CASUALTY FEEDER REPORT *(AR 600-10)*	CONTROL NO.	CHECK APPLICABLE BOX ☐ HOSTILE ACTION ☐ 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))*

	KILLED IN ACTION		MISSING IN ACTION		WOUNDED OR INJURED IN ACTION
	DIED OF WOUNDS OR INJURIES		CAPTURED		LIGHTLY WOUNDED OR INJURED IN ACTION*
	DIED NOT AS RESULT OF HOSTILE ACTION		DETAINED		SERIOUSLY INJURED OR INJURED IN ACTION*
BODY RECOVERED ☐ YES ☐ NO			INTERNED		SERIOUSLY INJURED NOT AS RESULT OF HOSTILE ACTION
BODY IDENTIFIED ☐ YES ☐ NO			MISSING		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.