# MILPERSMAN 1770-030

## PERSONNEL CASUALTY REPORT PROCEDURES

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| References | (a) DoD Instruction 1300.18 of January 2008<br>(b) OPNAVINST 1720.4A<br>(c) OPNAVINST F3100.6J |
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1. **Requirements for Submission**.  Casualty reporting, as required by reference (a), shall be accomplished using the Personnel Casualty Report (PCR), and shall be submitted to Navy Personnel Command (NAVPERSCOM), Casualty Assistance Branch (PERS-13) as soon as practicable after learning of a casualty, preferably within 4 hours.  The following casualties shall be reported via PCR:

   a.  Death of an active duty or reserve Sailor, to include U.S. Naval Academy midshipmen, or dependent;

   b.  Death of a Department of Defense (DoD) civilian employee or DoD contractor as a result of hostile or non-hostile action outside the continental United States (CONUS), or the result of hostile action within CONUS;

   c.  Death of a 120-day disability retired member;

   d.  Injured or ill persons that meet the following criteria:

      (1) Very seriously wounded, very seriously ill, or very seriously injured (VSI).  Per reference (a), this status is used when medical authority declares that death is more likely than not to occur within 72 hours.

(2) Seriously wounded, seriously ill, or seriously injured (SI).  Per reference (a), this status is used when medical authority declares that death is possible, but not likely to occur within 72 hours, or that the severity is such that the condition is permanent or life-altering.  Illnesses or injuries that are considered long term, and may require extended hospitalization, shall also be reported.

(3) Not seriously wounded, ill, or injured shall be reported for injuries or illnesses that occur in-theater.

(4) Terminally ill.  Terminally ill Sailors shall be reported as VSI or SI with appropriate comments in the remarks section.

e.  Duty status-whereabouts unknown (DUSTWUN), or missing active duty personnel or DoD civilians.  Follow-on requirements for this category are discussed in MILPERSMAN 1770-020.

2.  **Other Considerations**

a.  **Suicide and Suicide Related Behaviors**.  Suicides and suicide related behaviors which result in VSI, SI, or extended hospitalization shall be reported via PCR.  Additional reporting requirements can be found in reference (b) and MILPERSMAN 1770-090.

b.  **Additional Reporting**.  Submission of a PCR does not satisfy the operational reporting requirements specified in reference (c).

c.  **Dependent Death**.  The timely reporting of a dependent death will facilitate follow-on actions; however, compliance with the reporting requirements delineated in paragraph 4 is not mandatory.  Following the submission of the PCR, consult MILPERSMAN 1741-030 for further guidance.

d.  **Mass Casualty/Naval Disaster**.  An event that causes injury or death to more than 15 persons often garners media attention quickly.  Commands that experience such an event must work quickly to ascertain as much information as possible about injured or deceased members, using the quickest method available, to allow for rapid notification of primary next-of-kin.  Full names and status (injured, deceased, unaccounted for) are priority; additional information is important, but should not delay submission.  NAVPERSCOM (PERS-13) and the NAVPERSCOM

Crisis Action Team are equipped to help identify next-of-kin quickly in the event of such a disaster.  Updated information can be submitted in the same fashion; however, if time allows, updated reports must be submitted through the primary method outlined in paragraph 5.

**Note**:  Submission of names and status to NAVPERSCOM (PERS-13) does not satisfy requirements in reference (c).

    e.  Other Services.  Commands may report death or injury of other military service personnel through the same method described in paragraph 5.  Commands shall indicate the Armed or Uniformed Service of the member in the remarks section of the report.  NAVPERSCOM (PERS-13) will channel the report to the proper Service and ensure the command receives confirmation of the report.

3.  **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 NAVPERSCOM (PERS-13) via a PCR.

4.  **Reporting Requirements**.  Commands should strive to submit initial PCRs within 4 hours, but not longer than 12 hours per reference (a).  Telephonic reports and or other official messages required by reference (c) do not satisfy the requirement to submit a PCR.  When using the method directed in paragraph 5, required fields are identified, though commands are encouraged to be as thorough as possible.

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

5.  **Reporting Procedures**

    a.  **Defense Casualty Information Processing System (DCIPS)**. Casualties shall be reported via DCIPS using the DCIPS casualty reporting (DCIPS-CR) function.  Any person with a common access card may access DCIPS-CR through one of the following URLS: https://dcsa.hrc.army.mil/pcr, https://dcsb.hrc.army.mil/pcr, https://dcsc.hrc.army.mil/pcr or https://dcsd.hrc.army.mil/pcr. Use the DCIPS-CR link in the upper left hand corner.

A comprehensive user's guide can be found on the Navy Casualty Web page on the NAVPERSCOM Web site: https://www.mynavyhr.navy.mil/Support-Services/Casualty/

b. **Additional Documents**.  Inclusion of the following documents will ensure prompt actions pertaining to notification and benefits processing.  Do not delay initial report if documents are not readily available.

(1) NAVPERS 1070/602 Dependency Application/Record of Emergency Data or DD 93 Record of Emergency Data; and

(2) SGLV 8286 Servicemembers' Group Life Insurance Election and Certificate.

c. **Copies**.  Due to system constraints, only the member who submits the PCR in DCIPS will have direct access to the report, unless authorized per paragraph 7.  Commands are encouraged to have the member print the report and retain for reference.

d. **Bandwidth Limitations**.  Should a reportable casualty occur during a time of limited or no bandwidth, the command shall submit a voice report of the casualty concurrent with the appropriate report, per reference (c), to their ISIC or operational commander.  Commanders shall subsequently enter the report into DCIPS.

e. **Emergency E-Mail Procedure**.  As an emergency capability, commands may send an encrypted e-mail with pertinent reporting information to: Mill NavCas Duty@navy.mil.  Report shall include reporting command information and required fields identified on page 5 of the DCIPS reporting guide.  Additionally, commands may attach necessary documents to the encrypted e-mail.

6. **Supplemental Reporting**.  Submit a supplemental PCR

a.  to update, add, or correct any information reported on the initial PCR; or

b.  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).

7.  **Access to Casualty Reports**.  Commands requiring regular access to reported casualty information must submit OPNAV 5239/14 System Authorization Access Request-Navy (SAAR-N) "by name" for each individual requiring access.  Upon access approval, the system will notify the individual via e-mail of an existing report.  Individuals will be required to access DCIPS to retrieve report details.  Additionally, individuals who are granted access to DCIPS are required to access the database once every 30 days to prevent system lockout.