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1, c	FOR POST-TRAUMATIC STRESS DISORDER (PTSD) PORTANT: If you or someone you know is in crisis, call the Veterans Crisis Line at 1-800-273-8255 and press or visit <u>https://www.veteranscrisisline.net/</u> to chat online, or send a text message to 838255 to receive fidential support 24 hours a day, 7 days a week, 365 days a year. Support for <u>deaf and hard of hearing</u> lividuals is available.																														
cond dates prov	STRUCTIONS: List the stressful incident or incidents that occurred in service that you feel contributed to your current dition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and es of assignment, and the full names and unit assignments of you know of who were killed or injured during the incident. Please vide dates within at least a 60-day range and do not use nicknames. It is important that you complete the form in detail and be as cific as possible so that research of military records can be thoroughly conducted. If more space is needed, attach a separate et, indicating the item number to which the answers apply.																														
	SECTION I: VETERAN'S IDENTIFICATION INFORMATION TE: You can <i>either</i> complete the form online or by hand. Please print the information requested in ink, neatly and ETERAN NAME (<i>Eirst Middle Initial Last</i>)																														
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NOTE: Information ab	oout persons who were killed	or injured during the fire	rst incident (attach a separate sheet if more space is needed.)											
9A. NAME OF PERSON (First, Middle Initial, Last)														
9B. RANK (If applicable) 9C. DATE OF INJURY/DEATH (MM/DD/YYYY) 9D. PLEASE CHECK ONE Month Day Year O KILLED IN ACTION O WOUNDED IN ACTION O OTHER														
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