Department of Veterans Affairs

VA DATE STAMP DO NOT WRITE IN THIS SPACE

FOR POST-TRAUMATIC S			ON		
INSTRUCTIONS: List the stressful incident or incidents to description of what happened, the date, the geographic local servicepersons you know of who were killed or injured during important that you complete the form in detail and be as spineded, attach a separate sheet, indicating the item number	ation, your unit assignment and dates ring the incident. Please provide date secific as possible so that research of	of assignment, an es within at least a	d the full names and unit assignment 60-day range and do not use nice	nents of cnames. It is	
1. NAME OF VETERAN (First, Middle, Last)		2. VA FII	2. VA FILE NO.		
	CERTICALLY INCOME.	T.NO. 1			
3A. DATE INCIDENT OCCURRED (Mo., day, yr.)	3B. LOCATION OF INCIDENT (try, Province, landmark or mi	itary installation)	
3C. UNIT ASSIGNMENT DURING INCIDENT (SUCH AS, DIVISION, WING, BATTALION, CALVARY, SHIP)			3D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.) FROM TO		
			ТО		
3E. DESCRIPTION OF THE INCIDENT		I	I		
3F. MEDALS OR CITATIONS YOU RECEIVED BECA	USE OF THE INCIDENT				
INFORMATION ABOUT SERVICEPE				T NO. 1	
(ATTACH A SEPARATE SHEET IF MORE S 4A. NAME OF SERVICEPERSON (First, Middle, Last) 4B. R		<u>RE SPACE IS</u> 4B. RANK	AC. DATE OF INJURY/DEA	TH (Mo., day, yr.)	
4D. PLEASE CHECK ONE KILLED IN ACTION WOUNDED IN ACTION KILLED NON-BATTLE INJURED NON-BATTLE	4E. UNIT ASSIGNMENT DURING	INCIDENT (SUCH	 AS, DIVISION, WING, BATTALIC	N, CALVARY, SHIP)	
 5A. NAME OF SERVICEPERSON (First, Middle, Last)		5B. RANK	5C. DATE OF INJURY/DE/	ATH (Mo., day, yr.)	
5D. PLEASE CHECK ONE KILLED IN ACTION WOUNDED IN ACTION KILLED NON-BATTLE INJURED NON-BATTLE	5E. UNIT ASSIGNMENT DURING	INCIDENT (SUCH	I AS, DIVISION, WING, BATTALIC	N, CALVARY, SHIP)	

STRESSFUL INCIDENT NO. 2						
6A. DATE INCIDENT OCCURRED (Mo.,day, yr.) 6B. LOCATI	FION OF INCIDENT (City, State, Country, Province, landmark or military installation)					
6C. UNIT ASSIGNMENT DURING INCIDENT (SUCH AS, DIVISION	N WING BATTALION	OD DATES OF UNIT A	001011145117747			
CALVARY, SHIP)	52. 27.126 G. G.III. 7.66.G.III		SSIGNMENT(<i>Mo.,day,yr.)</i>			
		I KOW				
SE. DESCRIPTION OF THE INCIDENT						
6F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE	INCIDENT					
INFORMATION ABOUT SERVICEPERSONS \			ICIDENT NO. 2			
(ATTACH A SEPARATE			T11 (4.4 /)			
7A. NAME OF SERVICEPERSON (First, Middle, Last)	7B. RANK	7C. DATE OF INJURY/DEA	TH (Mo. day, yr.)			
7D. PLEASE CHECK ONE	 TF. UNIT ASSIGNMENT DI	 URING INCIDENT (SUCH AS	S. DIVISION, WING.			
D. FLEASE CHECK ONE	BATTALION, CALVARY	URING INCIDENT (SUCH AS Y, SHIP)	, 211101011, 111110,			
☐ KILLED IN ACTION ☐ WOUNDED IN ACTION						
KILLED NON-BATTLE INJURED NON-BATTLE						
BA. NAME OF SERVICEPERSON (First, Middle, Last)	8B. RANK	8C. DATE OF INJURY/DEA	TH (Mo. day. vr.)			
on. IVAIVIL OF SERVISEF EROSTY (First, Wildlie, East)	OD. ICAINIC	OO. DATE OF INCORTIDEA	111 (1010. day, y1.)			
BD. PLEASE CHECK ONE	8E. UNIT ASSIGNMENT D	L URING INCIDENT (SUCH AS Y, SHIP)	s, DIVISION, WING,			
	BATTALION, CALVARY	Y, SHIP)				
☐ KILLED IN ACTION ☐ WOUNDED IN ACTION						
☐ KILLED NON-BATTLE ☐ INJURED NON-BATTLE						
9. REMARKS						
I certify that the foregoing statement(s) are true and correct to the best of my knowledge and belief.						
10. SIGNATURE	11. DATE 12. TELEPHONE NUMBERS (Include Area Code)					
		Daytime	Evening			
ENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a						
naterial fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.						
DRIVARY ART NOTICE. The MAN will not disclose information		4 4 1 4				

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.