OMB Approved No. 2900-0659 Respondent Burden: 1 hour 10 minutes Expiration Date: XXXXXXXXXX

## Department of Veterans Affairs

VA DATE STAMP DO NOT WRITE IN THIS SPACE

## STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION FOR POST-TRAUMATIC STRESS DISORDER (PTSD)

**INSTRUCTIONS:** List the stressful incident or incidents that occurred in service that you feel contributed to your current condition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and dates of assignment, and the full names and unit assignments of you know of who were killed or injured during the incident. Please provide dates within at least a 60-day range and do not use nicknames. It is important that you complete the form in detail and be as specific as possible so that research of military records can be thoroughly conducted. If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

sheet, indicating the item number to which the answer	ers apply.	•	•	•	
1. NAME OF VETERAN (First, Middle, Last)		2. VA FILE	NO.		
ST	RESSFUL INCIDE	ENT NO. 1			
3A. DATE INCIDENT OCCURRED (Mo., day, yr.) 3B. LO	CATION OF INCIDENT	(City, State, Countr	v, Province, landmar	k or military installation)	
3C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIV.	ISION WING BATTAL	ON, 3D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)			
CAVALRY, SHIP)		FROM	TO	Ett (110., uuy, yr.)	
3F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE	OF THE INCIDENT				
INFORMATION ABOUT SERVICEPERSO (ATTACH A SEPAR				CIDENT NO. 1	
4A. NAME OF SERVICEPERSON (First, Middle, Last)	4	4B. RANK	4C. DATE OF INJUI	RY/DEATH (Mo., day, yr.)	
4D. PLEASE CHECK ONE  KILLED IN ACTION WOUNDED IN ACTION  KILLED NON-BATTLE INJURED NON-BATTLE	4E. UNIT ASSIGNME CAVALRY, SHIP)	ENT DURING INCIDE	DURING INCIDENT (Such as, DIVISION, WING, BATTALION,		
5A. NAME OF SERVICEPERSON (First, Middle, Last)		5B. RANK	5C. DATE OF INJUI	RY/DEATH (Mo., day, yr.)	
5D. PLEASE CHECK ONE  KILLED IN ACTION WOUNDED IN ACTION  KILLED NON-BATTLE INJURED NON-BATTLE	5E. UNIT ASSIGNME CAVALRY, SHIP)	ENT DURING INCIDE	NT (Such as, DIVISIO	N, WING, BATTALION,	

STRESS	SFUL INCIDENT NO	). 2		
6A. DATE INCIDENT OCCURRED (Mo.,day, yr.) 6B. LOCATION	OF INCIDENT (City, Sto	ate, Country, Provinc	ce, landmark or military installation)	
6C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION,	WING, BATTALION,	TALION, 6D. DATES OF UNIT ASSIGNMENT (Mo.,day,yr.)		
CAVALRY, SHIP)		FROM	ТО	
6E. DESCRIPTION OF THE INCIDENT		1		
6F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF TH	IE INCIDENT			
INFORMATION ABOUT SERVICEPERSONS V	VHO WERE KILLED	OR INJURED D	URING INCIDENT NO. 2	
(ATTACH A SEPARATE)	SHEET IF MORE S	PACE IS NEEDE	ED)	
7A. NAME OF SERVICEPERSON (First, Middle, Last)	7B. RANK	7C. DATE	OF INJURY/DEATH (Mo. day, yr.)	
( ,			( :: :::,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7D DI FACE CUECK ONE	7F LINUT AC	CICAIMENT DUDING	DINCIDENT (C. 1. DIVIGION WING	
7D. PLEASE CHECK ONE  KILLED IN ACTION WOUNDED IN ACTION	BATTAL.	ION, CAVALRY, SHIP,	G INCIDENT (Such as, DIVISION, WING,	
KILLED NON-BATTLE INJURED NON-BATTLE				
	8B. RANK	IOC DATE	OF IN HIDVIDEATH (Mo. don. om.)	
8A. NAME OF SERVICEPERSON (First, Middle, Last)	OD. NAIN	OC. DATE	OF INJURY/DEATH (Mo. day, yr.)	
8D. PLEASE CHECK ONE		8E. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WIN		
KILLED IN ACTION WOUNDED IN ACTION	BATTAL	ION, CAVALRY, SHIP,	)	
☐ KILLED NON-BATTLE ☐ INJURED NON-BATTLE				
9. REMARKS	•			
I certify that the foregoing statement(s) are true and correc	t to the best of my kno	wledge and belief.		
	1. DATE		E NUMBERS (Include Area Code)	
	[7	DAYTIME	EVENING	
PENALTY - The law provides severe penalties which include fine or in fact, knowing it is false, or fraudulent acceptance of any payment to which	nprisonment or both, for the	willful submission of	any statement or evidence of a material	
ract, knowing it is faise, or maddatent acceptance of any payment to wind				

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 VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment 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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM 21-0781, XXX 2014 PAGE 2