

## Section I: Veteran's Identification Information

**1. Veteran/Service member's name**

First: Bartholomew  
Middle Initial: J  
Last: Wolfeschlegelsteinhausenbergerdorff

**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 Belvoir, VA  
Date: June 2007

*Event 4*

Description: Lorem ipsum dolor sit amet.  
More lorem ipsum dolor sit amet.  
Location: abcdefghijklmn opqrstuvwxyz1234a bqrstuvwxyz1234a  
Date: Autumn of 1995

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*Event 5*

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

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*Event 6*

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

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*Event 7*

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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)

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*Behavioral Change 1*

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**Description:** Increased/decreased visits to a healthcare professional, counselor, or treatment facility

**Additional Information:** Consultations long enough to overflow the limit of 217 characters. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed loremsd.

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*Behavioral Change 2*

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

**Additional Information:** Reassignment not long enough to overflow

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*Behavioral Change 3*

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**Description:** Increased/Decreased use of alcohol or drugs

**Additional Information:** no response

*Behavioral Change 4***Description:** **Disciplinary or legal difficulties**Additional Information: *no response**Behavioral Change 5***Description:** **Changes in or breakup of a significant relationship**Additional Information: *no response***10c. Additional Behavioral Change(s)**

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**11. Was an official report filed?**

- ✓ Restricted military incident report
- ✓ Military incident report (unspecified restriction)
- ✓ Police report
- ✓ Other: incident 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*

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

*Treatment facility 2*

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

*Treatment facility 3*

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

*Treatment facility 4*

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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. 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.

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## Section VII: Certification and Signature

### **16. Veteran/service member's signature**

/es/ Bartholomew Wolfeschlegelsteinhausenbergerdorff