



1 General information:

1.1 Incident ID:	1.6 Entry date:
1.2 Date and time of incident:	1.7 Entered by:
1.3 Data gathered by:	1.8 Date of report:
1.4 Reported by:	1.9 Date of report received:
1.5 Organisation (Address & Tel):	

Nearest city from accident

1.10 Province:	1.12 Subdistrict:
1.11 District:	1.13 Nearest city:
	1.14 Municipality:

2 Individual data

2.1 Casualty report ID:		2.2 Owner MAC:
2.3 Family name:	2.5 Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	2.7 Address:
2.4 First name:	2.6 Date of Birth:	

3 Injuries:

3.1 Was the person injured or killed: Killed Injured


3.2 If killed, manner of death:
 In site at health care facility
 During transport to health care facility
 other: _____

Loss of:

Eyesight Eyesight
Hearing Hearing

Right side **Left side**

Arm Arm
Hand/Finger Hand/Finger
 Above Knee Above Knee
 Below Knee Below Knee
Leg Leg
Foot/Toes Foot/Toes




Other Injuries:

Head/Neck

Back Chest
 Abdomen

Pelvis/Buttocks Upper limbs
 Lower limbs



4 Other Information:

4.1 First medical facility reached: Dispensary Health centre Hospital

4.2 Time until first facility reached: _____ h

4.3 Name of first hospital reached: _____

4.4 Time until first hospital reached: _____ h



4.13 Occupation:

<input type="checkbox"/> Mine action personnel ?	<input type="checkbox"/> Contractor
	<input type="checkbox"/> Government
	<input type="checkbox"/> MAC
	<input type="checkbox"/> NGO
	<input type="checkbox"/> UN
<input type="checkbox"/> Military ?	<input type="checkbox"/> Int. peacekeeper
	<input type="checkbox"/> National
<input type="checkbox"/> Aid worker	
<input type="checkbox"/> Civilian	
<input type="checkbox"/> Government official	
<input type="checkbox"/> International observer	
<input type="checkbox"/> Other	
<input type="checkbox"/> Unknown	

4.14 Occupation prior to accident

<input type="checkbox"/> Mine action personnel ?	<input type="checkbox"/> Contractor
	<input type="checkbox"/> Government
	<input type="checkbox"/> MAC
	<input type="checkbox"/> NGO
	<input type="checkbox"/> UN
<input type="checkbox"/> Military ?	<input type="checkbox"/> Int. peacekeeper
	<input type="checkbox"/> National
<input type="checkbox"/> Aid worker	
<input type="checkbox"/> Civilian	
<input type="checkbox"/> Government official	
<input type="checkbox"/> International observer	
<input type="checkbox"/> Other	
<input type="checkbox"/> Unknown	

4.5 Activity at time of incident:

<input type="checkbox"/> Tending animals/livestock	<input type="checkbox"/> Passing/standing nearby	<input type="checkbox"/> Collecting wood/food / water	<input type="checkbox"/> Hunting/fishing
<input type="checkbox"/> Demining	<input type="checkbox"/> Military	<input type="checkbox"/> Police	<input type="checkbox"/> Playing/recreation
<input type="checkbox"/> Farming	<input type="checkbox"/> Unknown	<input type="checkbox"/> Travelling in vehicle	<input type="checkbox"/> Travelling on foot
<input type="checkbox"/> Other _____			

4.6 How often did the person go there?

<input type="checkbox"/> More than once a day	<input type="checkbox"/> Once a day
<input type="checkbox"/> Several times a week or less	<input type="checkbox"/> Never before

4.7 Did the person know that area was dangerous? Yes No Unknown

4.8 If they knew area was dangerous, why did they go there? no other access economic necessity peer pressure other _____

4.9 Did the person see the object before the accident? No Yes, did not touch Yes, touched it Unknown

4.10 Did the person receive mine awareness training? Yes No Unknown

4.11 Medical report reference (if available):

4.12 Was area marked?

Yes No

5 Other persons involved

How many others were killed ?
How many others were injured?

List of other Casualties

5.1 FirstName	5.2 Name	5.3 Status
		<input type="checkbox"/> Killed <input type="checkbox"/> Injured
		<input type="checkbox"/> Killed <input type="checkbox"/> Injured
		<input type="checkbox"/> Killed <input type="checkbox"/> Injured

6 Device that caused the incident

<input type="checkbox"/> Unknown	<input type="checkbox"/> Anti-personnel mine	<input type="checkbox"/> Anti-tank mine	<input type="checkbox"/> Cluster munition
	<input type="checkbox"/> other UXO	<input type="checkbox"/> Booby trap	<input type="checkbox"/> Fuse

Other device: