

Stressful Incident Report

1. NAME OF VETERAN (Last, First, Middle)

2. VA FILE NO/SSN

3A. DATE INCIDENT OCCURRED

3B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)

3C. UNIT ASSIGNMENTS DURING INCIDENT (Such as, Division, Wing, Battalion, Cavalry, Ship)

**INFORMATION ON OTHER PERSONS INVOLVED IN THE INCIDENT DESCRIBED BELOW.
(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)**

4A. NAME OF PERSON (Last, First, Middle)

4B RANK (if applicable)

4C. DATE OF INJURY/DEATH

4D. UNIT ASSIGNMENT OF PERSON INVOLVED (Such as, Division, Wing, Battalion, Cavalry, Ship)
(If applicable)

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 and other sources 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 and 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 www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

5. DESCRIPTION OF INCIDENT, including medals or citation received related to the incident)

I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.

6. SIGNATURE_____

7. DATE_____

8. TELEPHONE NUMBERS (Include Area Code)

DAYTIME_____

EVENING_____

9. EMAIL_____