

CASUALTY FEEDER REPORT <i>(AR 600-8-1)</i>		CONTROL NO.	CHECK APPLICABLE BOX <input type="checkbox"/> HOSTILE ACTION <input type="checkbox"/> 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 <i>(nearby town)</i> AND GRID COORDINATES		
7. TYPE OF CASUALTY <i>(Check applicable box(es))</i>			
<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.			

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

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

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