

*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		<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> OTHER
<input type="checkbox"/> NSI	<input type="checkbox"/> DECEASED	*SERVICE		*INCIDENT DATE/TIME	
<input type="checkbox"/> SI	<input type="checkbox"/> DUSTWUN	UIC		*PLACE OF INCIDENT	
<input type="checkbox"/> VSI	<input type="checkbox"/> PENDING	*UNIT		GRID	
DUSTWUN/MISSING LAST SEEN (DATE/TIME/PLACE)		*INFLECTING FORCE (hostile)		DEATH DATE/TIME	
IDENTIFYING MARKS (tatoos, scars)		<input type="checkbox"/> ENEMY	<input type="checkbox"/> ALLY	<input type="checkbox"/> US (buddy)	<input type="checkbox"/> UNK
		REMAINS: VISUAL ID		PLACE OF DEATH	
		ID BY:		PRONOUNCED BY	
		MEANS USED: _____			
*CIRCUMSTANCES					

DA FORM 1156, MAR 2007

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 WHICH IS OBSOLETE.

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

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