



27<sup>e</sup> BRIGADE D'INFANTERIE DE MONTAGNE

MB10 – ISOPREP





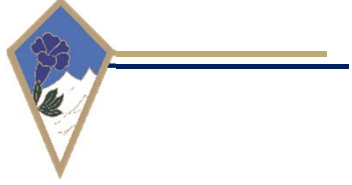
# Définition



**Intérêts de l'ISOPREP** (*Isolated personnel report* – compte-rendu de personnel isolé) :

- Donner à l'unité un **moyen d'identification** ;
- Donner à l'individu des **codes d'identification** relatifs à sa personne ;
- Permettre l'identification en situation de prise d'otage.

**Vous devez vous souvenir des éléments de l'ISOPREP même lorsque vous êtes sous pression**



# Identification d'un IP\*

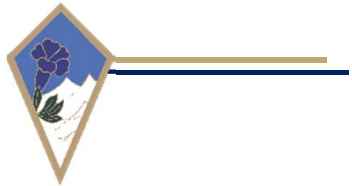
## Principaux moyens d'identification :

- Carte d'identité
- Plaque d'identité
- Uniformes, patches
- Informations contenues dans l'ISOPREP
- Empreintes digitales
- Détails du plan d'évasion
- Photo
- Notice d'identification du groupe sanguin



La notice d'identification du groupe sanguin est une petite carte contenant votre drapeau et une déclaration en plusieurs langues indiquant que celui qui apportera son aide au porteur dans le besoin sera récompensé.

\*Personnel isolé



# Préparation ISOPREP

- A faire **avant le déploiement** (mise à jour des habilitations, promotions, réorganisations au sein de l'unité...)
- Les éléments mentionnés dans l'ISOPREP sont confidentiels ;
- Le spécialiste SERE peut contrôler votre ISOPREP ;
- Il peut être opportun de lire l'ISOPREP dans le détail avec l'unité avant le départ en mission.

CONFIDENTIAL - Information Sensitive

**ISOLATED PERSONNEL REPORT (ISOPREP)**

PERSONNEL IDENTIFICATION

**AUTHORITY:** DND/CJCC Sections 100, 1002, 1003 and 1004 (1.2) (2001)  
**PROVIDING AUTHORITY:** To provide necessary forms that enable deployment and facilitate the mobility of communications.  
**PROVIDING ENTITY:** To be completed by designated personnel subject to Section 4.0 of the Privacy Act. Contains personal information that may be used to verify member identification. The form will be processed through the normal channels. Sections 10, 11, 12, 13, 14, 15 and 16 are optional fields and are only filled when directed by unit SOP or Service Orders. Other fields 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26 are completed for the purposes of the ISOPREP and must be verified appropriately. The form may only be retransmitted, not to be retransmitted.  
**DECLASSIFICATION INFORMATION:** The information in this document is exempt from the access to information process. It is exempt from disclosure and release to government contractors.

**SECTION 1 - PERSONAL INFORMATION**

1a. LAST NAME	1b. FIRST NAME	1c. MI / MIDDLE NAME	1d. SEX	1e. GRADE	1f. RANK	1g. UNIT	1h. POSITION	1i. JOB (OPTIONAL)
2a. BRANCH OF SERVICE (OPTIONAL)	2b. CURRENT UNIT	2c. BRANCH TYPE	2d. REPORT TO	2e. REPORT TO	2f. REPORT TO	2g. REPORT TO	2h. REPORT TO	2i. STAFF GROUP
3a. ID NUMBER	3b. OTHER ID NUMBER	3c. ACCESS	3d. RELIGIOUS PREFERENCE	3e. BLOOD TYPE (MARK)				
3f. OTHER PERSONAL INFORMATION				3g. KNOWN MEDICAL CONDITIONS AND PRESCRIPTIONS				

**SECTION 2 - SERVICE DATA**

4a. SERVED	4b. FROM	4c. TO	4d. FROM	4e. FROM	4f. FROM
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**SECTION 3 - TRAINING CAPABILITY DATA**

5a. TRAINING	5b. TYPE	5c. TRAINING	5d. MONTH	5e. LOCATION	5f. OTHER DATA	5g. COMMENTS
6a. TRAINING						
6b. TRAINING						
6c. TRAINING						
7a. LANGUAGE CAPABILITY	7b. LANGUAGE	7c. OTHER LANGUAGE	7d. READING	7e. WRITING	7f. SPEAKING	7g. OTHER
8a. OTHER LANGUAGE CAPABILITY						

**SECTION 4 - IDENTIFICATION INFORMATION**

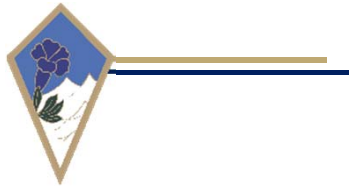
9a. PREVIOUS UNIT (Print)	9b. PREVIOUS NO. (Continuation General)	9c. PREVIOUS NO. (Continuation General)
9d. NAME	9e. NAME	9f. NAME
9g. ADDRESS	9h. ADDRESS	9i. ADDRESS
9j. CITY	9k. CITY	9l. CITY
9m. STATE	9n. STATE	9o. STATE
9p. TELEPHONE	9q. TELEPHONE	9r. TELEPHONE
9s. HOME NO. (OPTIONAL)	9t. HOME NO. (OPTIONAL)	9u. HOME NO. (OPTIONAL)
9v. CHILDREN (Print)		
9w. NAME	9x. NAME	9y. NAME
9z. DATE BORN	9aa. DATE BORN	9ab. DATE BORN
9ac. DATE BORN	9ad. DATE BORN	9ae. DATE BORN
9af. DATE BORN	9ag. DATE BORN	9ah. DATE BORN
9ai. OTHER FAMILY INFORMATION		

**SECTION 5 - SERVICE USE ONLY**

10a. DATE ISSUED (OPTIONAL)	10b. DATE RECEIVED (OPTIONAL)	10c. DATE RETURNED (OPTIONAL)	10d. DATE RELEASED TO UNIT (OPTIONAL)
10e. NOTES			

DS FORM 1000 TEST (VZ), MAY 2004

CONFIDENTIAL - Information Sensitive    PRIVILEGE CATEGORY (SUSPECT)    Page 1 of 1



# ISOPREP – Etude détaillée

CONFIDENTIAL (When Blocks 50 - 54 filled in)

**ISOLATED PERSONNEL REPORT (ISOPREP)**

PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Sections 133, 3012, 3051 and 8012; E.O. 9397.  
**PRINCIPAL PURPOSE(S):** To protect recovery forces from enemy entrapment and facilitate the recovery of isolated persons.  
**ROUTINE USE(S):** To be completed by designated personnel subject to isolation due to hostile activity. Contains personal information that may be used to ensure positive identification. The form will be unclassified/official use only. Blocks 50, 51, 52, 53, 54, 55 and 56 are optional blocks and are only utilized when directed by unit SOP or Service doctrine. When blocks 50, 51, 52, 53, 54, 55, and 56 are completed this form becomes classified CONFIDENTIAL and must be handled appropriately. This form may only be transmitted via .mil to .mil email accounts.  
**DISCLOSURE IS MANDATORY.** The information is necessary since it affects the entire personnel recovery process. Exceptions on disclosure are made for government contractors.

**SECTION 1 - PERSONAL INFORMATION**

1.a. LAST NAME\* | 1.b. FIRST NAME\* | 1.c. M.I. | 2. GO BY NAME | 3. GENDER\* | 4. GRADE\* | 5. SSN\* | 6. COALITION ID | 7. DOB (YYYYMMDD)\*

8. BRANCH OF SERVICE/AGENCY/DEPT\* | 9. CURRENT UNIT\* | 10. BLOOD TYPE\* | 11. HEIGHT (in)\* | 12. WEIGHT (lbs)\* | 13. HAIR COLOR\* | 14. EYE COLOR\* | 15. ETHNIC GROUP

16.a. CITIZENSHIP\* | b. IF OTHER, SPECIFY: | 17. ACCENT | 18. RELIGIOUS PREFERENCE | 19. BLOOD CHIT NUMBER

20. IDENTIFYING SCARS/MARKS/TATTOOS\* | 21. KNOWN MEDICAL CONDITIONS AND PRESCRIPTIONS

**SECTION 2 - UNIFORM DATA**

22. SHIRT SIZE: | 23. PANT SIZE: | 24. HAT SIZE: | 25. BOOT TYPE: | 26. BOOT SIZE: | 27. BOOT WIDTH: |

**SECTION 3 - TRAINING/CAPABILITY DATA**

**SERE TRAINING** a. TYPE | b. YEAR (yyyy) | c. MONTH | d. LOCATION | OTHER (Specify) | e. COMMENTS

28. TRAINING 1 | 29. TRAINING 2 | 30. TRAINING 3

31. PRIMARY LANGUAGE CAPABILITY a. LANGUAGE (If Other, specify) | b. READING | c. WRITING | d. SPEAKING | e. COMMENTS

32. OTHER LANGUAGE CAPABILITIES:

**SECTION 4 - REINTEGRATION INFORMATION**

33. PRIMARY NEXT OF KIN | 34. PARENT NO. 1 (Contractors Optional) | 35. PARENT NO. 2 (Contractors Optional)

a. NAME: | a. NAME: | a. NAME: |  
 b. ADDRESS: | b. ADDRESS: | b. ADDRESS: |  
 c. CITY: | c. CITY: | c. CITY: |  
 d. STATE: | e. ZIP CODE: | d. STATE: | e. ZIP CODE: |  
 f. TELEPHONE: | f. TELEPHONE: | f. TELEPHONE: |  
 g. SAME AS:  PARENT NO. 1  PARENT NO. 2

36. CHILDREN AT HOME (Contractors Optional) | 37. HOME OF RECORD (Contractors Optional)

a. NAME(S) | b. DOB(S) | a. NAME(S) | b. DOB(S) | a. ADDRESS: |  
 c. STATE: | d. ZIP CODE: | c. CITY: |  
 c. STATE: | d. ZIP CODE: |

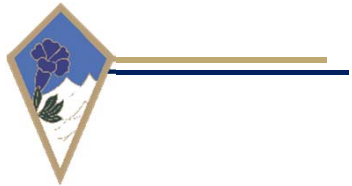
38. SPECIAL FAMILY SITUATIONS:

**SECTION 5 - JPRC/PRCC USE ONLY**

39. DATE MISSING (YYYYMMDD) | 40. DATE RECOVERED (YYYYMMDD) | 41. DATE ENTERED REINTEGRATION (YYYYMMDD) | 42. DATE RELEASED TO UNIT CONTROL (YYYYMMDD)

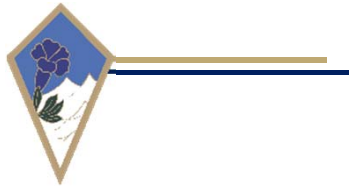
43. NOTES

DD FORM 1833 TEST (V2), MAY 2008 CONFIDENTIAL (When Blocks 50 - 54 filled in) PREVIOUS EDITION IS OBSOLETE.  Adobe Designer 7.0



# ISOPREP – Etude détaillée

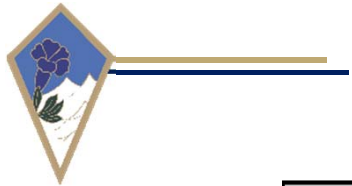
ISOLATED PERSONNEL REPORT (ISOPREP)						
PRIVACY ACT STATEMENT						
<p><b>AUTHORITY:</b>  <b>PRINCIPAL PURPOSE(S):</b> To protect recovery forces from enemy entrapment and facilitate the recovery of isolated persons.  <b>ROUTINE USE(S):</b> To be completed by designated personnel subject to isolation due to hostile activity. Contains personal information that may be used to ensure positive identification. The form will be unclassified/official use only. Blocks 50, 51, 52, 53, 54, 55 and 56 are optional blocks and are only utilized when directed by unit SOP or Service doctrine. When blocks 50, 51, 52, 53, 54, 55, and 56 are completed this form becomes classified CONFIDENTIAL and must be handled appropriately. This form may only be transmitted via .mil to .mil email accounts.  <b>DISCLOSURE IS MANDATORY.</b> The information is necessary since it affects the entire personnel recovery process. Exceptions on disclosure are made for government contractors.</p>						
SECTION 1 - PERSONAL INFORMATION						
1.a. LAST NAME* Nom	1.b. FIRST NAME* Prénom	1.c. M.I.	2. GO BY NAME Surnom	3. GENDER* Genre	4. GRADE* Grade OTAN	5. SSN* N° sécurité sociale
6. COALITION ID		7. DOB (YYYYMMDD)* Date de naissance				
8. BRANCH OF SERVICE/AGENCY/DEPT* Armée / Service	9. CURRENT UNIT* Unité	10. BLOOD TYPE* Groupe sanguin	11. HEIGHT* Taille	12. WEIGHT Poids	13. HAIR COLOR* Couleur des cheveux	14. EYE COLOR* Couleur des yeux
15. ETHNIC GROUP Ethnie		16.a. CITIZENSHIP* Citoyenneté		b. IF OTHER, SPECIFY:	17. ACCENT	18. RELIGIOUS PREFERENCE Préférences religieuses
19. BLOOD CHIT NUMBER N° de notification de groupe sanguin						
20. IDENTIFYING SCARS/MARKS/TATTOOS* Marques corporelles distinctives			21. KNOWN MEDICAL CONDITIONS AND PRESCRIPTIONS Situation médicale			
SECTION 2 - UNIFORM DATA						
22. SHIRT SIZE:	23. PANT SIZE:	24. HAT SIZE:	25. BOOT TYPE:	26. BOOT SIZE:	27. BOOT WIDTH:	



# ISOPREP – Etude détaillée



SECTION 3 - TRAINING/CAPABILITY DATA						
SERE TRAINING	a. TYPE	b. YEAR (YYYY)	c. MONTH	d. LOCATION	/OTHER (Specify)	e. COMMENTS
	Entraînement SERE					
28. TRAINING 1					/	
29. TRAINING 2					/	
30. TRAINING 3					/	
31. PRIMARY LANGUAGE CAPABILITY	a. LANGUAGE (If Other, specify)	b. READING	c. WRITING	d. SPEAKING	e. COMMENTS	
	Langues parlées					
32. OTHER LANGUAGE CAPABILITIES:						

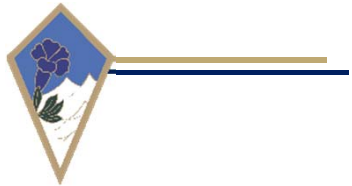
SECTION 4 - REINTEGRATION INFORMATION					
33. PRIMARY NEXT OF KIN		34. PARENT NO. 1 (Contractors Optional)		35. PARENT NO. 2 (Contractors Optional)	
a. NAME: Proche principal		a. NAME:		a. NAME:	
b. ADDRESS:		b. ADDRESS:		b. ADDRESS:	
c. CITY:		c. CITY:		c. CITY:	
d. STATE		d. STATE		d. STATE	
e. ZIP CODE:		e. ZIP CODE:		e. ZIP CODE:	
f. TELEPHONE:		f. TELEPHONE:		f. TELEPHONE:	
g. SAME AS: <input type="checkbox"/> PARENT NO. 1 <input type="checkbox"/> PARENT NO. 2				37. HOME OF RECORD (Contractors Optional)	
36. CHILDREN AT HOME (Contractors Optional)					
a. NAME(S)		b. DOB(S)		a. ADDRESS:	
				b. CITY:	
				c. STATE	
				d. ZIP CODE:	
38. SPECIAL FAMILY SITUATIONS:					
SECTION 5 - JPRC/PRCC USE ONLY					
39. DATE MISSING (YYYYMMDD)		40. DATE RECOVERED (YYYYMMDD)		41. DATE ENTERED REINTEGRATION (YYYYMMDD)	
				42. DATE RELEASED TO UNIT CONTROL (YYYYMMDD)	
43. NOTES					



# ISOPREP – Etude détaillée

SECTION 6 - ADDITIONAL INFORMATION				
44.a. LEFT FINGERPRINTS (Optional): THUMB:  <div style="border: 1px solid red; padding: 2px; display: inline-block;">             Empreintes digitales              Main gauche           </div>	INDEX:	MIDDLE:	RING:	LITTLE:
44.b. RIGHT FINGERPRINTS (Optional): THUMB:  <div style="border: 1px solid red; padding: 2px; display: inline-block;">             Empreintes digitales              Main droite           </div>	INDEX:	MIDDLE:	RING:	LITTLE:
44.c. ADDITIONAL INFORMATION				
44.d. CONTRACTOR: COMPANY NAME			44.e. COMPANY POINT OF CONTACT	

SECTION 7 - PHOTOS	
45. FRONT FULL DIGITAL PHOTOGRAPH  <div style="border: 1px solid red; padding: 2px; display: inline-block;">             Photographie de face           </div> 	46. RIGHT PROFILE DIGITAL PHOTOGRAPH  <div style="border: 1px solid red; padding: 2px; display: inline-block;">             Photographie de profil           </div> 
SECTION 8 - REVIEW INFORMATION	
47. DATE COMPLETED (YYYYMMDD)	48. DATE REVIEWED (YYYYMMDD)*
49. SIGNATURE	



# ISOPREP – Etude détaillée

SECTION 9 - PERSONAL AUTHENTICATION INFORMATION		
(Note: For the Personal Authentication Statements, Items 50 - 53, please input 4 unique statements from which 4 questions can be derived from each.)		
50. (C) PERSONAL AUTHENTICATION STATEMENT NO. 1		
51. (C) PERSONAL AUTHENTICATION STATEMENT NO. 2		
52. (C) PERSONAL AUTHENTICATION STATEMENT NO. 3		
53. (C) PERSONAL AUTHENTICATION STATEMENT NO. 4		
54. (C) AUTHENTICATION NUMBER	55. (C) PERSONAL DURESS WORD	56. (C) ADDITIONAL AUTHENTICATION INFORMATION

La **déclaration d'authentification** (50,51,52,53) doit permettre à la force de récupération de vous poser 4 questions aux fins d'identification. A titre d'exemple, « *lorsque je vivais à Nantes, en Bretagne, en 1980, j'avais un rottweiler noir nommé Croquette* » :

- Question 1 : Dans quelle région vivait-il en 1980 ? (Bretagne)
- Question 2 : Dans quelle ville vivait-il en 1980 ? (Nantes)
- Question 3 : Quel était le nom de son chien en 1980 ? (Croquette)
- Question 4 : De quelle couleur était votre chien en 1980 ? (Noire)

Le **code d'identification** (54) est une suite de 4 chiffres, permettant de poser des questions par addition, soustraction, multiplication. Les 4 chiffres doivent être différents et ne doivent pas se suivre. Il ne faut pas utiliser le 0.

Le « **mot contraint** » (*duress word*, 55) est un mot que vous devez transmettre avec votre indicatif si vous êtes forcé de communiquer à la radio des informations fallacieuses par vos ravisseurs. Si vous utilisez ce mot contraint, toutes les informations que vous pourrez énoncer seront considérées comme douteuses par vos alliés.



# Sources

*Norwegian School of Winter Warfare*

