VA Form 21-6789 -E

[redacted]

1. TYPE OF CLAIM	2. FILE NUMBER	3. INITIALS AND SURNAME OF VETERAN
DISABILITY	[redacted]	[redacted]

4. DATE OF DEATH	5. REGIONAL OFFICE NUMBER	6. DATE OF THIS RATING
	[redacted]	11/08/2010

NOTE: THE RATING HAS BEEN DEFERRED PENDING RECEIPT OF DATA INDICATED BELOW

7. REASON(S) FOR DEFERRAL

EVIDENCE FROM VETERAN OR OTHERS

8. EXPLANATION OF REASON(S) FOR DEFERRAL

THIS IS NOT FOR PTSD CLAIM BUT FOR TBI SYMPTOMS.

Please request veteran's 201 file.

Please verify veteran's stressors as he is now claiming symptoms of TBI due to these stressors. We need to know if these blasts actually happened, if these people were killed during them and if veteran was assigned to this unit at this time and in this camp.

DTA may need redone - HA's back, H/L + tinnitus claimed 2° IED. fm

Frank
[redacted]

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