

*CASUALTY TYPE		CASUALTY FEEDER CARD		* Indicates required fields.	
<input type="checkbox"/> HOSTILE	<input type="checkbox"/> PENDING	For use of this form, see AR 600-8-1; the proponent agency is DCS, G-1.		*PERSONNEL TYPE	
<input type="checkbox"/> NON-HOSTILE		*SSN	*RANK	<input type="checkbox"/> MILITARY	<input type="checkbox"/> CIVILIAN
*CASUALTY STATUS		*NAME		*INCIDENT DATE/TIME	
<input type="checkbox"/> NSI	<input type="checkbox"/> DECEASED	*SERVICE		*PLACE OF INCIDENT	
<input type="checkbox"/> SI	<input type="checkbox"/> DUSTWUN	UIC		GRID	
<input type="checkbox"/> VSI	<input type="checkbox"/> PENDING	*UNIT		DEATH DATE/TIME	
DUSTWUN/MISSING LAST SEEN (DATE/TIME/PLACE)		*INFLECTING FORCE (hostile)		PLACE OF DEATH	
IDENTIFYING MARKS (tatoos, scars)		<input type="checkbox"/> ENEMY <input type="checkbox"/> ALLY <input type="checkbox"/> US (buddy) <input type="checkbox"/> UNK		PRONOUNCED BY	
		REMAINS: VISUAL ID <input type="checkbox"/> YES <input type="checkbox"/> NO			
		ID BY: _____			
		MEANS USED: _____			
*CIRCUMSTANCES					

DA FORM 1156, MAR 2007

REPLACES DA FORM 1156, MAR 2006. WHICH IS OBSOLETE.

APD V1.00

BACK OF CARD		INTERCEPTOR BODY ARMOR (IBA)		HOSPITAL	
VEHICLE GROUP/TYPE		<input type="checkbox"/> PASGT	<input type="checkbox"/> OTV	_____	
<input type="checkbox"/> HMMWV	<input type="checkbox"/> STRYKER	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER	<input type="checkbox"/> DIED IN	<input type="checkbox"/> DIED OUTSIDE
<input type="checkbox"/> APC	<input type="checkbox"/> TRACK	ATTACHMENTS		INVESTIGATION INITIATED	
<input type="checkbox"/> ENG	<input type="checkbox"/> LAV	<input type="checkbox"/> THROAT	<input type="checkbox"/> GROIN	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> PENDING
<input type="checkbox"/> MTV	<input type="checkbox"/> PLS	<input type="checkbox"/> YOKE/COLLAR	<input type="checkbox"/> DAP	TRAINING DUTY RELATED	
<input type="checkbox"/> ARTILLERY	_____	<input type="checkbox"/> SAPI		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> HELICOPTER	_____	HELMET		DUTY STATUS _____	
<input type="checkbox"/> OTHER	_____	<input type="checkbox"/> ACH	<input type="checkbox"/> MICH		
UP-ARMORED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PASGT	<input type="checkbox"/> CVC		
LEVEL		<input type="checkbox"/> SHELL	<input type="checkbox"/> NO SHELL		
POSITION (aboard)		EYE PROTECTION		WEAPONS	
HOR (if known)		<input type="checkbox"/> SWD	<input type="checkbox"/> BLPS	<input type="checkbox"/> IED	<input type="checkbox"/> VBIED
		<input type="checkbox"/> OAKLEY	<input type="checkbox"/> WILEY	<input type="checkbox"/> SVBIED	<input type="checkbox"/> RPG <input type="checkbox"/> MORTAR
		<input type="checkbox"/> OTHER	_____	<input type="checkbox"/> SAF	<input type="checkbox"/> GRENADE
		<input type="checkbox"/> NONE		<input type="checkbox"/> OTHER	
SIGNATURE OF PREPARER				DATE (YYYYMMDD)	
APPROVED BY COMMANDER (Field Grade Officer-Required all Deaths/DUSTWUN/Missing)				DATE (YYYYMMDD)	

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