

MILPERSMAN 1770-030

PERSONNEL CASUALTY REPORT PROCEDURES

Responsible Office	OPNAV (N135C)	Phone:	COM	(901) 874-2501
			DSN	882-2501
		TOLL FREE WITHIN U.S.		(800) 368-3202
			COM	(901) 874-6654
			FAX	882-6654

NAVPERSCOM CUSTOMER SERVICE CENTER	Phone:	Toll Free	1-866-U ASK NPC
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References	(a) DoD Instruction 1300.18 of 8 January 2008 (b) NAVADMIN 122/09
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1. **Purpose.** Per reference (a), the following paragraphs provide amplifying information regarding casualty preparation and submission procedures for the Personnel Casualty Report (PCR).

a. **A PCR shall be submitted for the following casualties:**

- (1) Death;
- (2) Terminally ill (TI);
- (3) Very seriously wounded, very seriously ill, or very seriously injured (VSI) (e.g., imminent danger or loss of life);
- (4) Seriously wounded, seriously ill, or seriously injured (SI);
- (5) Not seriously wounded, ill, or injured (NSI) (**for reporting in-theater illnesses and injuries only**);
- (6) Duty status-whereabouts unknown (DUSTWUN); or
- (7) Serious mental disorders as defined below a diagnosed mental disorder that requires intensive mental health treatment or hospitalization. The circumstances in which a Sailor shall be considered to have a serious mental disorder include, but not be limited to, the following:

(a) The Sailor is considered to be a potential danger to self or others as a result of a diagnosed mental disorder that requires intensive mental health treatment or hospitalization.

(b) The Sailor is diagnosed with a mental disorder and has psychotic symptoms that require intensive mental health treatment or hospitalization.

(c) The Sailor is diagnosed with a mental disorder and has severe symptoms or severe impairment in functioning that requires intensive mental health treatment or hospitalization.

b. Suicide and Suicide Related Behaviors. Regardless of outcome, all suicide related behaviors must be reported via the OPREP-3 reporting system per reference (b). All suicide and suicide attempts by active and reserve Sailors require the completion of the Department of Defense Suicide Event Report (DoDSER). A PCR is **only required** for suicides and suicide related behaviors which result in VSI, SI, or evacuation.

c. Supplemental PCRs. Submit a supplemental PCR:

(1) To update, add, or correct information such as cause of death reported on the initial PCR; or

(2) To report a change in status of a wounded, ill, or injured Sailor (e.g., Sailor's condition upgraded from VSI to SI; Sailor discharged from medical treatment facility).

2. Responsibility. The commanding officer (CO) or the immediate superior in command (ISIC) of a Sailor who suffers a casualty is responsible for submitting the PCR. If a Sailor becomes a casualty while away from his or her parent command, the local Navy activity first apprised of the circumstances shall verify the casualty and notify the Sailor's command (if known) and Office of the Chief of Naval Operations (OPNAV), Navy Casualty Assistance (N135C) via a PCR.

3. Reporting Requirements. An initial PCR must be submitted **within 4 hours** of a command learning of casualty. **Telephonic reports and or other official messages sent out by commands (e.g., unit SITREP, OPREP, Pinnacle) do not replace the requirement to submit a PCR.** The initial PCR should include:

- a. Sailor's name;
- b. SSN;
- c. Rank/Rate;
- d. Type of Casualty - NSI, SI, VSI, TI, DUSTWUN or Death;
- e. Cause and circumstances; and
- f. Next of Kin (NOK) names, addresses, and phone numbers with confirmation of notification of NOK.

Note: Do not delay sending the initial PCR because all details of the casualty are not known. Submit supplemental reports as necessary.

4. Reporting Procedures

a. **Electronically submit PCRs** . Submit PCR's electronically via E-mail to MILL_NavyCasualty@navy.mil. **NOTE: Use an underscore between "MILL" and "NavyCasualty" in the E-Mail address.** This mailbox will automatically be distributed to the offices involved in the casualty process. Be sure to include your chain of command as an addressee on the E-mail. Additionally, include the full name, rank, title, and telephone number of the approving official.

(1) If E-mail capability does not exist, the PCR may be submitted via facsimile (FAX) to N135C at 1-901-874-6654.

(2) If E-mail or FAX capability does not exist, PCR may be submitted by immediate precedence message to:

TO: COMNAVPERSCOM MILLINGTON TN//PERS-621// Info Addee: Command sending message
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b. **Follow-up to ensure receipt.** To ensure PCR has been received, follow-up by calling N135C at 1-800-368-3202.

c. **FAX a copy of additional required information for all casualties.** FAX a copy to N135C as soon as possible for all casualties to include:

- (1) Record of Emergency Data (Page 2); and

(2) SGLV 8286 (05-09), Service members Group Life Insurance Election and Certificate.

In cases where the Sailor's parent command is unknown, inform N135C by including in data element DELTA of the PCR the following statement: "Sailor's parent command is unknown. Request N135C to notify Sailor's parent command and instruct command to submit a completed Personnel Casualty Report."

5. Sample Personnel Casualty Report Format

CASUALTY REPORTING COMMAND: DATE/TIME GROUP: REPORT TYPE: INITIAL/SUPPLEMENTAL TYPE OF CASUALTY: Death/SI/VSI/NSI/DUSTWUN ALPHA: Grade/rate - Name of Casualty - Social Security Number - Officer Designator BRAVO: Status (e.g., ACDU/INACTDUTRA/ACDUTRA) Duty Station/Point of Contact/Tel. No./E-mail Address CHARLIE: Hostile (KIA/POW); Non-Hostile (peacetime casualties); NEW DAWN (if applicable) DELTA: Date (Local time of casualty incident); place; Circumstances of incident; cause of death. ECHO: Location of remains, funeral home's name, address, and phone number FOXTROT: Primary next of kin (PNOK) (Name, address, relationship). Secondary next of kin (SNOK) Name, address, relationship). Other next of kin (NOK) (e.g., step children, children from a previous marriage, parents, etc.) GOLF: Notification of NOK: Date, time, and person making the notification HOTEL: Date of Dependency Application/Record of Emergency Data INDIA: Additional Remarks.
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6. Amplifying Instructions

a. **Data Blocks**

(1) **ALPHA. Name of casualty:** Rank/rate (if the grade indicated is a frocked rank or rate, indicate the word "frocked" in parenthesis), full name, branch of service, social security number, designator (if officer).

(2) **BRAVO. Status and duty station:**

(a) **Status**

1. Active Duty;
2. Active Duty for Training;
3. Inactive Duty for Training;
4. Fleet Reserve;
5. Retired;
6. Delayed Entry Program; and
7. Temporary Disability Retired List/Permanent Disability Retired List (TDRL/PDRL).

(b) **Duty Station**

1. Naval Recruit Officer Training Corps (NROTC);
2. Point of contact (POC) at command;
3. POC telephone number and E-mail; and
4. Unit Identification Code (UIC): If duty station is a deployable unit, also furnish UIC of command where unit is currently located.

(3) **CHARLIE. Casualty type as follows:**

(a) **Hostile** - Sailor is wounded or killed "in action" or due to terrorist action. "In action" denotes a hostile action sustained:

1. In or relating to combat; or
2. Going to or returning from a combat mission; provide incident occurred as a direct result of a hostile action. This includes Sailors killed or wounded mistakenly or accidentally by **friendly fire** directed at a hostile force or what is thought to be a hostile force. **Do not** include in this category for any of the following:

a. Self-inflicted wounds;

b. Combat fatigue; or

c. Wounds or death inflicted by a friendly force while the individual is absent without leave deserter , dropped-from-rolls status, or is voluntarily absent without authorization from a place of duty.

(b) **Non-Hostile** - All other casualties **not** directly attributable to a hostile action as described in paragraph 6a(3)(a) above.

Note: If applicable, also state the name of the associated combat operation (e.g. New Dawn)

(4) **DELTA**. Date, time (local time), place, and circumstances:

(a) **Date:** DD MM YYYY

(b) **Time:** Report local time of incident (e.g., 0735L)

(c) **Place:** Place where incident occurred (If at sea or in a remote area, state latitude and longitude unless security precludes)

(d) **Circumstances:** Give concise, but ample, explanation of circumstances surrounding the casualty. Do not use indefinite statements such as "Lost Overboard", or "Missing", and "Presumed Dead". The information provided will be used to brief NOK during initial notification. Whenever the circumstances or cause of death are not immediately known, furnish details by supplemental message as soon as possible.

(e) **Graphic details:** Details that are graphic concerning the death or that would be an embarrassment to the NOK **should not be included in this message**. Send a separate priority message containing such details only to:

1. OPNAV (N135C), Navy Casualty Assistance;
2. Bureau of Medicine and Surgery (BUMED); and

3. Casualty Assistance Calls/Funeral Honor Support Program Coordinator who has cognizance over the geographical area of the command assigned to provide the Casualty Assistance Calls Officer.

(f) **Cause of death:** If known, report immediate cause of death, such as cardiac arrest or respiratory failure. Additionally, if the ultimate cause of death can be attributed to major injuries sustained previously (i.e., car accident, explosion, gunshot wound), include this information in the report. If the incident is caused by a **motor vehicle accident**, also include the following:

1. Type of vehicle (e.g., car, truck);
motorcycle)
2. Single or multiple vehicle accident;
3. Driver or a passenger; and
4. All other Sailors and family members involved in the accident.

(f) **Multiple Casualty Reporting:** For incidents involving two or more casualties, such as the case with a naval disaster (see MILPERSMAN 1770-100 Reporting Requirements in the Event of a Naval Disaster). Report the name, rank/rate, officer designator (if applicable), SSN, and casualty status of each casualty involved.

(g) **Hostile Fire Zone or Area Authorized Overseas Pay:** Report the following: Date Sailor commenced the current tour. If the Sailor is serving on an extension of normal tour, the date must be followed by the notation "EXTENSION".

Note: The above information must be reported even if the casualty was not a result of a hostile action.

(h) **Active Duty/Inactive Duty for Training:**
Report the following:

1. Period for which training was authorized; and
2. If the casualty occurred either en route to/from active duty for training, inactive duty training, **120-**

days or less after discharge, or release from the United States (U.S.) Navy or U.S. Navy Reserve:

a. Hour which the Sailor began to proceed or return;

b. Hour which Sailor was scheduled to arrive or the hour which Sailor ceased to perform such duty;

c. Method and manner of travel utilized;

d. Itinerary;

e. Immediate cause of death (when known);
and

f. Duty station.

3. Send complete copies of Sailors orders to N135C via:

a. Email: MILL_NavyCasualty@navy.mil;

b. FAX: 1-901-874-6654, DSN: 882-6654;

c. Mail: Navy Casualty Assistance, OPNAV (N135), 5720 Integrity Drive, Millington, TN 38055-6210.

(i) **Sailors in a drill (pay or non-pay) status**, report the following:

1. If Sailor was scheduled to perform at least 12 drills during current year;

2. Number of drills performed;

3. Date of last drill performed; and

4. Point of contact at the unit.

(j) **Unauthorized Absence:** If the casualty is in an absentee status, indicate date absence commenced. If absence exceeded 30 days, indicate whether the Sailor had been officially declared a deserter. For Sailors subsequently found to be missing or dead, a supplemental PCR shall be sent to

report any change of status. When applicable, indicate how identification was established.

(5) ECHO

(a) **If deceased:**

1. Location and disposition of remains;
2. Complete name, telephone number, and address of mortuary or funeral establishment where remains are located;
3. If remains are to be transferred to another establishment, give name and address of establishment and when transfer will be made. Include disposition instructions of remains by NOK, if known; and
4. If remains are not recovered, state this and advise status of search.

Note: Medical/dental records are to accompany the remains until positive identification is established. Once identification has been established, mail the records to OPNAV (N135C).

(b) **NSI/SI/VSI/TI and serious mental disorders (per MILPERSMAN 1770-230), Wounded, Ill or Injured: Casualty Reporting, Notification and Bedside Travel**, report the following:

1. Condition - TI, SI, VSI or serious mental disorder.
2. Prognosis - Imminent danger of loss of life, guarded, poor, fair, good, excellent, etc.
3. Hospital where patient is located or will be transferred.
4. As applicable, state the following:
"Bedside travel medically warranted/not warranted". Note: Only a **military medical officer** can make a bedside travel warranted determination. Ensure to include rank, name, and contact information of military medical officer making the determination.

5. Name and telephone number of POC at hospital.

6. If Sailor is hospitalized outside of the continental United States and evacuation to the continental United States is contemplated, state the estimated time of arrival and request cognizant command to inform the Armed Services Medical Regulating Office (ASMRO) or a Joint Medical Regulating Officer (JMRO), as appropriate.

(c) **DUSTWUN or Unaccounted-for:** See MILPERSMAN 1770-020 for detailed reporting procedures.

(6) **FOXTROT. Primary and secondary next of kin (PNOK/SNOK) information:** Per MILPERSMAN 1770-010 report PNOK/SNOK:

(a) Full name, address, and relationship to the Sailor;

(b) If NOK is involved in the same accident and injured or killed, state casualty status and present whereabouts;

(c) List full name of parents and if applicable, indicate if either is deceased;

(d) **When parents reside together**, each parent should be listed equally as either PNOK or SNOK, as appropriate; and

(e) If a SNOK is not identified, indicate this fact.

(7) **GOLF. Official NOK notification:** State whether or not both PNOK and SNOK have been officially notified (**in person for deaths**) by a naval representative. Upon official notification, if PNOK or SNOK had prior knowledge of the casualty, state how notification was made.

(8) **HOTEL. Sailor's Personal Information:**

(a) Record of Emergency Data (Page 2) and Servicemen's Group Life Insurance (SGLI) Election Form:

1. Specify dates of latest Record of Emergency Data and SGLI election forms;

2. Immediately scan and email a copy to MILL_NavyCasualty@navy.mil or FAX forms to N135C, Ph: 1-901-874-6654, DSN: 882-6654; and

3. Follow-up to ensure receipt of forms by calling N135C at 1-800-368-3202.

(b) **For wounded, ill or injured Sailors:**

1. Specify the location of service (enlisted only), medical, dental, and pay records; and

2. Indicate location and disposition of Sailor's personal effects.

(9) **INDIA**. Miscellaneous comments: Use this block to annotate any additional information that is deemed pertinent.

7. **Service Records Disposition**. If a paper copy of an enlisted service record exists, mail complete service record directly to Navy Personnel Command, Records Management Policy Branch (Pers-313) at:

Navy Personnel Command (Pers-313)
5720 Integrity Drive
Millington, TN 38055

Note: Indicate on bottom left side of mailing envelope "DO NOT OPEN IN MAIL ROOM."

8. **Medical/Dental Records Disposition**.

a. **Prisoner of War/Missing in Action (POW/MIA):** Mail records to:

Navy Casualty Assistance OPNAV (N135C)
ATTN: POW/MIA Branch
5720 Integrity Drive
Millington, TN 38055-6210

b. **Deceased Sailors:** Per reference (c), medical and dental records will be mailed to N135C.

(1) Print in large letters, diagonally across the record's cover "DECEASED". Affix to cover of record a typed, adhesive-backed label with the following statement: "Upon completion of positive identification, mail record to:

Navy Casualty Assistance OPNAV (N135C)
5720 Integrity Drive
Millington, TN 38055-6210

(2) If available, a copy of the Civilian Death Certificate should be placed in the medical record. If the Civilian Death Certificate becomes available after the medical and dental records are no longer available, mail certificate to:

Navy Casualty Assistance OPNAV (N135C)
5720 Integrity Drive
Millington, TN 38055-6210