OMB Approved No. 2900-0659 Respondent Burden: 1 hour 10 minutes Expiration Date: 8/31/2017

## 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.

can be thoroughly conducted. If more space is needed, a	ittach a separate sheet,	indicating the item	number to which t	the answers apply.		
1. NAME OF VETERAN (First, Middle, Last)		2. VA FILE NO.				
97	TRESSFUL INCID	ENT NO 1				
			, D : 1	1 1 11:		
3A. DATE INCIDENT OCCURRED (Mo., day, yr.) 3B. L	OCATION OF INCIDEN	11 (City, state, Coi	intry, Frovince, tan	dmark or military installation)		
3C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATT		ILION, 3D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)				
CAVALRY, SHIP)	VISION, WING, BATTAL	FROM		TO (100, 44), 77		
3E. DESCRIPTION OF THE INCIDENT		•				
3F. MEDALS OR CITATIONS YOU RECEIVED BECAUS		VII I ED OD IN		C INCIDENT NO. 4		
INFORMATION ABOUT SERVICEPERSO				G INCIDENT NO. 1		
(ATTACH A SEPAI	KATE SHEET IF N	IORE SPACE I	IS NEEDED)			
4A. NAME OF SERVICEPERSON (First, Middle, Last)		4B. RANK	4C. DATE OF I	NJURY/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)	NT DURING INCI	DENT (Such as, DIV)	ISION, WING, BATTALION,		
5A. NAME OF SERVICEPERSON (First, Middle, Last)		5B. RANK	5C. DATE OF I	NJURY/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)	NT DURING INCI	DENT (Such as, DIV)	ISION, WING, BATTALION,		

STRE	SSFUL INC	DENT N	O. 2					
6A. DATE INCIDENT OCCURRED (Mo.,day, yr.) 6B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)								
6C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATT		TALION,		6D. DATES OF UNIT ASSIGNMENT (Mo.,day,yr.)				
CAVALRY, SHIP)			FROM		ТО			
6E. DESCRIPTION OF THE INCIDENT  6F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF								
INFORMATION ABOUT SERVICEPERSONS WHO WERE KILLED OR INJURED DURING INCIDENT NO. 2 (ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)								
7A. NAME OF SERVICEPERSON (First, Middle, Last)		7B. RANK	(	7C. DATE OF I	NJURY/DEATH (Mo. day, yr.)			
D. PLEASE CHECK ONE    KILLED IN ACTION   WOUNDED IN ACTION    KILLED NON-BATTLE   INJURED NON-BATTLE		7E. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)						
8A. NAME OF SERVICEPERSON (First, Middle, Last)		8B. RANK	<	8C. DATE OF I	NJURY/DEATH (Mo. day, yr.)			
8D. PLEASE CHECK ONE  KILLED IN ACTION WOUNDED IN ACTION  KILLED NON-BATTLE INJURED NON-BATTLE			UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)					
9. REMARKS								
I certify that the foregoing statement(s) are true and correct to the best of my knowledge and belief.								
10. SIGNATURE	11. DATE		12. TELEPHONE NUMBERS (Include Area Code)					
			DAYTIME		EVENING			
PENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.								

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.

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