# IMSMA Victim Form

**Date of Birth**
- **Day**: [ ]
- **Month**: [ ]
- **Year**: [ ]

**Killed/Injured In Accident**
- [ ] Dead
- [ ] Injured
- [ ] Unharmed
- [ ] Other
- [ ] Unknown
- [ ] Not specified

**Death Occurred**
- [ ] At place of accident
- [ ] During transport
- [ ] At health care facility
- [ ] After Leaving the Health Facility/Hospital

**Date of Death**
- **Day**: [ ]
- **Month**: [ ]
- **Year**: [ ]

**Victim State**
- [ ] Alive
- [ ] Deceased
- [ ] Not specified

**Victim Type**
- [ ] Direct beneficiary
- [ ] Indirect beneficiary
- [ ] Not specified

**Relationship**
- [ ] Child
- [ ] Partner / Spouse
- [ ] Grandparent
- [ ] Sibling
- [ ] Not specified

**Direct Beneficiary**
- [ ] Single
- [ ] Married
- [ ] Divorce
- [ ] Widow(er)
- [ ] Not specified

**Height (cm)** [ ]

**Weight (kg)** [ ]

**Shoe Size** [ ]

**Personal Information Comment**

---

**General Comment**
IMSMA Victim Form

Event Information

Cause / Event

See annex section for table data.

LEFT side
Number Amputated Fingers
Number Amputated Toes

RIGHT side
Number Amputated Fingers
Number Amputated Toes

Activity At Time of Accident
☐ Collecting food / water / wood
☐ Demining
☐ Farming
☐ Household work
☐ Hunting / fishing

Military
Passing / standing nearby
Playing / recreation
Police
Tampering
Tending animals / livestock
Travelling
Other
Unknown

Did victim see/touch mine/ERW?
☐ No
☐ Yes, did not touch
☐ Yes, touched it

Intentionally Touched
☐ To move it
☐ To make it explode
☐ Play / Curiosity
☐ To use metal/explosives
☐ To dismantle/destroy

Accidentally Touched
☐ Moved it
☐ Stood / Drove over it
☐ Not specified
☐ Not specified
Knew Area Was Dangerous?
- Yes
- No
- Unknown
- Not specified

Reason Entered Area
- No other access
- Economic necessity
- Peer pressure
- Other

How Often Entered Area?
- Once
- Few times
- Several times
- Often
- Regularly
- Daily
- Never
- Unknown

Given Risk Education
- Yes
- No
- Unknown
- Not specified

Cause Comment

Coordinate System:
Coordinate Format:
Calculated Area:
Calculated Line Length:

Points

See annex section for table data.

Polygons

See annex section for table data.
Medical Information

Time Range to First Medical Facility
- 0 - 10 minutes
- 10 - 20 minutes
- 20 - 30 minutes
- 30 - 60 minutes
- 1 - 4 hours
- 4 - 8 hours
- Over 8 hours
- N / A
- Not specified

First Medical Facility
- Dispensary
- First aid
- Basic health facility
- Hospital
- None
- Other
- Unknown

Time Range to Hospital
- 0 - 1 hours
- 1 - 2 hours
- 2 - 3 hours
- 3 - 4 hours
- 4 - 8 hours
- 8 - 24 hours
- More than 1 day
- N / A
- Not specified

Hospital

Name

Disability
- No disability
- Temporary
- Permanent
- Not specified

Disability Group
- I - Fully disabled and needs constant care
- II - Partially disabled and needs limited care
- III - Less disabled and needs no care
- Not specified

Medical Comments

Medical Comments
# IMSMA Victim Form

## Household Information

<table>
<thead>
<tr>
<th>Number of Persons in Same Living Space</th>
<th>Size of Living Space</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Residence</th>
<th>Type of Habitat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collective center</td>
<td>Owned</td>
</tr>
<tr>
<td>House / Apartment</td>
<td>Rented</td>
</tr>
<tr>
<td>IDP / Refugee camp</td>
<td>Living with relatives</td>
</tr>
<tr>
<td>Shed / Tent</td>
<td>Squatting</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
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</tbody>
</table>

**Household Information Comment**

## Household Situation

<table>
<thead>
<tr>
<th>Furniture / Toys</th>
<th>Dwelling Repairs</th>
<th>Electricity</th>
<th>Gas</th>
<th>Water</th>
<th>Sewage</th>
<th>Kitchen</th>
<th>Bathroom</th>
<th>Toilet</th>
<th>Heating / Cooling</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>2</td>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
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**IMSMA Victim Form Page 6**
# IMSMA Victim Form

<table>
<thead>
<tr>
<th>Item</th>
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<th>1</th>
<th>2</th>
<th>N/A</th>
<th>Not specified</th>
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<tbody>
<tr>
<td>Stove</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Freezer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry Machine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video / DVD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV Set</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MC/Car/Truck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tractor/Animal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livestock</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Arable Land</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Clothes</td>
<td></td>
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<tr>
<td>Hygiene Items</td>
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<tr>
<td>Medicine</td>
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<td></td>
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<tr>
<td>Addictions</td>
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</table>

## Education Information

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not specified</th>
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<tbody>
<tr>
<td>Child Attending School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage Complete Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Edu Service Met Needs of Victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### IMSMA Victim Form

#### Highest Level Education
- Primary
- College
- Vocational / Apprentice
- Secondary
- University
- Not specified
- High-school

#### Education Information Comment

#### Professional Information

**Occupation Before Accident/Event**
- Agriculture/husbandry
- Stock raising
- Carpentry
- Tailoring
- Business
- Teacher
- Unemployed
- Not specified

**Occupation After Accident/Event**
- Agriculture/husbandry
- Stock raising
- Carpentry
- Tailoring
- Business
- Teacher
- Unemployed
- Not specified

**Preferred Occupation**
- Agriculture/husbandry
- Stock raising
- Carpentry
- Tailoring
- Business
- Teacher
- Unemployed
- Not specified

**Accident/Event Caused Loss of Job**
- Yes
- No
- Unknown
- Not specified

**Denied Job Placement/Recruitment Opportunity**
- Yes
- No
- Unknown
- Not specified

**Denied Vocational Training**
- Yes
- No
- Unknown
- Not specified

#### Professional Information Comment
## IMSMA Victim Form

### Economic Information

<table>
<thead>
<tr>
<th>Victim Breadwinner</th>
<th>Breadwinner Role Changed after Accident</th>
<th>Level of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only breadwinner</td>
<td>Yes</td>
<td>Below poverty line</td>
</tr>
<tr>
<td>Share / Partial</td>
<td>No</td>
<td>Above poverty line</td>
</tr>
<tr>
<td>Not breadwinner</td>
<td>Unknown</td>
<td>Not specified</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age 0 to 18</th>
<th>Age 19 to 55</th>
<th>Older than 55</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Dependents</th>
<th>Source of Income before Accident</th>
<th>Source of Income after Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Employed full time</td>
<td>Employed full time</td>
</tr>
<tr>
<td>Partner/Spouse</td>
<td>Employed part time</td>
<td>Employed part time</td>
</tr>
<tr>
<td>Parents</td>
<td>Money from abroad</td>
<td>Money from abroad</td>
</tr>
<tr>
<td>Grandparents</td>
<td>No income</td>
<td>No income</td>
</tr>
<tr>
<td>Siblings</td>
<td>Pension</td>
<td>Pension</td>
</tr>
<tr>
<td>None</td>
<td>Seasonal job</td>
<td>Seasonal job</td>
</tr>
<tr>
<td>Not specified</td>
<td>Self employed</td>
<td>Self employed</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Economic Information Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
IMSMA Victim Form

Social Inclusion Information

Feels Included in Society
- Yes
- No
- Unknown
- Not specified

Family Tried to Include Victim into Community
- Yes
- No
- Unknown
- Not specified

Community Tried to Include Victim into Community
- Yes
- No
- Unknown
- Not specified

Day-to-day Activities Accessibility
- Yes
- No
- Unknown
- Not specified

Day-to-day Activities Mobility
- Yes
- No
- Unknown
- Not specified

Day-to-day Activities Social Life
- Yes
- No
- Unknown
- Not specified

Fitness Sports
- Basketball
- Football
- Gymnastics
- Swimming
- Not specified

Social Inclusion Comment
### Needs Assessment Information

<table>
<thead>
<tr>
<th>Current Rehabilitation Pillar</th>
<th>Included in Assistance Program</th>
<th>Type of Assistance Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>Yes</td>
<td>Age pension</td>
</tr>
<tr>
<td>Emergency Medical</td>
<td>No</td>
<td>Destitute families</td>
</tr>
<tr>
<td>Transition</td>
<td>Unknown</td>
<td>Disabled</td>
</tr>
<tr>
<td>Stabilisation</td>
<td>Not specified</td>
<td>IDP / Refugee</td>
</tr>
<tr>
<td>Protection</td>
<td></td>
<td>Maternity benefits</td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
<td>Multichildren families</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orphans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sickness benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unemployment benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>War pension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Use Prosthesis</th>
<th>Where Use Prosthesis</th>
<th>How Long Use Prosthesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>At home only</td>
<td>Never</td>
</tr>
<tr>
<td>During last week</td>
<td>Outside only</td>
<td>Less than 1 hour daily</td>
</tr>
<tr>
<td>During last month</td>
<td>At home and outside</td>
<td>1 - 5 hours daily</td>
</tr>
<tr>
<td>More than one month ago</td>
<td>Not specified</td>
<td>&gt; 6 hours daily</td>
</tr>
<tr>
<td>Cannot remember</td>
<td>N / A</td>
<td>Not specified</td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
<td>N / A</td>
</tr>
<tr>
<td>N / A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why not Use Prosthesis</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken</td>
<td>Discomfort</td>
<td>Not useful</td>
</tr>
<tr>
<td>Pain</td>
<td>Save for longer use</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N / A</td>
</tr>
</tbody>
</table>
IMSMA Victim Form

Needs Assessment

See annex section for table data.

Medical Aid Needs Comment

Technical Aid Needs Comment

Advocacy Information

Law Awareness

- Low
- Medium
- High
- None
- Unknown
- Not specified

Interested in Advocacy Work

- Yes
- No
- Unknown
- Not specified

See annex section for table data.
IMSMA Victim Form

Interview Information

Permission to Share with Authorities
- Yes, with personal data
- Yes, without personal data
- No
- Not specified

Permission to Share with NGOs
- Yes, with personal data
- Yes, without personal data
- No
- Not specified

Interview Date
- Day
- Month
- Year

Interviewee Family Name

Interviewee First Name

Interviewee National ID

Interviewee Address

Interview Information

Place of Interview
- Health facility
- Victim home
- Not specified

Interviewee Type
- Victim
- Family / Relative
- Friend
- Medical staff
- Government
- Witness
- Not specified
Reconciliation
Comments
Import Issues
### Cause / Event

<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Geospatial Information

<table>
<thead>
<tr>
<th>Shape Prop</th>
<th>Shap eID</th>
<th>Pt ID</th>
<th>Point ID</th>
<th>Type</th>
<th>X / Lon</th>
<th>Y / Lat</th>
<th>Elevatio n</th>
<th>MGRS</th>
<th>Dist</th>
<th>Bearing</th>
<th>From</th>
</tr>
</thead>
</table>

# Geospatial Information

<table>
<thead>
<tr>
<th>Pt</th>
<th>Point ID</th>
<th>Type</th>
<th>X / Lon</th>
<th>Y / Lat</th>
<th>Elevation</th>
<th>MGRS</th>
<th>Dist</th>
<th>Bearing</th>
<th>From</th>
<th>Point Description</th>
</tr>
</thead>
</table>


# Needs Assessment

<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Classification</th>
<th>Qty</th>
<th>Priority</th>
<th>Status</th>
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</thead>
</table>