

REPORT OF CASUALTY		REPORT CONTROL SYMBOL DD-P&R(AR)1664	
1. REPORT NUMBER		2. REPORT TYPE	
3. DATE PREPARED (YYYYMMDD)			
4. SERVICE IDENTIFICATION			
a. NAME (Last, First, Middle and Suffix)		b. SOCIAL SECURITY NO.	c. GRADE/RANK/RATE
d. OCCUPATION CODE			
e. COMPONENT	f. BRANCH	g. ORGANIZATION	
5. CASUALTY INFORMATION			
a. TYPE	b. STATUS	c. CATEGORY	d. DATE OF CASUALTY (YYYYMMDD)
e. PLACE OF CASUALTY			
f. CAUSE AND CIRCUMSTANCES			
g. DUTY STATUS		h. FLIGHT STATUS	i. BODY RECOVERED
6. BACKGROUND INFORMATION			
a. DATE OF BIRTH (YYYYMMDD)	b. PLACE OF BIRTH		c. COUNTRY OF CITIZENSHIP
d. RACE	e. ETHNIC GROUP	f. SEX	g. RELIGIOUS PREFERENCE
7. ACTIVE DUTY INFORMATION			
a. PLACE OF ENTRY		b. DATE OF ENTRY (YYYYMMDD)	c. HOME OF RECORD AT TIME OF ENTRY
d. DATE TOUR COMMENCED (YYYYMMDD)	e. PRIOR SERVICE INFORMATION		f. RECORD OF EMERGENCY DATA FORM DATE (YYYYMMDD)
8. PAY INFORMATION			
a. PAY GRADE	b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY (State type)	
9. INTERESTED PERSONS (Name, Address, and Relationship)			
10. REMARKS (Continue on separate sheet, if necessary)			
NOTE: This form may be used to facilitate the cashing of bonds, the payment of commercial insurance, or in the settlement of any other claim in which proof of death is required.			
<p>FOOTNOTES FOR ITEMS 9 AND 10</p> <p>1 Adult next of kin.</p> <p>2 Beneficiary for gratuity pay in event there is no surviving spouse or child - as designated on record of emergency data.</p> <p>3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.</p>			
11. REPORTING INFORMATION			
a. COMMAND AGENCY		b. DATE RECEIVED (YYYYMMDD)	c. REPORT FOR VA TO FOLLOW
12. DISTRIBUTION		13. SIGNATURE ELEMENT	