

## Additional Information

### 1C. Veteran/service member's name. last name:

Wolfeschlegelsteinhausenbergerdorff

### 7. E-mail address (optional).:

testy.testerson\_thisisasuperreallylongemailaddressthatshouldoverflow@gmail.com

### 9A. Traumatic event(s) information Line 1:

Event Number: 1

Event Description:

Corpsman on medical ship in Da Nang harbor, Vietnam

Event Location:

Stationed on U.S.S. XYZ

Event Date:

Summer of '70

### 9A. Traumatic event(s) information Line 2:

Event Number: 2

Event Description:

Mugged

Event Location:

Back alley in Big Town, USA

Event Date:

June 2007

### 9A. Traumatic event(s) information Line 3:

Event Number: 3

Event 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.

Event Location:

Fort Belvior, VA

Event Date:

June 2007

**9A. Traumatic event(s) information Line 4:**

Event Number: 4

Event Description:

Lorem ipsum dolor sit amet.  
More lorem ipsum dolor sit amet.

Event Location:

abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a

Event Date:

Autumn of 1995

**9A. Traumatic event(s) information Line 5:**

Event Number: 5

Event Description:

Lorem ipsum dolor sit amet.

Event Location:

abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a

Event Date:

Winter of '68

**9A. Traumatic event(s) information Line 6:**

Event Number: 6

Event Description:

Lorem ipsum dolor sit amet.

Event Location:

abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a

Event Date:

Spring of '72

**9A. Traumatic event(s) information Line 7:**

Event Number: 7

Event Description:

Lorem ipsum dolor sit amet.

Event Location:

abcdefghijklmn opqrstuvwxyz1234a bqrstuvwxyz1234a

Event Date:

Summer of '69

**10A. Description of behavioral change Line 2:**

Request for a change in occupational series or duty assignment

**10B. Additional information about behavioral changes Line 2:**

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.

**10A. Description of behavioral change Line 7:**

Increased/decreased use of over-the-counter medications

**10B. Additional information about behavioral changes Line 7:**

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.

**10C. Additional information about unlisted behavioral changes:**

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**11A. Police report location:**

SVI, Dalworthington Gardens, TX, USA; Local Police Department, NJ, Lower Alloways Creek Township, USA

**12. Other:**

Photographic evidence. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

**13C. Treatment information Line 1:**

Treatment Information Number: 1

Treatment Facility Name and Location:

Walter Reed, Bethesda, MD

Treatment Date: 02-2014

**13C. Treatment information Line 2:**

Treatment Information Number: 2

Treatment Facility Name and Location:

Cedarwood Behavioral Health Center, 4321 Oak Ridge Rd, Maplewood, MN

Treatment Date: XX-2024

**13C. Treatment information Line 3:**

Treatment Information Number: 3

Treatment Facility Name and Location:

Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL

Treatment Date: Don't have date

**13C. Treatment information Line 4:**

Treatment Information Number: 4

Treatment Facility Name and Location:

Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL

Treatment Date: Don't have date

**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.

**16A. Veteran/service member's signature:**

/es/ Bartholomew Wolfeschlegelsteinhausenbergerdorff