

# CASE SUMMARY

NW 1003-47 / 688 / 007

JR / 27684

Fragebogen No. DM 60288/67/255 Function Industry Date received by Denazification Panel 20.8.1947

For completion by German Denazification Committee and Panel.

(Zur Ausfüllung durch den deutschen Entnazifizierungsausschuß und die Sachverständigen.)

Name Störring, Hugo Nationality German  
 (Name) (Staatsangehörigkeit)

Address Velbert, Burgstr. 17 LK. or SK. Daf. Mett.  
 (Adresse) (Landkreis oder Stadtkreis)

Position applied for or occupied partner  
 (Beworbene oder innehabende Stellung)

Employer Fa. Rodmann, Tönisheide  
 (Arbeitgeber)

Party affiliations, offices held, and periods NSDAP Sept. 1942 - 45.  
 (Partei-Mitgliedschaften, Aemter bekleidet und Dauer) DAF, NSV.

**CATEGORY V**Refused  
20.8.1947Discretionary removalchairman

Recommendation of Denazification Committee and reasons suitable  
 (Empfehlung des Entnazifizierungs-Ausschusses und Gründe)

unanimously 13.3.1947

Signature of Chairman (Unterschrift des Vorsitzenden) signed: Obermann  
chairman

Recommendation of Denazification Panel and reasons suitable  
 (Empfehlung der Entnazifizierungs-Sachverständigen und Gründe)

unanimously 20.8.1947

Signature of Chairman (Unterschrift des Vorsitzenden) Refused  
chairman

Police Record

Int. Team Remarks

Public Safety

Date received 13 Sep. 1947

Special Branch

S.B. evaluation and categorisation

agreedSignature Wall  
150

Date forward to Functional Officer

P.T.O.

Functional Officer

Date received .....

Action taken .....

Signature .....

German Review

Date received .....  
(Empfangsdatum)

Board

Date appeal dealt with .....  
(Datum der Bearbeitung der Berufung)

(Deutsches Revisions-  
büro)

Recommendation and reasons .....  
(Empfehlung und Gründe)

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Signature of Chairman .....  
(Unterschrift des Vorsitzenden)

Public Safety

Date received .....

Special Branch

Appeal upheld/dismissed .....

Signature of S.B. Officer or Det. Commander

Regional

Date received .....

Commissioner

Date considered .....

Decision .....

Signature .....

Functional

Date received .....

Officer

Action taken as result of appeal .....

Signature .....