



1 General Information:

1.1 ID:	1.9 Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No
1.2 Owner MAC:	1.10 Reliability: Information: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
1.3 Data gathered by:	1.11 Source: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
1.4 Reported by:	
1.5 Organisation (Address & Tel):	
1.6 Entry date:	1.12 Date of report:
1.7 Entered by:	1.13 Date of report received:
1.8 Date and time of incident:	

1.14 Was area marked? Yes No Unknown

Nearest city from incident

1.15 Province:	1.16 District:
1.17 Subdistrict:	1.18 Nearest city:
1.19 Municipality:	

Location of Incident

1.20 Distance from nearest town: Less than 500m 500 m – 5 km More than 5 km

1.21 Direction from nearest town: North South North – East South – East
 East West North – West South - West Unknown

2 Device that caused the incident

2.1 Unknown 2.2 Anti-personnel mine 2.3 Anti-tank mine 2.4 Cluster munition
 2.5 other UXO 2.6 Booby trap 2.7 Fuse

2.8 Other device:

List of Casualties

FirstName	Name	Status
		<input checked="" type="checkbox"/> Killed <input checked="" type="checkbox"/> Injured
		<input type="checkbox"/> Killed <input type="checkbox"/> Injured
		<input type="checkbox"/> Killed <input type="checkbox"/> Injured