

WIA

✓ Heikerman, Steve L	SP4	RA16965147	85 th
Pierce, Norman D	SP5	RA17748288	
✓ Child, Rogers	PFC	US54971408	85 th
✓ Lathinghouse Robert	SP4	RA24660952	44C2085
✓ Crow Wayland G	PFC	US54668780	71B2085
✓ Reisenweber, Kenneth	Sgt	RA15627623	85 th
✓ Brown, David E	SP4	US56585841	85 th
✓ Gomez, Jesse J	SP4	US67175686	85 th
✓ Roman, Nicholas H	PFC	RA11862561	94B20 85 th
✓ Misch, John J	PFC	US54815199	
✓ Burke Donald J	SFC	RA86827176	85 th (76P40)
Duke, Vernon A	SP5	RA54329886	
✓ Pearson, Harold L	PFC	RA12937441	85 th
✓ Keckling, Debby J	SSG	RA14610884	
✓ Martinez, Heriberto	PFC	RA18845504	85 th
✓ Blackston, John	SP4	RA52251710	85 th
✓ LEE, Edgar R	SP4	RA14953355	85 th
✓ Webber, Carlton L	SSG	RA25124548	
✓ Kavanagh, Marc M	SP4	RA16926354	85 th (63B)
✓ P Stolle, Benny	US56664060	(36K20)	67
✓ HARRIS Phillip			67 th
✓ Marler Roy R.	RA15979175	(62A10)	85 th
✓ Lawton David L		43K20	67 th
✓ HARRIS Willie	SP5		67 th
✓ CURTIN Robert J	PFC	RA13855027	(63H20) 67 th

✓ OTT, Gary &
Babyak

SSG RA 53294680 (G3H40 G7th)
UNKNOWN. (Missing Presumed Dead)

1500 Thursday -

Kor

9 APRIL

0300 - 0330

NAME

Jenkins	PFC	KARRY B	US 6209654	Shot	(63B20)
Watkins	PFC	Gregory	RA18836643	Explosion	
Hansen	Gerald	Steven (PFC)	US 56959468	Shot	
Valenzuela		SP4		Shot	
Reinke	JACK R	SP4	US 56497491	Explosion	
Harding		Kenneth Allen	RA15568577	Shot	(76P40)

In defense of company area.

Reinke, HANSEN, Valenzuela, Harding

Missing } Health

BABYAK, ANDREW US 51828934 (54D20)

67th EVAC Airfield (Front)

GRAVES registration (Unidentified)

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. BABYAK Andrew J
(Last Name, First Name, MI)

B. US 51 82 89 34
(Service Number)

C. SPA
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DMOS)

E. (1) a. MISSING
(Diagnosis)

b. _____ (2) a. 85E1AC
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

*FOX not ID
Might Fry
03001*

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. _____ *Unident* _____
(Last Name, First Name, MI)

B. _____
(Service Number)

C. _____
(Rank & Pay Grade) _____ (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) _____ (DMS)

E. (1) a. _____ *KIA* _____
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. _____ G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

*Recent
SP4
Mony*

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. VALENZUELA, PEDRO F
(Last Name, First Name, MI)

B. US 56910 008
(Service Number)

C. Pfc
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. KIA (Shot while eating)
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by ~~WATKINS Gregory H~~ (Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. WATKINS Gregory H (Last Name, First Name, MI)

B. RA18836643 (Service Number)

C. PVT2 (Rank & Pay Grade) (Branch-Office Only) (Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____ (Date and hour of incident) (DPOS)

E. (1) a. D. Li at hosp (Diagnosis)

b. KIA (2) a. _____ (Where) (Prognosis)

(3) Circumstances: 526 CC + S Co BR 998236 (Geographical Location of Grid Coordinates)

F. NEG (Race) G. _____ (Organization and address)

H. _____ (Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____)

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. HANSEN, GERALD S
(Last Name, First Name, MI)

B. US 56 9594 60
(Service Number)

C. Pfc
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. _____ Shot
(Diagnosis)

b. KIA (2) a. _____
(Prognosis) (Where)

(3) Circumstances: 526 CC+S Co BR 9982-36
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. REINKE, JACK R
(Last Name, First Name, MI)

B. US 5649 7481 475 50 0999
(Service Number)

C. SP4
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. KIA 0430 (mut FWT Amplea)
(Diagnosis) n

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: 526 EC+5CO BR 998236
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. HARDING Kenneth A
(Last Name, First Name, MI)

B. RA 15568577
(Service Number)

C. E6
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. KIA (DOA)
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: ROWN KIA

A. JENKINS, LARRY B
(Last Name, First Name, MI)

B. US 67096504
(Service Number)

C. PPC E3
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (MOS)

E. (1) a. KIA Shot in Chest
(Diagnosis)

b. - (2) a. _____
(Prognosis) (Where)

(3) Circumstances: 526 Coy 500 Area BR 998236
(Geographical Location of Grid Coordinates)

F. NEG G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. Burke DONALD J
(Last Name, First Name, MI)

B. RA 365 27176
(Service Number)

C. SFC E7
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. ~~MEWS F~~
(Date and hour of incident) (DPOS)

E. (1) a. MFW Forehead MFW both Lower EXT
(Diagnosis)

b. _____ (Prognosis) (2) a. 85 EVAC
(Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. WEBBER CARLTON L
(Last Name, First Name, MI)

B. BA 251 245 46
(Service Number)

C. SSg E6
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. MFW R leg
(Diagnosis)

b. _____ (2) a. 85EVAC
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. OTT, Gary L
(Last Name, First Name, MI)

B. RA52394680
(Service Number)

C. SSGE6
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DMOS)

E. (1) a. MFW whole Body
(Diagnosis)

b. _____ (2) a. ~~8~~ 67
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. Reisenweber Kenneth E
(Last Name, First Name, MI)

B. RA 156 276 23
(Service Number)

C. SGT E5 P
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. 2d Burns (RIA on Leg Abdomen Gunshot)
(Date and hour of incident) (DPOS) LEFT TH

E. (1) a. _____
(Diagnosis)

b. _____ (2) a. 85th EVA C
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. HARRIS, Phillip W LLLC J
(Last Name, First Name, MI)

B. ~~RA 784 436~~ RA 53 401 706
(Service Number)

C. ~~SP5~~ SP5 ~~B~~
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DICS)

E. (1) a. LAC. L Temple
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date o^r DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. KAVANAUGH MARC M
(Last Name, First Name, MI)

B. RA 16 926 354
(Service Number)

C. SP4 P
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOB)

E. (1) a. GSW Chest
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. LEE EDGAR R
(Last Name, First Name, MI)

B. RA14 953 355
(Service Number)

C. SP4
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DMOS)

E. (1) a. Frag wounds Buccoaks, Frag L KNEE
(Diagnosis)
b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. BLACKSTON, JOHN _____
(Last Name, First Name, MI)

B. RA52 231710 _____
(Service Number)

C. SP4 _____ P _____
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (MOS)

E. (1) a. MFW Right Arm R Leg _____
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAa _____ G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. Gomez, Jesse V
(Last Name, First Name, MI)

B. US 67175686
(Service Number)

C. SP4
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (MOS)

E. (1) a. 1st + 2d Dogue Bnms L D r m G S W R ANKle
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. _____ G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. Rhyne John E
(Last Name, First Name, MI)

B. US CIV
(Service Number)

C. _____
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. Frag W Rt Leg + ANKLE + Lt Knee
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. _____ G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. CURTIN, Robert J
(Last Name, First Name, MI)

B. RA13855027
(Service Number)

C. Pfc
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. Frag Wounds whole Body Fract ^{RT}
(Diagnosis) _{Leg}

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. Brown David E
(Last Name, First Name, MI)

B. US56585841
(Service Number)

C. SP4
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is
promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DACS)

E. (1) a. Burns 1st FACE REAR Arm Bursted EAR Drums
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. _____ G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. HOLTERMAN Steve L
(Last Name, First Name, MI)

B. RA 169 651 47
(Service Number)

C. SP4
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (MOS)

E. (1) a. MFW Foe + LEFT SHOULDER
(Diagnosis)

b. UNK (2) a. 85E
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. HARRIS Philip
(Last Name, First Name, MI)

B. RA 12 789436
(Service Number) X X

C. Pfc
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DMOS)

E. (1) a. Frag W Lt Fau Arm Rt Arm Lt Leg
(Diagnosis)

b. _____ (Prognosis) (2) a. _____ (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. Cau G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. CHIND ROGERA _____
(Last Name, First Name, MI)

B. US 5971408 _____
(Service Number)

C. PFC _____
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____ (Date and hour of incident) _____ (MOS)

E. (1) a. MFW Rt Thigh + Arm _____
(Diagnosis)

b. UNK _____ (2) a. _____ (Where)
(Prognosis)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. _____ (Race) G. _____ (Organization and address)

H. _____ (Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. ROMANO NICHOLAS A
(Last Name, First Name, MI)

B. RA11862561
(Service Number)

C. PFC
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. G SW Buddocks
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. Misch John J
(Last Name, First Name, MI)

B. US 54 815 199
(Service Number)

C. PR
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. Abbrasions 3rd 4th Fingers Lt Hand
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. PEARSON HASKELL L _____
(Last Name, First Name, MI)

B. RA12937441 _____
(Service Number)

C. E PFC _____
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is
promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DMOS)

E. (1) a. Frag wounds Back _____
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. MARTINEZ, Heriberto E
(Last Name, First Name, MI)

B. RA18 845 504
(Service Number)

C. PR
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. GSW Lt Shoulder + Chest
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. CROWE WAYLAND G
(Last Name, First Name, MI)

B. US 54 668 780
(Service Number)

C. PR
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (MOS)

E. (1) a. GSW ABDOMEN
~~ABRUSSIONS 3rd & 4th Fingers Left Hand~~
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. Cau G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. MARLER, ROY R
(Last Name, First Name, MI)

B. RA15979175
(Service Number)

C. Pfc
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DMS)

E. (1) a. FRAG 1 Leg Dis Loc Back
(Diagnosis)

b. _____ (2) a. 45
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA LI)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. LAWTON, DAVID L _____
(Last Name, First Name, MI)

B. RA16 839 645 _____
(Service Number)

C. PVT2 _____
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (MOS)

E. (1) a. Frag w R Knce Lwr Back. _____
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU _____ G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT:

A. ^{STILLE} Stone Benny E _____
(Last Name, First Name, MI)

B. US56 669060 _____
(Service Number)

C. PVT-2 _____
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DPOS)

E. (1) a. Frag wound Rt knee _____
(Diagnosis)

b. _____ (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. _____ G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. LATHINGHOUSE ROBERT W
(Last Name, First Name, MI)

B. RA 24660952
(Service Number)

C. SP4
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DZOS)

E. (1) a. 1st + 2d Degree Burns Face + Left ARM
(Diagnosis)

b. unk (2) a. _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. Pierce NORMAN B
(Last Name, First Name, MI)

B. RA 17 748 788
(Service Number)

C. SP5
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DMS)

E. (1) a. Laceration Right Foot
(Diagnosis)
b. Treated + Released (2) a. Released
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. CAU G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. DUKE VERNON A
(Last Name, First Name, MI)

B. RA 54329 036
(Service Number)

C. SP5
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (D/M/S)

E. (1) a. possible laceration TM cut R knee
(Diagnosis)

b. _____ (Prognosis) (2) a. Released
(Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. _____ (Race) G. _____
(Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).

U.S. ARMY CASUALTY REPORT FORMAT

Report submitted by: _____
(Name, Grade, Unit, Date and Time)

TYPE OF REPORT: _____

A. Keeling Bobby J _____
(Last Name, First Name, MI)

B. RA 14 610 834 _____
(Service Number)

C. SSG _____
(Rank & Pay Grade) (Branch-Office Only)
(Indicate by using the letter "P" in individual is promotable posthumously). See AR 600-200

D. _____
(Date and hour of incident) (DMOS)

E. (1) a. Cut Left Leg _____
(Diagnosis)

b. _____ (2) a. Released _____
(Prognosis) (Where)

(3) Circumstances: _____
(Geographical Location of Grid Coordinates)

F. _____ G. _____
(Race) (Organization and address)

H. _____
(Next of Kin-Name, Relation-ship, Address and date of DA 41)

(Next of Kin to be notified: Yes _____ No _____).