



New York Division of Military and Naval Affairs
330 Old Niskayuna Road
Latham New York 12110-3514

Received Date
DMNA Use Only

Service Member's Social Security Number
XXX-XX-

DMNA 911-E

Before completing this form, please carefully review the attached instructions. You must have been at least 18 years of age at the time of September 11, 2001 to complete this form.

Service Member Information

Full Legal Name:

First Name Middle Name Last Name

Throughout the form, the term "service member" will always refer to the person listed above.

Witness Information

Your Full Legal Name:

First Name Middle Name Last Name

Your Daytime Phone Number:

(Include area code and country code if applicable)

United States Phone Number International Phone Number International City, Country

Your Date of Birth:

Month / Day / Year

If you have registered or filed your own DMNA 911 benefits claim, please enter the last four digits of your SSN Here:

Your Social Security Number: XXX-XX-

Your Relationship with the Service Member

1. What is your relationship to the service member?

The Service Member's Presence During World Trade Center rescue, recovery, or cleanup operations

2. Between September 11, 2001, and September 12, 2002, where was the service member present?

Select all that apply

At the site where the World Trade Center once stood and the surrounding area (see page 2 of the Instructions for a definition of the surrounding area and a map);

New York City Exposure Zone (the area known as lower Manhattan south of Canal Street - see page 2 of the Instructions for a definition of the surrounding area and a map); or

On routes used by those involved in the removal of debris from the World Trade Center site or at the Fresh Kills Landfill in Staten Island.



3. How do you know that the service member was present at the site(s) you checked above?

I saw them there (eyewitness); or

I know that they were there but did not see them there (not an eyewitness).

4. What was the service member doing in the area?

Be as specific as possible in describing the service member's activities in the area.

5. At what specific address/location was the service member present? If you don't know the exact address, what were the cross streets or the closest landmark? Please be as detailed as possible if no address is available. The location "Ground Zero", "WTC site," and similar terms are NOT specific. These phrases have different meanings to different people, DMNA requires more specific information about exactly where the service member was located.

6. On what specific dates was the service member present in the area between September 11, 2001, and September 12, 2002?



- 7. Do you have any documents or other evidence that support your statements above? Do you have documents that show that the service member was in the area? Are you aware of documents that might exist that support your statements? If so, please describe them.** If you have such documents, you may submit them with this form. If you are aware of documents, please provide as much information as possible about where such documents might be found (including contact names, addresses, and/or telephone numbers).
- 8. Answer this question only if you personally saw the service member in the area (eyewitness). If you were not an eyewitness, please go to question 9. Please describe how or why you were able to personally witness the service member in the area? What were you doing there and what brought you in contact with the service member?**
- 9. If you did not personally witness the service member in the area, but you know they were there, please describe in as much detail as possible how you know they were in the area.**



10. Is there any other information you think DMNA should know about where the service member was located, or when and why they were there? If so, please include the details below and explain how you know the information.

If someone helped you fill out this form, or filled out part of the form for you, list that person's name here: _____

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. By completing this form, I consent to having my personal information and responses included in the service members claim file, which will be visible to the service member and others with access to the claim.

Please note – DMNA does not accept electronic signatures. If you received this form electronically, you must print the signature page and sign by hand.

You do not need to have this form notarized.

Your Signature

Date Signed (mm/dd/yyyy)

Your Printed Full Legal Name

If you are including additional pages or documents with the form, please be sure to include your name and the service member's name and military ID number at the top of each page. Thank you for your assistance to the New York Division of Military and Naval Affairs.

Claimant Instructions:

Please fill in the service member's name and military ID number at the top of page 1 of the Witness Presence Statement Form and provide these instructions and the Witness Presence Statement Form to the individual who is providing information as your witness. Your witness can send the form directly back to DMNA, or you can mail the form along with other claim materials to New York Division of Military and Naval Affairs, Personal and Confidential 911 Claim, 330 Old Niskayuna Rd, Latham NY 12110-3514.

You may provide this form to individuals who witnessed the service member at an eligible location between September 11, 2001, and September 12, 2002. The person you ask to be a witness must have been eighteen years old or older on September 11, 2001, and must have personal knowledge of the service member's presence at the location. In general, witnesses must show that they directly observed the service member at the eligible location, or must have been a supervising officer who ordered the service member to that location and has knowledge that the service member in fact reported to the location.

Your witness may not use this form to give answers in a language other than English. If your witness needs to answer the questions in a language other than English, you may give them a written translation of the questions in their preferred language, and they may write their answers in that language. If you give your witness a written translation of the questions, we need all of the following: (1) the written translation of the questions, with the witness's answers; (2) a certified English translation of the questions and answers; and (3) a certification signed by the translator that includes: (a) a statement that the translator is competent to translate the document, and that the translation is true and accurate to the best of the translator's abilities; (b) the translator's address and phone number; and (c) the language being translated.

Witness Instructions:

Why have I received this form?

You are being asked to be a witness for the individual whose name is listed at the top of the attached Witness Presence Statement Form. This individual has filed a claim for 911 Benefits with the New York Division of Military and Naval Affairs. As part of the individual's claim, they need to prove that they were present in an area affected by the 9/11 attacks at some point between September 11, 2001, and September 12, 2002. The information you provide on the form may help prove that the individual was present at one of the areas affected by the 9/11 attacks.

Please be as detailed as possible about specific locations and activities. The areas affected by the 9/11 attacks are: (1) the site where the World Trade Center once stood; (2) New York City Exposure Zone (the area known as lower Manhattan south of Canal Street – see page 2 for a definition of the surrounding area and a map); and (3) routes through New York City that were used by those involved in the loading, unloading, or transport of debris from the World Trade Center site, including the barges and the Fresh Kills Landfill in Staten Island.

Submitting vague answers such as, "I saw them there," or "They told me they was there," or referring to generic date ranges, may cause a delay in processing the claim, or the claim may be denied.

Where do I send my completed form?

Return the completed form to the individual who gave it to you or mail it directly to DMNA at the address below. Because this form is a legal document, you should keep a copy of the completed form for your own records.

New York Division of Military and Naval Affairs
Personal and Confidential 911 Claim
330 Old Niskayuna Rd, Latham NY 12110-3514

What will happen after I fill out this form?

A representative from DMNA may call you for more information regarding your answers. In most cases, the call will only take a few minutes. If you do not receive a call, you do not need to take any further action.

Information about the Geographic Area in New York City Covered by NYS CLS MIL § 217: The law covers two areas of New York City:

- (1) The area shown in the map below. This is the part of Manhattan that is south of the line that runs along Canal Street from the Hudson River to the intersection of Canal Street and East Broadway, north on East Broadway to Clinton Street, and east on Clinton Street to the East River
- (2) Any area related to or along the routes that were used to remove debris from the World Trade Center site. Examples include the Fresh Kills landfill in Staten Island, and the barges that were used to move debris from the site to the landfill. Note: The routes of debris removal apply only to those individuals who loaded, unloaded, or drove the trucks containing WTC debris, worked on the barges transporting the debris, and/or worked at the Fresh Kills landfill.

