Section I: Veteran's Identification Information 1A. Veteran/service member's name. first name: XXXXXXXXXXX Section II: Traumatic Event(s) Information 9A. Traumatic event(s) information Line 1: **Event Number: 1 Event Description:** Lorem ipsum dolor sit amet. **Event Location:** abcdefghijklmn opgrstuvwxyz1234a bpgrstuvwxyz1234a **Event Date:** Summer of '70 9A. Traumatic event(s) information Line 2: **Event Number: 2 Event Description:** Lorem ipsum dolor sit amet. **Event Location:** abcdefghijklmn opgrstuvwxyz1234a bpgrstuvwxyz1234a **Event Date:** June 2007 9A. Traumatic event(s) information Line 3: **Event Number: 3 Event Description:** Lorem ipsum dolor sit amet.. **Event Location:** abcdefghijklmn opgrstuvwxyz1234a bpgrstuvwxyz1234a **Event Date:**

February 14, 2020

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

Page 8

ATTAOTIMENT to V/(10111121 0/01
Event Number: 4
Event Description:
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 bpqrstuvwxyz1234a

Event Date:

Summer of '69

Section IV: Treatment Information

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