

**PERSONAL TRAUMA INCIDENT/MARKER WORKSHEET**

**Veteran's Name:**

**Veteran's Claim Number:**

**Incident Summary:**

Is the incident explicitly mentioned in the Veteran's military records? (*bookmark in VBMS*)

YES

Evidence #1:

Evidence #2:

Evidence #3:

NO

**Comments:**

Do markers exist in the evidence of record that suggest that an MST occurred in service?

YES

**Evidence Source #1:**

Marker #1:

Marker #2:

Marker #3:

**Evidence Source #2:**

Marker 1:

Marker 2:

Marker 3:

**Evidence Source #3:**

Marker #1:

Marker #2:

Marker #3:

NO

N/A

Comments: