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|---|--|---|---|--|--|---|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME<br><b>COXON PETER WILLIAM</b>   |  |   | 2. SEX<br><b>M</b>  | 3. SOCIAL SECURITY NUMBER<br><b>7138</b>   |  | 4. DATE OF BIRTH<br>YEAR: <b>1937</b> MONTH: <b>Nov</b> DAY: <b>20</b>                              |
| 5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br><b>AIR FORCE Reg AF</b>   |  |   | 6a. GRADE, RATE OR RANK<br><b>MSgt</b>  |  | b. PAY GRADE<br><b>E-7</b>   | 7. DATE OF RANK<br>YEAR: <b>1976</b> MONTH: <b>Dec</b> DAY: <b>01</b>                               |
| 8a. SELECTIVE SERVICE NUMBER<br><b>NA</b>   |  | b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE<br><b>NA</b>  |   | c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code)<br><b>6 Englewood Avenue, Randolph, Norfolk Co., MA 02368</b> |  |   |
| 9a. TYPE OF SEPARATION<br><b>Discharge</b>  |  |   |   | b. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>Camp New Amsterdam, The Netherlands</b>   |  |   |
| c. AUTHORITY AND REASON<br>-----  |  |   |   |  | d. EFFECTIVE DATE<br>YEAR: <b>1977</b> MONTH: <b>Jan</b> DAY: <b>06</b>                        |   |
| e. CHARACTER OF SERVICE<br><b>HONORABLE</b>   |  |   |   | f. TYPE OF CERTIFICATE ISSUED<br><b>DD Form 256AF</b>  |  | 10. REENLISTMENT CODE<br><b>NA</b>  |
| 11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>32 Tac Ftr Sq (USAFE)</b>  |  |   | 12. COMMAND TO WHICH TRANSFERRED<br><b>NA</b>   |  |  |   |
| 13. TERMINAL DATE OF RESERVE/ MSS OBLIGATION<br>YEAR: <b>NA</b> MONTH: <b>NA</b> DAY: <b>NA</b>   |  | 14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code)<br><b>Camp New Amsterdam, NL</b>  |   |  | 15. DATE ENTERED ACTIVE DUTY THIS PERIOD<br>YEAR: <b>1973</b> MONTH: <b>Jan</b> DAY: <b>09</b> |   |
| 16a. PRIMARY SPECIALTY NUMBER AND TITLE<br><b>81172- Law Enforcement/Corrections Supervisor</b>   |  | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER<br><b>Police Sergeant, Precinct 375.168</b>  |   | 18. RECORD OF SERVICE  |  |   |
| 17a. SECONDARY SPECIALTY NUMBER AND TITLE<br><b>81170 - Security Supervisor</b>   |  | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER<br><b>Guard, Sergeant 372.168</b>  |   |  |  |   |
|   |  |   |   | (a) NET ACTIVE SERVICE THIS PERIOD   | <b>03</b>  | <b>11</b>   |
|   |  |   |   | (b) PRIOR ACTIVE SERVICE   | <b>16</b>  | <b>04</b>   |
|   |  |   |   | (c) TOTAL ACTIVE SERVICE (a + b)   | <b>20</b>  | <b>04</b>   |
|   |  |   |   | (d) PRIOR INACTIVE SERVICE   | <b>01</b>  | <b>00</b>   |
|   |  |   |   | (e) TOTAL SERVICE FOR PAY (c + d)  | <b>21</b>  | <b>05</b>   |
|   |  |   |   | (f) FOREIGN AND/OR SEA SERVICE THIS PERIOD   | <b>03</b>  | <b>11</b>   |
|   |  |   |   |  | <b>28</b>  | <b>28</b>   |
| 19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>1174 Days</b>   |  |   | 20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years)<br>SECONDARY/HIGH SCHOOL _____ YRS. (1-12 grades) COLLEGE <b>1</b> YRS. |  |  |   |
| 21. TIME LOST (Preceding Two Yrs)<br><b>NO TIME LOST</b>  | 22. DAYS ACCRUED LEAVE PAID<br><b>NOT PAID</b> | 23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE<br><input type="checkbox"/> \$15,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE |   | 24. DISABILITY SEVERANCE PAY<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br>AMOUNT _____  |  | 25. PERSONNEL SECURITY INVESTIGATION<br>a. TYPE<br><b>NAC</b><br>b. DATE COMPLETED<br><b>61 Mar</b> |
| 26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>AFGCM w/4OLC (9Jan73-8Jan76) - AFM 900-3</b>   |  |   |   |  |  |   |
| 27. REMARKS<br><br>Blood Group: A-Positive<br>DAFSC: 81172<br>Member has completed 1 year of college work<br>Air Base Ground Defense II Course, 3AZR81170-1, 18 Dec 75<br>Military Police Investigator Course, 30 May 75<br>USAFE Command Leadership/Management Course, 26 Oct 73<br>Accrued Leave carried forward to new enlistment<br>Member requests a copy of DD Form 214 <i>W.E.</i><br><br>*NAC Completed 10 Mar 61, 4th Dist OSI, Bolling AFB, D C |  |   |   |  |  |   |
| 28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code)<br><b>Same as item 8c</b>  |  |   |   | 29. SIGNATURE OF PERSON BEING SEPARATED<br><i>Peter W. Coxon</i>   |  |   |
| 30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br><b>R. E. MOBLEY, 1st Lt, USAF<br/>Chief, Quality Force Section</b>  |  |   |   | 31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br><i>R. E. Mobley</i>   |  |   |