Print Form

Casualty Information Worksheet

Name: _____ Grade: _____ SSN: _____

Organization: _____

Type Casualty: _____

Reported by (Name/Capacity/Telephone Number): _____

Circumstances: _____ _____
(Date/Time) (Location)

Condition: _____ Prognosis: _____

Present Location: _____

Primary Next Of Kin: _____

Secondary Next Of Kin: _____

Positive Identification Made By: _____

Last Rites Given By: _____

Other Persons Involved: _____
(Name/Status/Location)

Charges Pending: _____

In case of injury, does SNM desire NOK notified: ☐ Yes ☐ No

Did SNM notify NOK: ☐ Yes ☐ No

Line of Duty Investigation required: ☐ Yes ☐ No

Investigating Officer: _____

DODSER Investigation: ☐ Yes ☐ No

CACO (Name/Rank/Phone): _____

Personnel Admin Action Completed: ☐ Yes ☐ No Date: _____

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