| CASUALTY FEEDER REPORT<br>(AR 600-8-1)   |   | CONTROL NO.       |                              | CHECK APPLICABLE BOX  HOSTILE ACTION  NON-HOSTILE ACTION |  |  |  |
|--|---|-------------------|------------------------------|--|--|--|--|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME  |   |                   |                              |  |  |  |  |
| 2. SERVICE NO.   | 3. GRADE  |                   | 4. HOUR AND DATE OF INCIDENT |  |  |  |  |
| 5. UNIT  | 6. GEOGRAPHICAL LOCATION (nearby town) AND GRID COORDINATES |                   |                              |  |  |  |  |
| 7. TYPE OF CASUALTY (Check applicable box(es))   |   |                   |                              |  |  |  |  |
| KILLED IN ACTION   |   | MISSING IN ACTION |                              | WOUNDED OR INJURED IN ACTION                             |  |  |  |
| DIED OF WOUNDS OR INJURIES   |   | APTURED           |                              | LIGHTLY WOUNDED OR INJURED IN ACTION *                   |  |  |  |
| DIED NOT AS RESULT OF<br>HOSTILE ACTION  |   | ETAINED           |                              | SERIOUSLY INJURED OR INJURED IN ACTION *                 |  |  |  |
| BODY RECOVERED NO  |   | NTERNED           |                              | SERIOUSLY INJURED NOT AS<br>RESULT OF HOSTILE ACTION     |  |  |  |
| BODY IDENTIFIED NO M   |   | SSING             |                              | LIGHTLY INJURED NOT AS<br>RESULT OF HOSTILE ACTION       |  |  |  |
| EVACUATED TO   |   |                   |                              |  |  |  |  |
| *To be indicated by medical personnel only.  REPLACES FOITION OF 1 MAY 61, WHICH WILL BE |   |                   |                              |  |  |  |  |

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ISSUED AND USED UNTIL EXHAUSTED.

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| 8. WITNESSES WHO SAW INCIDEN   | t or identified remain               | IS. (Name, grad                       | de, service num. | ber and unit)            |  |
|--|--------------------------------------|---------------------------------------|------------------|--------------------------|--|
| 9. REMARKS (Additional circumstar  | nces, any religious ministr.         | ation performed                       | (, etc.)         |                          |  |
| 10. FOR USE BY C.O. OR MED. OFF. (only for casualties not the result of hostile action)  LINE OF DUTY: YES NO UNDETM |                                      | AUTHENTICATED BY<br>(CO of Med. Off.) |                  | VERIFIED BY (Pers. Off.) |  |
| UNIT   | GRADE                                |                                       | SERVICE NO.      |                          |  |
| DATE   | SIGNATURE OF PERSON PREPARING REPORT |                                       |                  |                          |  |
|  |                                      |                                       |                  |                          |  |

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