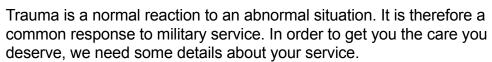
## We're here to help

If you were involved in combat, combat-training, or [other thing]-related trauma, this is the correct form.





Step 1: Personal information	
Your full name	VA File # or Social Security #
Phone number	
Step 2: Source of traur	na
•	u are comfortable and able to provide. This will allow us
Date or timeframe this occurred (within	60 days) Location (city, landmark, military installation, etc)
Unit assignment at time	Dates assigned to unit From To
Describe the event  Example: This would be a very brief des	scription
Others involved  If relevant, please tell about others v	vho were affected in the incident
Name of other serviceperson	Rank
Unit assignment at time	Unit assignment at time  Killed in action Killed in non-battle
•	Wounded in action Wounded in non-battle
Name of other serviceperson	Wounded in action Wounded in non-battle  Rank
Name of other serviceperson  Unit assignment at time	0
	Rank  Unit assignment at time  Killed in action  Killed in non-battle  Wounded in action  Wounded in non-battle
Unit assignment at time	Rank  Unit assignment at time  Killed in action  Killed in non-battle  Wounded in action  Wounded in non-battle  Dly, please attach a separate sheet.

## Step 4: Signature