

CASUALTY TYPE <input type="checkbox"/> HOSTILE <input type="checkbox"/> PENDING <input type="checkbox"/> NON-HOSTILE	CASUALTY FEEDER CARD For use of this form, see AR 600-8-1; the proponent agency is DCS, G-1.		<i> Indicates required fields.</i>	
	*SSN _____		*RANK _____	
*CASUALTY STATUS <input type="checkbox"/> NSI <input type="checkbox"/> DECEASED <input type="checkbox"/> SI <input type="checkbox"/> DUSTWUN <input type="checkbox"/> VSI <input type="checkbox"/> PENDING DUSTWUN/MISSING LAST SEEN (DATE/TIME/PLACE)	*NAME _____		*PERSONNEL TYPE <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER	
	*SERVICE _____		*INCIDENT DATE/TIME _____	
	*UNIT _____		*PLACE OF INCIDENT _____	
	*INFLECTING FORCE (hostile) <input type="checkbox"/> ENEMY <input type="checkbox"/> ALLY <input type="checkbox"/> US (buddy) <input type="checkbox"/> UNK		GRID _____	
IDENTIFYING MARKS (tatoos, scars) _____	REMAINS: VISUAL ID <input type="checkbox"/> YES <input type="checkbox"/> NO		DEATH DATE/TIME _____	
	ID BY: _____ MEANS USED: _____		PLACE OF DEATH _____ PRONOUNCED BY _____	
*CIRCUMSTANCES _____ _____ _____				

DA FORM 1156, MAR 2007

REPLACES DA FORM 1156, MAR 2006. WHICH IS OBSOLETE.

APD V1.00

BACK OF CARD		INTERCEPTOR BODY ARMOR (IBA) <input type="checkbox"/> PASGT <input type="checkbox"/> OTV <input type="checkbox"/> NONE <input type="checkbox"/> OTHER		HOSPITAL _____ <input type="checkbox"/> DIED IN <input type="checkbox"/> DIED OUTSIDE	
VEHICLE GROUP/TYPE <input type="checkbox"/> HMMWV <input type="checkbox"/> STRYKER <input type="checkbox"/> APC <input type="checkbox"/> TRACK <input type="checkbox"/> ENG <input type="checkbox"/> LAV <input type="checkbox"/> MTV <input type="checkbox"/> PLS <input type="checkbox"/> ARTILLERY _____ <input type="checkbox"/> HELICOPTER _____ <input type="checkbox"/> OTHER _____		ATTACHMENTS <input type="checkbox"/> THROAT <input type="checkbox"/> GROIN <input type="checkbox"/> YOKE/COLLAR <input type="checkbox"/> DAP <input type="checkbox"/> SAPI		INVESTIGATION INITIATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	
UP-ARMORED <input type="checkbox"/> YES <input type="checkbox"/> NO		HELMET <input type="checkbox"/> ACH <input type="checkbox"/> MICH <input type="checkbox"/> OTHER <input type="checkbox"/> PASGT <input type="checkbox"/> CVC <input type="checkbox"/> NONE <input type="checkbox"/> SHELL <input type="checkbox"/> NO SHELL <input type="checkbox"/> VISOR		TRAINING DUTY RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
LEVEL _____		EYE PROTECTION <input type="checkbox"/> SWD <input type="checkbox"/> BLPS <input type="checkbox"/> SPECS <input type="checkbox"/> OAKLEY <input type="checkbox"/> WILEY <input type="checkbox"/> ESS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE		DUTY STATUS _____	
POSITION (aboard) _____		WEAPONS <input type="checkbox"/> IED <input type="checkbox"/> VBIED <input type="checkbox"/> SVBIED <input type="checkbox"/> RPG <input type="checkbox"/> MORTAR <input type="checkbox"/> SAF <input type="checkbox"/> GRENADE <input type="checkbox"/> OTHER		DATE (YYYYMMDD) _____	
HOR (if known) _____		SIGNATURE OF PREPARER _____		DATE (YYYYMMDD) _____	
APPROVED BY COMMANDER (Field Grade Officer-Required all Deaths/DUSTWUN/Missing) _____		DATE (YYYYMMDD) _____		DATE (YYYYMMDD) _____	

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