

Section I: Veteran's Identification Information

1. Veteran/Service member's name

First: Laura
Middle Initial: J
Last: Rodriguez-Wittgenstein

7. Email address

testy.testerson_thisisasuperreallylongemailaddresshatshouldoverflow@gmail.com

Section II: Traumatic Event(s) Information

9. Traumatic event(s) information*Event 1*

Description: Corpsman on medical ship in Da Nang harbor, Vietnam
Location: Stationed on U.S.S. XYZ
Date: Summer of '70

Event 2

Description: Mugged
Location: Back alley in Big Town, USA
Date: June 2007

Event 3

Description: I would be minding my own business and this other soldier would use his rank to force me to do push ups and sit ups and other stuff even when we were off duty.
If I refused the next day would be worse during work hours and he would like to the chain of command that I had done something wrong. He would harass and belittle me. I tried to tell someone but nobody cared, I would just get in more trouble.
Location: Fort Belvior, VA
Date: June 2007

Event 4

Description: Lorem ipsum dolor sit amet.
More lorem ipsum dolor sit amet.
Location: abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a
Date: Autumn of 1995

Event 5

Description: Lorem ipsum dolor sit amet.
Location: abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a
Date: Winter of '68

Event 6

Description: Lorem ipsum dolor sit amet.
Location: abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a
Date: Spring of '72

Event 7

Description: Lorem ipsum dolor sit amet.
Location: abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a
Date: Summer of '69

Section III: Additional Information Associated with the In-service Traumatic Event(s)

10. Behavioral Changes Following In-service Personal Traumatic Event(s)

Behavioral Change 1

Description: Request for a change in occupational series or duty assignment

Additional Information: Following the incident, I sought medical and psychological treatment, which included therapy sessions with a licensed psychologist and regular consultations with my healthcare provider. These professionals have indicated that due to trauma, I am no longer able to perform at my previous work capacity. In particular, I struggle with brain fog, concentration, and fatigue, which were not issues prior to the event.

Behavioral Change 2

Description: Increased/decreased use of over-the-counter medications

Additional Information: Increased use of over-the-counter medications including pain relievers, sleep aids, and anti-anxiety supplements. Started taking multiple doses of ibuprofen daily for headaches and muscle tension. Also began using melatonin and valerian root supplements to help with sleep disturbances. Occasionally took antihistamines during the day to help manage anxiety symptoms. This pattern of self-medication developed gradually over several months following the traumatic event.

Behavioral Change 3

Description: Changes in eating habits, such as overeating or under eating, or significant changes in weight

Additional Information: no response

*Behavioral Change 4***Description:**

Additional Information:

Additional behavioral changes

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11. Was an official report filed?

- ✓ Restricted military incident report
- ✓ Military incident report (unspecified restriction)
- ✓ Police report
- ✓ Other: After Action Report (AAR)

Police report location(s)*Location 1*

Agency:	SVI
City:	Dalworthington Gardens
State/Province/Region:	TX
Country:	USA

Location 2

Agency:	Local Police Department
Township:	Lower Alloways Creek Township
State/Province/Region:	NJ
Country:	USA

Section III: Additional Information Associated with the In-service Traumatic Event(s)

12. Possible sources of evidence following the traumatic event(s)

- ✓ A rape crisis center or center for domestic abuse
- ✓ A counseling facility or health clinic
- ✓ Family members or roommates
- ✓ Medical reports from civilian physicians or caregivers
- ✓ Personal diaries or journals
- ✓ Other: Photographic evidence. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Section IV: Treatment Information

13. Treatment information*Treatment facility 1*

Facility name:	Walter Reed, Bethesda, MD
Treatment date:	02-2014

Treatment facility 2

Facility name:	Cedarwood Behavioral Health Center, 4321 Oak Ridge Rd, Maplewood, MN
Treatment date:	2024

Treatment facility 3

Facility name:	Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL
Treatment date:	no response

Treatment facility 4

Facility name:	Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL
Treatment date:	no response

Section V: Remarks

14. Remarks

The traumatic event I experienced during my service has had a profound and lasting impact on my mental health. Since the incident, I have struggled with symptoms of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety, which have significantly affected my daily life and well-being.

After the event, I began to notice intense feelings of fear and helplessness whenever I was reminded of the experience. These flashbacks were frequent and uncontrollable, often triggered by loud noises, crowded places, or even certain smells. The emotional distress caused by these flashbacks would leave me feeling overwhelmed, panicked, and unable to function. At times, it felt as though I was reliving the traumatic experience, and I had difficulty distinguishing the past from the present.

I also developed chronic insomnia. I found it difficult to fall asleep, and when I did manage to sleep, I was frequently awakened by nightmares of the traumatic event. These disturbed nights left me feeling exhausted and unable to perform basic tasks during the day. The lack of rest contributed to a decline in my physical health, as I struggled with fatigue, headaches, and an overall sense of lethargy.

Socially, I became increasingly withdrawn. I avoided interactions with friends, family, and even fellow service members, as I felt disconnected and unable to trust anyone. My relationships suffered as I became irritable, short-tempered, and emotionally distant. I found it hard to experience joy or satisfaction in anything, including activities I once enjoyed, such as hobbies and socializing. I rarely leave my house, even if it's to go get groceries.

Since then I've found fewer and fewer reasons to live. I've lost all interest in the things I once loved, and I struggle to find any joy in the present moment. I've become increasingly isolated, and I often feel like I'm just going through the motions of life. I'm not sure how much longer I can keep this up.