

# Personal Data Card

NAME : \_\_\_\_\_ RANK : \_\_\_\_\_ DOR : \_\_\_\_\_ DOD : \_\_\_\_\_  
BASD : \_\_\_\_\_ ETS : \_\_\_\_\_ DOB : \_\_\_\_\_ DEROS : \_\_\_\_\_  
MOS : \_\_\_\_\_ TIG : \_\_\_\_\_ TIS : \_\_\_\_\_ BPED : \_\_\_\_\_  
DATE ARRIVED : \_\_\_\_\_ PROMOTABLE : \_\_\_\_\_ POINTS : \_\_\_\_\_  
WEIGHT : \_\_\_\_\_ HEIGHT : \_\_\_\_\_ RACE : \_\_\_\_\_ HAIR : \_\_\_\_\_ EYES : \_\_\_\_\_ AGE : \_\_\_\_\_  
PULHES : \_\_\_\_\_ ALLERGIES/TAGS : \_\_\_\_\_  
MARITAL STATUS : MARRIED SINGLE DIVORCED SEPERATED  
SPOUSE'S NAME : \_\_\_\_\_ EFMP : \_\_\_\_\_ Spouse Military: \_\_\_\_\_ UNIT: \_\_\_\_\_  
CHILD'S NAME : \_\_\_\_\_ AGE : \_\_\_\_\_ MALE FEMALE EFMP : \_\_\_\_\_  
CHILD'S NAME : \_\_\_\_\_ AGE : \_\_\_\_\_ MALE FEMALE EFMP : \_\_\_\_\_  
CHILD'S NAME : \_\_\_\_\_ AGE : \_\_\_\_\_ MALE FEMALE EFMP : \_\_\_\_\_  
CHILD'S NAME : \_\_\_\_\_ AGE : \_\_\_\_\_ MALE FEMALE EFMP : \_\_\_\_\_  
HOME PHONE : \_\_\_\_\_ ADDRESS : \_\_\_\_\_  
GEO BACHELOR: IF YES, SPOUSE ADDRESS: \_\_\_\_\_  
RELIGION : \_\_\_\_\_ BLOOD TYPE : \_\_\_\_\_ WEAPON # : \_\_\_\_\_ WEAPON SERIAL # : \_\_\_\_\_  
MASK # : \_\_\_\_\_ INSERT REQUIRED : \_\_\_\_\_ MARKSMAN  
DATE WEAPON QUAL : \_\_\_\_\_ TYPE : \_\_\_\_\_ QUALIFIED : SHARPSHOOTER  
DATE LAST APFT ACFT : \_\_\_\_\_ SCORE : \_\_\_\_\_ P F EXPERT  
DATE WEIGH-IN : \_\_\_\_\_ BODY FAT % : \_\_\_\_\_ PROFILE : NONE TEMPORARY PERMANENT  
OVER-WEIGHT PROGRAM: Y N DATE ENTERED: \_\_\_\_\_ NEXT WEIGH-IN: \_\_\_\_\_  
DRIVERS TRAINING : \_\_\_\_\_  
DATE QUALIFIED CREW SERVED WEAPON : \_\_\_\_\_ TYPE/S : \_\_\_\_\_  
NBC SUIT SIZE : \_\_\_\_\_ MASK SIZE : \_\_\_\_\_ ACU COAT SIZE : \_\_\_\_\_ TROUSER SIZE : \_\_\_\_\_  
BERET: \_\_\_\_\_ HAT SIZE : \_\_\_\_\_ BOOT SIZE : \_\_\_\_\_ DATE BLC : \_\_\_\_\_ ALC : \_\_\_\_\_  
SLC : \_\_\_\_\_ MLC: \_\_\_\_\_ COMBAT LIFE SAVER: \_\_\_\_\_ LAST LEAVE DATE: \_\_\_\_\_  
MOTHER & FATHER ADDRESS & PHONE: \_\_\_\_\_  
AWARDS: \_\_\_\_\_  
DATE LAST GCM : \_\_\_\_\_ DATE LAST NCOER : \_\_\_\_\_ NEXT OF KIN : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_ PHONE NO. : \_\_\_\_\_  
POV MAKE : \_\_\_\_\_ MODEL : \_\_\_\_\_  
YEAR : \_\_\_\_\_ COLOR : \_\_\_\_\_ LIC PLATE # : \_\_\_\_\_  
MOTORCYCLE YES NO INS COMPANY : \_\_\_\_\_ EXP DATE : \_\_\_\_\_  
DATE 1<sup>st</sup> LINE LEADER CONFIRMED DD93 DATA: \_\_\_\_\_  
DATE 1<sup>st</sup> LINE LEADER REVIEWED SGLI WITH SOLDIER: \_\_\_\_\_  
DATE 1<sup>st</sup> LINE LEADER REVIEWED SOLDIER'S LES: \_\_\_\_\_  
DATE 1<sup>st</sup> LINE LEADER REVIEWED SOLDIER'S ERB/ORB: \_\_\_\_\_

# The “Golden Triangle”

Purpose: To determine the significant people/influencers in the Soldier’s life and open 2-way lines of communication between the Soldier’s family, friends, and the Chain of command (1<sup>st</sup> Line Leader); to better allow leaders to “connect the dots”

	Position	Rank	Name	Phone #
1.				
2.				
3.				



Name\*  
Phone  
DTG last contacted

Name  
Phone

Name  
Phone  
DTG last contacted

Name  
Phone

Name  
Phone  
DTG last contacted

Name  
Phone

Notes from conversation with the family:

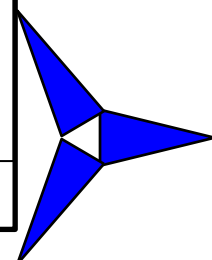
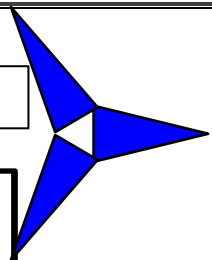


# Tell Me Your Story – How Did You Grow Up?

Soldiers Narrative:



# Soldier Profile Card



Rank, Name, Squad/Platoon/Company/Battalion

**SLRRT Risk Assessment:**  
**Commander's Risk Assessment:**

Risk

Growth Opportunities

NCO Promotion  
Schooling

Upcoming Life Events

Insert Photo of Soldier

**Demographic Information:**

Age:  
Sex: MALE FEMALE  
MOS:  
Marital Status/Children (Ages):  
Deployment (Operation/Months):  
Geographical Bachelor:

**Chain of Command**

TL: (Assumption of leadership dates)  
SL:  
PSG:  
PL:

**Training and Other Data**

Leave Days:  
APFT/Profile: NONE TEMP PERM  
MRT:  
ASAP: YES NO  
SHARP/EO:  
Suicide/Safety:  
POW (Location):  
POV/POM (Training Date):  
Financial Issues (Training Date):  
Medical: (Either remark N/A or Consult Commander due to  
Privacy Act requirements)

**History:**

Insert Photo of first line leader

**Overall Assessment**

Family:

Financial:

Health:

Duty Performance:

**Goals**

Future plans :

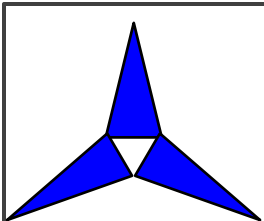
Desired Schools:

Desired Next Assignments:

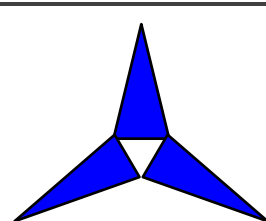
Recommended Next Assignments:

# Deliberate Risk Assessment Worksheet

DD FORM 2977, JAN 2014



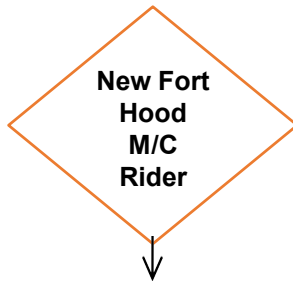
# **STRIP MAP TO HOME/BARRACKS**



**Last time leader inspected/visited home: DTG**  
**Leaders will inspect/visit homes monthly**

**Notes ( atmospherics/condition of home ):**

# MOTOR CYCLE RIDER IN PROCESS



Soldier: \_\_\_\_\_

REFERENCES:  
DoDI 6055.4  
AR 385-10  
III Corps & Fort Hood Command  
Policy Letter Safety-02

Date complete: \_\_\_\_\_

Date complete: \_\_\_\_\_

Date complete: \_\_\_\_\_

Date complete: \_\_\_\_\_

Date complete: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Yes No

Date complete: \_\_\_\_\_

# Profiles

INSERT INDIVIDUAL SOLDIER PROFILES HERE