

☆ GPO: 1985 - 481 - 009

SIGNATURE OF PERSON PREPARING REPORT		DATE
SERVICE NO.	GRADE	UNIT
VERIFIED BY <i>(Pers. Off.)</i>	AUTHENTICATED BY <i>(CO or Med. Off.)</i>	LINE OF DUTY: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDETM
10. FOR USE BY C.O. OR MED. OFF. (only for casualties not the result of hostile action)		
9. REMARKS (Additional circumstances, any religious ministrations performed, etc.)		
8. WITNESSES WHO SAW INCIDENT OR IDENTIFIED REMAINS. (Name, grade, service number and unit)		

<b>CASUALTY FEEDER REPORT</b> <i>(AR 600-10)</i>		CONTROL NO.	CHECK APPLICABLE BOX <input type="checkbox"/> HOSTILE ACTION <input type="checkbox"/> NON-HOSTILE ACTION
1. LAST NAME - FIRST NAME - MIDDLE INITIAL			
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))			
<input type="checkbox"/> KILLED IN ACTION	<input type="checkbox"/> MISSING IN ACTION	<input type="checkbox"/> WOUNDED OR INJURED IN ACTION	
<input type="checkbox"/> DIED OF WOUNDS OR INJURIES	<input type="checkbox"/> CAPTURED	<input type="checkbox"/> LIGHTLY WOUNDED OR INJURED IN ACTION*	
<input type="checkbox"/> DIED NOT AS RESULT OF HOSTILE ACTION	<input type="checkbox"/> DETAINED	<input type="checkbox"/> SERIOUSLY INJURED OR INJURED IN ACTION*	
BODY RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INTERNED	<input type="checkbox"/> SERIOUSLY INJURED NOT AS RESULT OF HOSTILE ACTION	
BODY IDENTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MISSING	<input type="checkbox"/> LIGHTLY INJURED NOT AS RESULT OF HOSTILE ACTION	
EVACUATED TO			
*To be indicated by medical personnel only.			

DA FORM 1156, 1 JUN 66

REPLACES EDITION OF 1 MAY 61, WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED.