		
6.			Tobacco:		
7.			Medications	Start	Stop
8.					
9.					
10.					
11.					
Exceptional Family Member Program					

No.	Hospitalization/Surgery	Date	Health Maintenance	Date of Last Test (Pencil entry)	
1.	Septorhinoplasty	2/97	Prostate Exam		
2.			RPR		
3.			G6PD / GPAB	Normal	12/20/93
4.			Stool GUAIAC		
5.			Mammogram		
6.			Chest X-Ray		
7.			ECG		
8.			Birth Control Method		
9.			PAP Smear		
10.	Advance Directive Provided:		Sickle Cell Trait	Negative	12/20/93
11.	Advance Directive Returned:		HIV Screen	1/95	
12.			Other Eligible Type	Done	12/20/93

(Continue significant health problems, medications, hospitalizations/surgery on reverse)

Space for Mechanical Imprint

Patient's Name: Kamble, Ronnie L		Rank/Grade: Lieut	Sex: Male
SSN/Identification Number: 201		Status: Active Duty	Date of Birth: 17 Jan 70
Branch of Service: USMC		Organization: 1st	

KIMBLE, RONNIE LEE

20/

M/24

ph# 910-697-2687

--BACTERIOLOGY REPORT--

q Phys : MEYER, RAY A
st: THROAT CULTURE
llected: 01Apr96@0836
ported :

Acc #: 960401 MI 4552
Site/Spec: THROAT (PHARYNX)
Lab Location: NH CAMP LEJEUNE LAB

Status: FINAL

Bacteriology Result(s): NORMAL ORAL FLORA. BMA

lo H=hi *=crit []=uncert /A=amend R=resist S=susc MS=mod susc I=interm
=====

/ KIMBLE, RONNIE LEE M/24

P Rec Loc: BLDG 15 - FILE

1. Unit: 3DBN 2NDMAR

nk: LANCE CORPORAL

OUTPATIENT

WHDSP CAMP LEJEUNE NC

08 Mar 1996@0112

Personal Data - Privacy Act of 1974 (PL 93-579)

OUTPATIENT CUMULATIVE REPORT

IMBLE, RONNIE LEE	20/	M/24	ph# 910-697-2687
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ite/Spec: All --Misc. Results (Replaces SF 557)--

Collected	Test	Result	Units	Normal Range	Spec.	Req.HCP
-----------	------	--------	-------	--------------	-------	---------

Order Comment:
 BASE CHAPLIN
 Laboratory Loc: NH CAMP LEJEUNE LAB

 =lo H=hi *=crit []=uncert /A=amend R=resist S=susc MS=mod susc I=interm

)/ KIMBLE, RONNIE LEE M/24
 /P Rec Loc: BLDG 15 - FILE
 il.Unit: A COMPANY HQSPTBN
 ank: LANCE CORPORAL

OUTPATIENT

KIMBLE, RONNIE LEE

20/

M/23

ph# 910-697-2687

Uls/Spec: SERUM

--GENERAL CHEMISTRY--

Site	27Jul95	Units	Normal Range
Bill	80909		
POTASSIUM	4.6	MMDL/L	3.6-5.0
CHLORIDE	101	MMDL/L	101-111
CARBON DIOXIDE	30	MMDL/L	22-31

Eq:
 OP: WODDRUF
 ad Loc: A

27 Jul 1995 0909

Order Comment:

CHEM 7 Comment:

LIGHTHEADED, SLEEPY

Interpretations: GLU

DB PATIENTS PANIC LOW IS 40 mg/dl AND PANIC HIGH IS 300 mg/dl.

CAMP LEJEU

Uls H=Hx; *crit []=uncert /A=amend R=resist S=susc NS=mod susc

Bill: KIMBLE, RONNIE LEE M/23

ad Loc: BLDC 15 - FILE

Reg Unit: A COMPANY HOSPTBN

rank: LANCE CORPORAL

OUTPATIENT

OUTPATIENT CUMULATIVE REPORT

KIMBLE, RONNIE LEE

20/

M/23

ph# 910-697-2687

Site/Spec: SERUM

--THYROID FUNCTION TESTS--

Date: 27Jul95
 Order: @0909
 Units: Normal Range
 SH: 0.89 uIU/ml 0-7.01
 eq.
 CP: WOODRUF
 Lab Loc: A

7 Jul 1995@0909
 Order Comment:
 THYROID Comment:
 LIGHTHEADED, SLEEPY

Site/Spec: All

--Misc. Results (Replaces SF 557)--

Collected	Test	Result	Units	Normal Range	Spec.	Req.H
7Jul95@0909	FT4	1.30	NG/DL	0.71-1.85	SERUM	WOODRUF

Order Comment:
 LIGHTHEADED, SLEEPY
 Laboratory Loc: NH CAMP LEJEUNE LAB

=lo H=hi *=crit []=uncert /A=amend R=resist S=susc MS=mod susc

0/ KIMBLE, RONNIE LEE M/23
 Lab Loc: BLDG 15 - FILE
 Mil. Unit: A COMPANY HQSPTBN
 Rank: LANCE CORPORAL

OUTPATIENT

RADIOLOGIC EXAMINATION REPORT

Patient: KIMBLE, RONNIE LEE

FMP/SSN: 20/

CAMP LEJEUNE NAVAL HOSPITAL
Procedure: MRI, BRAIN (W W/O CONTRAST)
Requested by: CZANDER, ERIC W
Ward/Clinic: NEUROLOGY CLINIC

MAGNETIC RESONANCE IMAGING
Exam Date: 12 Jun 1996@1123
Status: COMPLETE
Exam #: 96034241
Pregnant:

Reason for Order:

24 yo male with increasing hypersomnolence without LOC

Order Comment:

r/o mass

Result Code: See Report Text

Report:

MRI, BRAIN:

Magnetic resonance imaging of the brain was performed using routine protocol. Additionally, T-1 weighted axial images were obtained following intravenous gadolinium administration. The ventricles, sulci and cisterns are symmetric and normal in appearance for age. There is no intracranial mass or hemorrhage. No focal parenchymal abnormalities are identified. There are no areas of abnormal contrast enhancement. Posterior fossa contents including the brain stem and cerebellum are normal. Normal vertebralbasilar and internal carotid flow voids are identified.

IMPRESSION: 1. Normal MRI examination of the brain.

ss

Transcription Date/Time: 13 Jun 1996@1046

Interpreted by: FRANCIS G. CURTIN, LCDR MC USNR

Approved by: FRANCIS G. CURTIN, LCDR MC USNR 13 Jun 1996@1241

20/

KIMBLE, RONNIE LEE
17 Jan 1972 / MALE
Loc:

USMC ACTIVE DUTY
H:910-697-2687 W:3210

SF519-B

Spon: KIMBLE, RONNIE LEE
Unit: 3DBN 2NDMAR

Rank: LANCE COR D:3210
RR: BLDG 15 - FILE

KIMBLE, RONNIE

20/

M/25

ph# (910) 697-00

Site/Spec: All

--Misc. Results (Replaces SF 557)--

Collected	Test	Result	Units	Normal Range	Spec.	Req. HCP
10Mar97@0957	CAT HAIR	O/I	CLASS	SeeBelow	SERUM	STOCK, M
10Mar97@0957	DOG DANDE	NEG	CLASS	SeeBelow	SERUM	STOCK, M
10Mar97@0957	SCOR SYST	SeeBelow			SERUM	STOCK, M
10Mar97@0957	GRASS MIX	NEG	CLASS	SeeBelow	SERUM	STOCK, M
10Mar97@0957	HSDUSTMIX	IV H	CLASS	SeeBelow	SERUM	STOCK, M
10Mar97@0957	MOLD MIX	NEG	CLASS	SeeBelow	SERUM	STOCK, M
10Mar97@0957	TREE MIX	NEG	CLASS	SeeBelow	SERUM	STOCK, M
10Mar97@0957	WEED MIX	NEG	CLASS	SeeBelow	SERUM	STOCK, M

Laboratory Loc: NMCP PATHOLOGY LABORATORY

Interpretations: SCOR SYST

F/N MRT Scoring System -- 5 Fold

CLASS Adj Counts Interpretation

NEG	< 501	Negative
O/I	501 - 750	Equivocal
I	751 - 1600	Positive with increasing amounts of specific IgE antibody.
II	1601 - 3600	"
III	3601 - 8000	"
IV	8001 - 18000	"
V	18001 - 40000	"
VI	> 40000	"

Test performed at: Commonwealth Medical Laboratories, Inc.
11150 Main Street, Suite 550
Fairfax, VA 22030

L=lo H=hi *=crit []=uncert /A=amend R=resist S=susc MS=mod susc I=inter

20/ KIMBLE, RONNIE M/25

O/P Rec Loc: LOCATION IN AN

Mil. Unit: qqtrs supbatS 3RDMARDIV

Rank: CORPORAL

OUTPATIENT

Commonwealth Medical Laboratories, Inc.
 11150 Main Street, Suite 550
 Fairfax, VA 22030

MODIFIED RAST ASSAY

Patient Kimble, Ronnie PB51 20-

Patient ID A125

Sample ID

Cust. ID

Physician Navy *NAVY

Age

Sex M

Date Drawn

Time Drawn

Date Recd.

Time Recd.

	<u>Allergen</u>	<u>Class</u>	<u>Adj Counts</u>
GX2	Grass Mix.....	Neg	341
MX1	Mold Mix.....	Neg	140
HX2	House Dust Mix.....	IV	10413
E1	Cat Hair.....	0/I	667
E2	Dog Epithelium.....	Neg	197
TX1	Tree Mix.....	Neg	393
WX2	Weed Mix.....	Neg	358

F/N RST Scoring System -- 5 Fold

<u>Class</u>	<u>Adj Counts</u>	<u>Interpretation</u>
Neg	< 501	Negative.
0/I	501 - 750	Equivocal.
I	751 - 1600	Positive with
II	1601 - 3500	increasing
III	3501 - 8000	amounts of
IV	8001 - 18000	specific IgE
V	18001 - 40000	antibody.
VI	> 40000	

Assay Documentation

Run ID 831397
 Date Mar 15, 1997
 Technologist Brenda

Calibrator and Controls

Total Counts 39861
 25 IU/ml Cal. 24999
 Neg. Control 125
 Pos. Control 19577
 Cal. Factor 0.952
 Neg. Cutoff 500

