CASUALTY REPORT FEEDER SHEET

CONFIDENTIAL

DELIVERED FROM CHARGER

1. NAME WHISNER WILLIAM 2. RANK E-4 3. UNIT 504th M.P.

4. ASN [redacted] MOS ~~14P~~ 6 COOD _____

7. TIME OCCURED 2300 8. DATE OCCURED 2 MARCH

9. TYPE OF WOUND (S) GUNSHOT

10. TYPE CASUALTY: (a) KIA ____ (b) WIA ✓ (c) NBD ____ (d) NBI ____

11. DISPOSITION OF PARIENT BODY 95 EVAC

12. PROGNOSIS GUNSHOT WOUND FOOT (R) HAND

13. CIRCUMSTANCES RIDING at 3 COKLERS WERE AMBUSHED

(TO BE COMPLETED BY S-1 CASUALTY CLERK)

14. DATE/TIME COMPANY NOTIFIED _____

15. NAME OF PERSON NOTIFIED _____

16. DATE/TIME BDE CASUALTY BRANCH NOTIFIED (163) _____

17. NAME OF PERSON NOTIFIED _____

18. DATE/TIME RECVD USARV FORM 130-R FROM COMPANY _____

19. DATE/TIME USARV FORM 130-R FWD TO BDE CASUALTY BRANCH _____

(TO BE COMPLETED BY PSNCO OR ADJUTANT)

20. ACCIDENT REPORT REQUIRED (DA FORM 285): (a) YES ____ (b) NO ____

21. LOD DETERMINATION REQUIRED (DA FORM 2173): (a) YES ____ (b) NO ____

22. COMPANY NOTIFIED TO COLLECT P[illegible] (a) YES (b) NO

CONFIDENTIAL

CASUALTY REPORT FEEDER SHEET

RECVD FROM* _____

1. NAME GRASTY, CHARLES [redacted] 04 19.P

CONFIDENTIAL

4. ASN [redacted] MOS _____ 6 COOD _____

7. TIME OCCURED 23 00 8. DATE OCCURED 2 MARCH

9. TYPE OF WOUND (S) GSW. TOL. FOREARM

10. TYPE CASUALTY: (a) KIA ____ (b) WIA ✓ (c) NBD ____ (d) NBI ____

11. DISPOSITION OF PARIENT BODY 95 EVAC

12. PROGNOSIS GSW @ forearm, open fracture

13. CIRCUMSTANCES Riding At 3 corners were Ambushed

(TO BE COMPLETED BY S-1 CASUALTY CLERK)

14. DATE/TIME COMPANY NOTIFIED _____

15. NAME OF PERSON NOTIFIED _____

16. DATE/TIME BDE CASUALTY BRANCH NOTIFIED (163) _____

17. NAME OF PERSON NOTIFIED _____

18. DATE/TIME RECVD USARV FORM 130-R FROM COMPANY _____

19. DATE/TIME USARV FORM 130-R FWD TO BDE CASUALTY BRANCH _____

(TO BE COMPLETED BY PSNCO OR ADJUTANT)

20 ACCIDENT REPORT REQUIRED (DA FORM 285): (a) YES ____ (b) NO ____

21 LOD DETERMINATION REQUIRED (DA FORM 2173): (a) YES ____ (b) NO ____

22. COMPANY NOTIFIED TO COLLECT PR[illegible] (a) YES ____ (b) NO ____

CONFIDENTIAL

DA FORM 1504 PREVIOUS EDITIONS OF THIS [illegible]

#9

CONFIDENTIAL

CASUALTY REPORT FEEDER SHEET

RECVD FROM - E30

1. NAME FLATLEY 2. RANK E-4 3. UNIT E30-Co
4. ASN [redacted] 5. MOS 11C 6. COOD 836648
7. TIME OCCURED 0810 8. DATE OCCURED 29 MAR
9. TYPE OF WOUND (S) ARM WOUND FROM EXPLODING FRAG IN FIRE
10. TYPE CASUALTY: a. KIA ____ b. WIA ____ c. NBD ____ d. NBI ✓
11. DISPOSITION OF PATIENT BODY FAIR
12. PROGNOSIS _____
13. CIRCUMSTANCES _____

(TO BE COMPLETED BY S-1 CASUALTY CLERK)

14. DATE/TIME COMPANY NOTIFIED _____
15. NAME OF PERSON NOTIFIED _____
16. DATE/TIME BDE CASUALTY BRANCH NOTIFIED (163) _____
17. NAME OF PERSON NOTIFIED _____
18. DATE/TIME RECVD USARV FORM 130-R FROM COMPANY _____
19. DATE/TIME USARV FORM 130-R FWD TO BDE CASUALTY BRANCH _____

(TO BE COMPLETED BY PSNCO OR ADJUTANT)

20. ACCIDENT REPORT REQUIRED (DA FORM 285): a. YES ____ b. NO ____
21. LOD DETERMINATION REQUIRED (DA FORM 2173): a. YES ____ b. NO ____
22. COMPANY NOTIFIED TO COLLECT PP: a. YES ____ b. NO ____