



# Inspiration IMSMA Victim Form

IMSMA 6.0

Form ID



Reported by

Reported by position

Date of Information 

Day

Month

Year

## Personal Information

Victim ID



National ID

National ID Expires 

Health ID Number

Day

Last Name

Month

First Name

Year

## Victim Living In



Country:

Province:

District:

Subdistrict:

Town:

## Displacement Status

Not displace

IDP

Refugee

Returnee

Not specified

Address

## Gender

Female

Male

Unknown

Not specified

Phone Number

Victim Statistic Category  APMBT  CCM  CCW  MOTAPM  Not specified

Vulnerable Groups  Female headed household  HIV positive  Minority group

Orphan  Not specified



# IMSMA Victim Form

Date of Birth



Day   
Month   
Year

Killed/Injured In Accident

- Dead
- Injured
- Unharmed
- Other
- Unknown
- Not specified

Death Occured

- 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 Direct Beneficiary

- Child
- Partner / Spouse
- Grandparent
- Sibling
- Not specified

Marital Status

- 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

- |  |   |   |
|--|---|---|
| <input type="radio"/> Collecting food / water / wood | <input type="radio"/> Military                  | <input type="radio"/> Tending animals / livestock |
| <input type="radio"/> Demining                       | <input type="radio"/> Passing / standing nearby | <input type="radio"/> Travelling                  |
| <input type="radio"/> Farming                        | <input type="radio"/> Playing / recreation      | <input type="radio"/> Other                       |
| <input type="radio"/> Household work                 | <input type="radio"/> Police                    | <input type="radio"/> Unknown                     |
| <input type="radio"/> Hunting / fishing              | <input type="radio"/> Tampering                 |   |

#### 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
- Not specified

#### Accidentally Touched

- Moved it
- Stood / Drove over it
- Not specified



# IMSMA Victim Form

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.



# IMSMA Victim Form

## 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



# IMSMA Victim Form

## Household information

Number of Persons in Same Living Space

Size of Living Space

Type of Residence

- Collective center
- House / Apartment
- IDP / Refugee camp
- Shed / Tent
- Not specified

Type of Habitat

- Owned
- Rented
- Living with relatives
- Squatting
- Not specified

Household Information Comment

## Household Situation

Furniture / Toys

- 0
- 1
- 2
- N / A
- Not specified

Dwelling Repairs

- 0
- 1
- 2
- N / A
- Not specified

Electricity

- 0
- 1
- 2
- N / A
- Not specified

Gas

- 0
- 1
- 2
- N / A
- Not specified

Water

- 0
- 1
- 2
- N / A
- Not specified

Sewage

- 0
- 1
- 2
- N / A
- Not specified

Kitchen

- 0
- 1
- 2
- N / A
- Not specified

Bathroom

- 0
- 1
- 2
- N / A
- Not specified

Toilet

- 0
- 1
- 2
- N / A
- Not specified

Heating / Cooling

- 0
- 1
- 2
- N / A
- Not specified



# IMSMA Victim Form

<b>Stove</b>	<b>Refrigerator</b>	<b>Freezer</b>	<b>Laundry Machine</b>	<b>Video / DVD</b>
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> N / A	<input type="radio"/> N / A	<input type="radio"/> N / A	<input type="radio"/> N / A	<input type="radio"/> N / A
<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified
<b>TV Set</b>	<b>MC/Car/Truck</b>	<b>Tractor/Animal</b>	<b>Livestock</b>	<b>Arable Land</b>
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> N / A	<input type="radio"/> N / A	<input type="radio"/> N / A	<input type="radio"/> N / A	<input type="radio"/> N / A
<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified
<b>Clothes</b>	<b>Hygiene Items</b>	<b>Medicine</b>	<b>Addictions</b>	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	
<input type="radio"/> N / A	<input type="radio"/> N / A	<input type="radio"/> N / A	<input type="radio"/> N / A	
<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified	

## Education Information

<b>Child Attending School</b>	<b>Encourage Complete Education</b>	<b>Local Edu Service Met Needs of Victim</b>
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Unknown
<input type="radio"/> Not specified	<input type="radio"/> Not specified	<input type="radio"/> Not specified



# IMSMA Victim Form

## Highest Level Education

- Primary
- Secondary
- High-school
- College
- University
- Vocational / Apprentice
- Not specified

## 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

Victim Breadwinner

- Only breadwinner
- Share / Partial
- Not breadwinner
- Not specified

Breadwinner Role Changed after Accident

- Yes
- No
- Unknown
- Not specified

Level of Income

- Below poverty line
- Above poverty line
- Not specified

## Number of Dependents

Age 0 to 18

Age 19 to 55

Older than 55

Type of Dependents

- Children
- Partner/Spouse
- Parents
- Grandparents
- Siblings
- None
- Not specified

Source of Income before Accident

- Employed full time
- Employed part time
- Money from abroad
- No income
- Pension
- Seasonal job
- Self employed
- Not specified

Source of Income after Accident

- Employed full time
- Employed part time
- Money from abroad
- No income
- Pension
- Seasonal job
- Self employed
- Not specified

Economic Information Comment



# 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

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Not specified |
| <input type="checkbox"/> Football   | <input type="checkbox"/> Swimming   |  |

Social Inclusion Comment



# IMSMA Victim Form

## Needs Assessment Information

### Current Rehabilitation Pillar

- Immediate
- Emergency Medical
- Transition
- Stabilisation
- Protection
- Not specified

### Included in Assistance Program

- Yes
- No
- Unknown
- Not specified

### Type of Assistance Programs

- Age pension
- Destitute families
- Disabled
- IDP / Refugee
- Maternity benefits
- Multichildren families
- Orphans
- Sickness benefits
- Unemployment benefits
- War pension
- Not specified

### Last Use Prosthesis

- Never
- During last week
- During last month
- More than one month ago
- Cannot remember
- Not specified
- N / A

### Where Use Prosthesis

- At home only
- Outside only
- At home and outside
- Not specified
- N / A

### How Long Use Prosthesis

- Never
- Less than 1 hour daily
- 1 - 5 hours daily
- > 6 hours daily
- Not specified
- N / A

### Why not Use Prosthesis

- Broken
- Pain
- Discomfort
- Save for longer use
- Not useful
- Not specified
- N / A



# 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



# 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

Place of Interview

- Health facility
- Victim home
- Not specified

Interviewee Type

- Victim
- Medical staff
- Family / Relative
- Government
- Friend
- Witness
- Not specified

# Reconciliation

## Comments

# Import Issues



# Cause / Event

Parent Name	Classification
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## Geospatial Information

Shape	Poly Prop	Shape ID	Pt	Point ID	Type	X / Lon	Y / Lat	Elevation	MGRS	Dist	Bearing	From
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# Geospatial Information

Pt	Point ID	Type	X / Lon	Y / Lat	Elevati on	MGRS	Dist	Bearing	From	Point Descrip tion
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# Needs Assessment

Parent Name	Classification	Qty	Priority	Status
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