

<b>CASUALTY FEEDER REPORT</b> (AR 600-8-1)		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 (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.			

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

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