REPORT OF CASUALTY

DEPARTMENT OF THE NAVY
HEADQUARTERS, U.S. MARINE CORPS
2 Navy Annex
WASHINGTON, D.C. 20380-1775

REPORT CONTROL SYMBOL

1. REPORT NUMBER [redacted]

2. REPORT TYPE Initial — CRV/TNZ

3. DATE PREPARED [redacted]

4. SERVICE IDENTIFICATION

a. NAME (last, first, middle and suffix)	b. SOCIAL SECURITY NUMBER	c. GRADE/RANK/RATE	d. OCCUPATION CODE
[redacted]	[redacted]	SSGT	[redacted]

e. COMPONENT	f. BRANCH	g. ORGANIZATION
Regular	USMC	[redacted]

5. CASUALTY INFORMATION

a. TYPE	b. STATUS	c. CATEGORY	d. DATE OF CASUALTY	e. PLACE OF CASUALTY
Nonhostile	Deceased	None	[redacted]	[redacted]

f. CAUSE AND CIRCUMSTANCES [redacted]

g. DUTY STATUS	h. FLIGHT STATUS	i. BODY RECOVERED
[redacted]	Crew	NO

6. BACKGROUND INFORMATION

a. DATE OF BIRTH	b. PLACE OF BIRTH	c. COUNTRY OF CITIZENSHIP
[redacted]	[redacted]	US

d. RACE	e. ETHNIC GROUP	f. SEX	g. RELIGIOUS PREFERENCE
White	None	Male	

7. ACTIVE DUTY INFORMATION

a. PLACE OF ENTRY	b. DATE OF ENTRY	c. HOME OF RECORD AT TIME OF ENTRY
[redacted]	[redacted]	

d. DATE TOUR COMMENCED	e. PRIOR SERVICE INFORMATION	f. RECORD OF EMERGENCY DATA FORM DATE
	Unknown	[redacted]

8. PAY INFORMATION

a. PAY GRADE	b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY (State type)
E6	[redacted]	[redacted]

9. INTERESTED PERSONS (Name, Address, and Relationship)

10. REMARKS (Continue on separate sheet, if necessary)

Item 9. continued:

FOOTNOTES FOR ITEMS 9 AND 10
1. Adult next of kin.
2. Beneficiary for gratuity pay in event there is no surviving spouse or child - as designated on record of emergency data.
3. Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

11. REPORTING INFORMATION

a. COMMAND AGENCY	b. DATE RECEIVED	c. REPORT FOR VA TO FOLLOW
[redacted]	[redacted]	NO

12. DISTRIBUTION

13. SIGNATURE ELEMENT [redacted]

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Previous editions are obsolete.