

## MILPERSMAN 1770-030

### PERSONNEL CASUALTY REPORT PROCEDURES

<b>Responsible Office</b>	NAVPERSCOM (PERS-624)	Phone:	DSN	882-2501	
		TOLL FREE WITHIN U.S.	(800)	368-3202	
			COM	(901)	874-2501
			FAX		882-6654

1. **Purpose.** The paragraphs below provide amplifying information regarding preparation and submission procedures for the Personnel Casualty Report (PCR).

2. **Reporting Procedures**

a. PCR submission via DMS message traffic is not required if the reporting command has E-mail/fax capability. A PCR that is signed by a cognizant command official can be electronically scanned and submitted via E-mail to [MILL NavyCasualty@navy.mil](mailto:MILL NavyCasualty@navy.mil). This mailbox will automatically distribute the PCR to offices involved in the casualty process including regional casualty coordinators. Be sure to include your chain of command as info addressees on the E-mail. Additionally, include the full name, rank, title, and telephone number of the approving official. **Submit PCR within 4 hours by commander, commanding officer (CO), or immediate superior in command (ISIC) of a member who suffers the casualty.**

b. If the reporting command does not have E-mail/fax capability, submit PCRs by immediate precedence message within 4 hours by commander, CO, or ISIC of a member who suffers the casualty. Submit PCR to **COMNAVPERSCOM MILLINGTON TN// PERS-621//**. This message PCR will be routed internally via E-mail to [MILL NavyCasualty@navy.mil](mailto:MILL NavyCasualty@navy.mil). This mailbox will automatically distribute the PCR to all the offices involved in the casualty process including regional casualty coordinators. Be sure the appropriate chain of command is included on the PCR as info addressees.

c. If a casualty occurs to a member while away from member's command, the local Navy activity apprised of the circumstances shall verify the casualty, and notify the member's command and Navy Personnel Command (NAVPERSCOM) (PERS-621).

d. For all casualties, fax a copy of the member's NAVPERS 1070/602 (7-72), Record of Emergency Data; and SGLV 8286 (9-02), Servicemembers' Group Life Insurance Election and Certificate to **NAVPERSCOM (PERS-62) at (901) 874-6654 or DSN 882-6654**. After-hours, fax documents to the **NAVPERSCOM Duty Office at (901) 874-2652 or DSN 882-2652**. Faxing of these documents can and should precede submission of the PCR.

e. In cases where the member's command is unknown, the naval activity shall inform NAVPERSCOM of the death (with JAG as an information addressee). Include the statement the member's command is unknown, and request the member's command be notified and instructed to make the complete report. Any supplemental messages should indicate the member's name and social security number in the subject line.

### 3. Personnel Casualty Report Format and Amplifying Instructions

CASUALTY REPORTING COMMAND:  
DATE/TIME GROUP:  
TYPE OF CASUALTY: Death/Missing  
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.  
CHARLIE: Hostile (KIA/POW) - Non-Hostile (peacetime casualties)  
DELTA: Date - local time of casualty incident - place Circumstances of casualty incident: Cause of death:  
ECHO: Location of remains: funeral home 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., children by former marriage)  
GOLF: Notification of next kin: PNOK: Date - time - notified by whom  
SNOK: Date - time - notified by whom  
HOTEL: N/A  
INDIA: Date of Dependency Application/Record of Emergency Data

### 4. Amplifying Instructions

a. **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).

b. **BRAVO**

(1) **Status and duty station:** Active duty, active duty for training, inactive duty training; point of contact; telephone number (if appropriate) and Unit Identification Code (UIC).

(a) If duty station is a deployable unit, also furnish UIC of command where unit is currently located.

(b) If member has been an unauthorized absentee in excess of 30 days and through an administrative oversight had not been declared a deserter, the mark of desertion shall be retroactively entered in the member's field record.

(c) In the case of active duty for training or inactive duty training, indicate period for which such training was authorized.

(d) If the casualty occurs en route to or from active duty for training or inactive duty training or after discharge or release of a member of the USN or USNR from a period of active duty indicate the

- hour on which the member began to proceed or return.
- hour on which member was scheduled to arrive or the hour which member ceased to perform such duty.
- method and manner of travel employed.
- itinerary.
- immediate cause of death (when known).
- duty station.

(2) Complete copies of orders shall be mailed immediately to NAVPERSCOM (PERS-621). If the casualty is in an absentee status, indicate commencement of absence, and, if absence exceeds 30 days, indicate whether the casualty had been officially declared a deserter.

c. **CHARLIE**

(1) **Type of casualty:**

(a) **Hostile** - Killed in Action (KIA), Missing in Action (MIA), Duty Status - Whereabouts Unknown (DUSTWUN), or Died of Wounds received in Action (DOW).

(b) **Non-Hostile** - DUSTWUN, Missing or deceased (if deceased, state cause). If death was the result of a previously sustained injury or illness, specify that fact.

(c) Do not report only the immediate cause, such as "coronary arrest," when death was, in fact, the result of major injuries sustained at a prior time. Indicate whether the casualty is considered dead, DUSTWUN, or missing.

(d) Do not use indefinite statements such as "Lost Overboard" or "Missing and Presumed Dead."

(2) A report of change of status shall be submitted in those cases where a member originally listed as an absentee or deserter is subsequently found to be missing or dead. When applicable, indicate how identification was established.

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

(1) If a motor vehicle accident, specify type of vehicle (car, truck, motorcycle, etc.), whether single or multiple vehicle accident, whether member was the driver or a passenger, and list all other servicemembers and family members involved in the accident.

(2) If at sea or in a remote area, state latitude and longitude unless security precludes. Give concise, but ample, explanation of circumstances surrounding the casualty for immediate explanation to the next of kin (NOK).

(3) Whenever the circumstances or cause of death are not immediately known, furnish details by supplemental message as soon as possible. Graphic details concerning the death or details 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 NAVPERSCOM, Bureau of Medicine and Surgery (BUMED), Casualty Assistance Calls/Funeral Honor Support (CAC/FHS) Program Coordinator who has cognizance over the geographical area where the NOK reside, and the command assigned to provide the Casualty Assistance Calls Officer.

(4) If more than one, but not more than 15 casualties are involved, include in the first casualty report the name, rank/rate, social security number, designator for an officer,

and casualty status of others involved. Casualties in excess of 15 should be reported as provided in MILPERSMAN 1770-100.

e. **ECHO**

(1) **If deceased:**

(a) Provide location and disposition of remains.

(b) Give complete name, telephone number, and address of mortuary or funeral establishment where remains are located. Medical/dental records (on all continental United States (CONUS)/overseas fatalities) are to accompany the remains until positive identification is established; thereafter, the records are to be mailed to NAVPERSCOM (PERS-621).

(c) If remains are to be transferred to another establishment, give name and address of such establishment and when transfer will be made. Include disposition instructions of NOK when known.

(d) If remains are not recovered, state this and advise status of search.

(2) **If Seriously Ill or Injured:** Provide condition and prognosis: Condition (terminally ill, serious, or very serious) and prognosis (guarded, poor, fair, good, excellent). Always state if presence of NOK is medically warranted. Medical officer shall determine if condition of patient is of such nature as to necessitate presence of NOK. If member is in imminent danger of loss of life, state this.

(3) **If DUSTWUN or Unaccounted-for:** See MILPERSMAN 1770-020.

f. **FOXTROT**. **Primary and secondary next of kin** (PNOK/SNOK) as defined in MILPERSMAN 1770-010: Full name, address, and relationship to the member. If NOK is involved in the same accident and injured or killed, state casualty status and present whereabouts. If there is no SNOK indicate this fact. When parents reside together they should be reported together as either PNOK or SNOK as appropriate. List full name of each parent or indicate if either is deceased.

g. **GOLF**. **NOK notification:** State whether or not both PNOK and SNOK have been officially notified in person by a naval

representative. If both PNOK/SNOK are aware of the casualty, advise how notification was made.

h. **HOTEL**

(1) If casualty occurred in a hostile fire zone or area authorized overseas pay, enter date the member commenced the current tour.

(2) If the member is serving on an extension of normal tour, the date must be followed by the notation "(EXTENSION)."

(3) If casualty was "not the result of hostile action" but occurred in a hostile fire zone, it must be so noted.

(4) In the case of a Seriously Ill or Seriously Injured person, provide:

(a) Hospital where patient transferred.

(b) Name and telephone number of point of contact (POC) at hospital.

(c) If evacuation to CONUS is contemplated, state estimated time of arrival, and request cognizant command inform the Armed Services Medical Regulating Office (ASMRO) or a Joint Medical Regulating Officer (JMRO), as appropriate.

(5) Enter N/A in all other cases.

i. **INDIA**

(1) **Record of Emergency Data and Servicemen's Group Life Insurance (SGLI) Election Form:** Specify dates of latest NAVPERS 1070/602 (or DD 93 (8-98), Record of Emergency Data) and SGLI election form. Immediately fax those forms to:

**Primary Casualty Response Branch (PERS-621)**  
**NAVPERSCOM**  
**(901) 874-6654**  
**DSN: 882-6654**

**NAVPERSCOM Duty Office After Hours**  
**(901) 874-2652**  
**DSN: 882-2652**

Additionally, mail a copy of that form separately from the service record and indicate date mailed to:

**Navy Personnel Command (PERS-621)  
5720 Integrity Drive  
Millington, TN 38055-6210**

(2) In the case of a seriously ill or seriously injured person, provide disposition of records and personal effects specifying the location and disposition of the member's service, health, and pay records; and location of personal effects.

5. **Special Information**

a. Initial PCR need not be complete but must include the member's name, SSN, rank/rate, casualty status, cause and circumstances, and if known, NOK information and if NOK have been notified. Supplemental reports can be submitted as necessary. The key is to promptly engage the casualty assistance chain of command.

b. Telephonic reports of casualties do not replace the requirement to submit a PCR. A PCR must be submitted within 4 hours of learning of the event. While a telephone call to the NAVPERSCOM Duty Office or NAVPERSCOM (PERS-62) will alert them to the casualty, the PCR is required.

c. A classified SITREP does not replace the PCR. A PCR must be submitted via unclassified means.

6. **Service Records Disposition:** Estimated date service record to be closed out and forwarded to NAVPERSCOM (PERS-621). (The notation "DECEASED" or "DUSTWUN," as appropriate, should be printed in large letters diagonally across the service record cover prior to mailing. Indicate on bottom left side of mailing envelope "DO NOT OPEN IN MAIL ROOM.")

a. Medical/dental records disposition:

(1) **Missing member:** Mail records to NAVPERSCOM (PERS-621) in same manner as service record.

(2) **Deceased member:** Print the word "deceased" in large letters diagonally across each record cover. Immediately below it, affix an adhesive-backed label on which you have typed the annotation "upon completion of positive identification, mail

this record to Navy Personnel Command, 5720 Integrity Drive, Millington, TN 38055-6210."

b. If available, a copy of the Civil Death Certificate should be placed in the medical record. If the cause of death is different from that reported on the PCR, advise NAVPERSCOM of the change by message. If the Civil Death Certificate becomes available after the medical record is no longer available, mail certificate to:

**Navy Personnel Command  
5720 Integrity Drive  
Millington, TN 38055-6210**