



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE HEADQUARTERS GROUP
I MARINE EXPEDITIONARY FORCE
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GruO 3040.1
CACR
1 Apr 13

GROUP ORDER 3040.1

From: Commanding Officer
To: Distribution List

Subj: CASUALTY AND SERIOUS INCIDENT REPORTING PROCEDURES

Ref: (a) MCO P3040.4E
(b) MCO 5740.2F

Encl: (1) Personnel Casualty Reporting Procedures
(2) Serious Incident Reporting Procedures
(3) I MHG SIR/PCR Information Flow Chart
(4) I MHG Incident Reporting Matrix
(5) Casualty Action Checklist

1. Situation. In the past, I Marine Expeditionary Force Headquarters Group (MHG) Major Subordinate Elements (MSE) prepared and released Personnel Casualty Reports (PCR) and Serious Incident Reports (SIR). This Order will serve to consolidate the process of releasing PCRs and SIRs to the I MHG Commanding Officer (CO) level.

2. Mission. To ensure that appropriate personnel casualties and serious incidents within I MHG are reported in an accurate and timely manner to higher headquarters and external agencies.

3. Execution

a. Commander's Intent. Preparation of the messages will remain at the MSE level, but will be routed to I MHG for CO approval and releasing authority. Prompt and proper casualty and serious incident reporting requires attention to detail and effective administration at all levels of command. The decision to report an incident to higher headquarters rests exclusively with the CO or his designated representative, the Executive Officer (XO). The I MHG Casualty Assistance Command Representative (CACR) will coordinate and release casualty and serious incident reports based on information provided by commanders. The procedures and templates contained in enclosures (1) through (5) are included for MSE use preparing reports and passing information to the I MHG CACR.

b. Concept of Operations

(1) During Working Hours. Should an incident occur requiring either a PCR or SIR, commanders should immediately notify the I MHG Commanding Officer during working hours.

(2) After working hours, organizations will notify the I MHG Command Duty Officer (CDO), via the Duty Officer chain. The CO/XO will then decide the proper method for reporting the incident.

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c. Tasks

(1) Commanding Officers

(a) Incident Reporting - Marine Corps Personnel. Commanders, or their designated representatives, will ensure the I MHG Commanding Officer is notified immediately of serious incidents or casualties. Enclosures (1) and (2) list categories of reportable casualties and SIR reportable incidents.

1. During Working Hours. Notify the Commanding Officer by telephone, via chain-of-command. Following notification, the reporting unit is required to email the draft PCR/SIR to the I MHG CACR and notify the I MHG XO via telephone at 725-2689. Gather pertinent data and submit what is known immediately. Information must be received by the I MHG Command Deck no more than 30 minutes after initial notification. Follow up with supplemental information as it becomes known.

2. After Working Hours. Notify the I MHG CDO by telephone, via Duty Officer chain. Following notification, the reporting unit is required to email the draft PCR/SIR to the I MHG CACR. Gather pertinent data and submit what is known immediately. Information must be received by the I MHG Command Deck no more than 30 minutes after initial notification. Follow up with supplemental information as it becomes known.

(b) Incident Reporting - Navy Personnel. If the casualty is a Navy member, after contacting the Commanding Officer, contact the Navy Personnel Support Detachment (PSD). The I MHG Commanding Officer **MUST** approve the draft message PRIOR to release.

1. During Working Hours. During working hours, call I Marine Logistics Group (I MLG) Navy at (760)725-6720 or (760)763-4372.

2. After Working Hours. After working hours, contact the I MLG Duty at (760)725-5966 and ask for a representative regarding information for a sailor's next of kin who will then contact Group Navy for required information.

(c) Next of Kin Notification. Commanders will also institute casualty assistance calls officer (CACO) training and assign CACOs as necessary. When the casualty's primary next of kin (PNOK) reside within 75 miles of Camp Pendleton, the parent unit will coordinate PNOK notification and the CO will designate a CACO to assist the PNOK with matters described in chapters 2 and 3 of reference (a). When the Marine's PNOK resides outside the 75 mile limit, the CACO may be assigned by HQMC Casualty Branch and the guidance in reference (a) applies. Chapter 2 of reference (a) will assist CACOs with their responsibilities.

(d) Supplemental Information. Commanders will submit supplemental information to the initial personnel casualty report (PCR) or serious incident report (SIR) as it becomes known. When directed by the CO, the I MHG CACR will report supplemental information to higher headquarters.

(e) Notification of Staff Personnel

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1. Commanders will ensure that the Public Affairs Officer is immediately informed of incidents reported via the SIR.

2. Commanders should consult the Security Manager in cases where the Marine's continued access to classified material may be in question.

(2) I MHG Casualty Assistance Command Representative (CACR)

(a) The I MHG CACR is responsible for coordinating and releasing reports.

(b) When authorized by the Commanding Officer, make telephonic notification of casualties to higher headquarters.

(4) I MHG Command Duty Officer (CDO)

(a) Upon being notified of a casualty or serious incident, and prior to alerting higher headquarters, notify the CO and I MHG CACR.

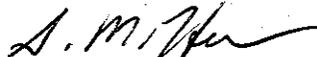
(b) Notify and work closely with the I MHG CACR to gather and report information.

4. Administration and Logistics. This Order should be reviewed in its entirety as this is a significant change to the I MHG SIR and PCR reporting procedures.

5. Command and Signal

a. Command. This I MHG Order is applicable I MHG and its Major Subordinate Elements.

b. Signal. This Order is effective the date signed.


S. M. HANSON

Distribution: A
CO, HQCO, I MHG

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PERSONNEL CASUALTY REPORTING PROCEDURES

1. General Policy. Commanders at all levels will designate personnel to assist with the administration and handling of casualty reporting. Their designated personnel should thoroughly familiarize themselves with reference (a) of this Order.

2. Personnel Casualty Report (PCR)

a. Definition. The PCR is the primary source of casualty information. It is used to notify the next of kin (NOK) of the casualty's status. Time and accuracy are both high priorities when completing a PCR.

b. Preparation and Submission. Every possible consideration should be given to ensure expeditious gathering and release of information. If all information is not known, send what is known, and continue to seek the missing information.

c. Supplemental PCRs. Submit supplemental PCRs as additional information becomes available, when information contained in the original PCR is found to be incorrect, or when the condition of the casualty changes. The I MHG XO or CDO must be notified on the above listed occasions in the same manner as the initial PCR.

d. Mass Casualties. If five or more casualties result from the same incident, see chapter 3 of reference (a) for mass casualty procedures.

e. Marines Medically Evacuated (MEDEVACED) from an Area of Operations (AO). This category pertains to Marines who are participating in "real world" operations, and it does not pertain to casualties that occur aboard military installations in the continental United States. For casualties who warrant a report solely under this category, the casualty status will be reported as MEDEVAC on line two of the PCR, and the location to which the casualty was MEDEVACED will be entered on line 13. A CACO will not be assigned to notify NOK of Marines in fair or good condition; however, the Marine will be highly encouraged to personally notify their NOK.

3. Submitting the PCR

A. Reporting Unit. Each reporting unit in the I MHG is responsible for notifying the I MHG Commanding Officer and preparing a draft initial PCR/SIR messages for approval and release by the I MHG CACR. This capability must be maintained 24 hours a day. Enclosures (2) and (4) are included to assist in gathering information for preparing the draft PCR/SIR.

b. Activity First Learning of the Casualty. If a casualty is en route to a new permanent or temporary duty station, the Marine Corps activity first learning of the casualty will immediately inform the casualty's new command by telephone and submit a PCR with the new duty station as an information addressee.

4. Categories of Reportable Persons

a. Marines on Active Duty. All Marines on active duty and reservists in an active duty status or en route to or from a prescribed period of active

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duty training will have a PCR completed on them if they fall into one of the following categories.

(1) Deceased (regardless whether the death occurred in the line of duty or not).

(2) Condition of seriously ill or injured, very seriously ill or injured, or grave, as determined by a physician. Stable is not a condition. If the duty nurse or physician uses "critical" as a condition, prepare a PCR template. Try to have the duty nurse provide an equivalent condition using the categories previously described.

(3) Physician verified suicide attempt or gesture (suicide ideations do not require a report).

(4) MEDEVACED out of AO (see paragraph 2e of this enclosure).

(5) Severe injuries such as loss of sight or limb (partial loss of a finger is not reportable unless it is cut off below the second joint), paralysis, or permanent and unsightly disfigurement of a portion of the body exposed to public view (reported regardless of condition).

(6) Incurable or terminal disease, excluding Acquired Immune Deficiency Syndrome, unless it meets the merits of another reportable occasion (reported regardless of condition).

(7) Diagnosed psychotic condition requiring hospitalization.

(8) Death of a Marine's dependent(s).

b. Non-reportable Casualties. A casualty is not reportable when it does not fall into one of the previously mentioned categories, and the Marine is able to communicate with his or her NOK. A Marine who is ill or injured should be highly encouraged to contact family members.

5. Additional Considerations

a. Death

(1) Time is of primary importance when preparing a death PCR. The PCR must be completed so NOK notification can be made. If difficulties arise in completing a death PCR in its entirety, complete a hasty PCR.

(2) Commanders and their representatives should thoroughly familiarize themselves with reference (a) and ensure all requirements for death cases are met. These include but are not limited to: assigning a casualty assistance calls officer and making notification if the NOK lives within a 75 mile radius of the duty station, pending an escort for the remains, providing information to Marine Corps Base Camp Pendleton Decedent Affairs, and writing condolence letters.

b. Non-death. Commanders and their representatives should ensure they understand and are capable of meeting the additional requirements that may result in non-death cases.

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c. Suicide Attempts and Gestures. Only physician verified suicide attempts and gestures are reportable, "ideations" are not. The PCR must state whether the Marine wants the NOK notified. If the Marine does not want notification made by the command, he or she should be highly encouraged to make personal notification. If the Marine is physically or mentally incapable of making the decision, notification is required. If the Marine chooses to make notification, state this fact in the PCR and include the time and date notification was made.

d. PNOK Bedside Orders. Unit adjutants will work with HQMC (MRC) to prepare invitational travel orders for PNOK to travel to the bedside of seriously ill or injured Marines. Commanders, or their designated representatives, will obtain letters from the attending physician and the hospital administrator. These documents are required before HQMC will favorably consider requests for funded bedside travel for a Marine's PNOK.

6. Notification

a. Commanders will personally notify the PNOK in the following circumstances:

(1) The PNOK lives within a 75 mile radius of the unit.

(2) In imminent death cases, reference (a) allows telephonic notification to be made. However, only those personnel authorized by MFPC are authorized to make the notification.

(3) When directed by CMC.

b. In cases where the command will make notification, the notification should be made within 12 hours of the incident. It should not be made between the hours of 2400 and 0500, unless the situation is urgent. Additionally, it is important to note that both parents will always be notified regardless of standing as PNOK or SNOK or their marital status.

7. Weekly Updates. Unit commanders or their designated representative (usually the adjutant) will submit weekly PCR updates to the I MHG CACR by 1600 each Tuesday. The report must be submitted by all units who have active PCRs (PCRs where the Marine is in less than fair condition).

SERIOUS INCIDENT REPORTING PROCEDURES

1. General Policy. Commanders at all levels will designate personnel to assist with the administration and handling of serious incident reports. Their designated personnel should thoroughly familiarize themselves with reference (b) of this Order.

2. Serious Incident Report (SIR)

a. Definition. The SIR is the primary source for notifying higher headquarters of the occurrence of a serious incident. Timeliness and accurate information are the highest priorities when completing the SIR, since reference (b) requires telephonic notification within 15 minutes of the incident occurring.

b. Preparation and Submission. When an SIR is required, the reporting unit must submit a draft SIR to the I MHG CACR. This capability must be maintained 24 hours a day. Commanders must ensure duty personnel have the knowledge and materials necessary to complete the SIR.

c. Supplemental SIRs. Submit supplemental information as it becomes available or when information contained in the original SIR is found to be incorrect. The I MHG CACR or CDO must be notified on the above listed occasions in the same manner as the initial SIR.

3. Reportable Incidents. SIRs will be completed on all Marines and Sailors of I MHG when they are the victim or suspect in one of the following incidents.

a. Any incident of a military or political nature, domestic or foreign, that involves individual Marine Corps personnel, units or installations not previously reported by other OPREP-3 reporting requirements, and may result in local or national official reaction or civilian media cover.

b. Any felony arrest or incident that may result in domestic or foreign criminal jurisdiction over Marine Corps or Navy personnel or their dependents or may arouse public or congressional interest.

c. Any event or incident occurring on-duty, resulting in death or disability of Marine Corps personnel or civilians, or resulting in \$200,000 or more in total property damage.

d. Any incident arising from a Marine Corps operation (including training exercises) involving explosives, live-fire, or a combat chemical agent, on or off base, resulting in death(s) or the hospitalization of individuals resulting in lost time, injury or reportable property damage.

e. Any aircraft mishap resulting in death or extensive damage to military or civilian property (any class A, B, or C mishap).

f. Any incident of a large scale civil disorder involving Marine Corps personnel, units or installations.

g. Any event or incident arising from acts of nature (destructive weather conditions, fire, earthquakes, etc.) that severely delays or cancels

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an operation or training evolution, or poses a serious threat to life or property.

h. Any incident resulting in loss or compromise of classified information that may compromise operational plans.

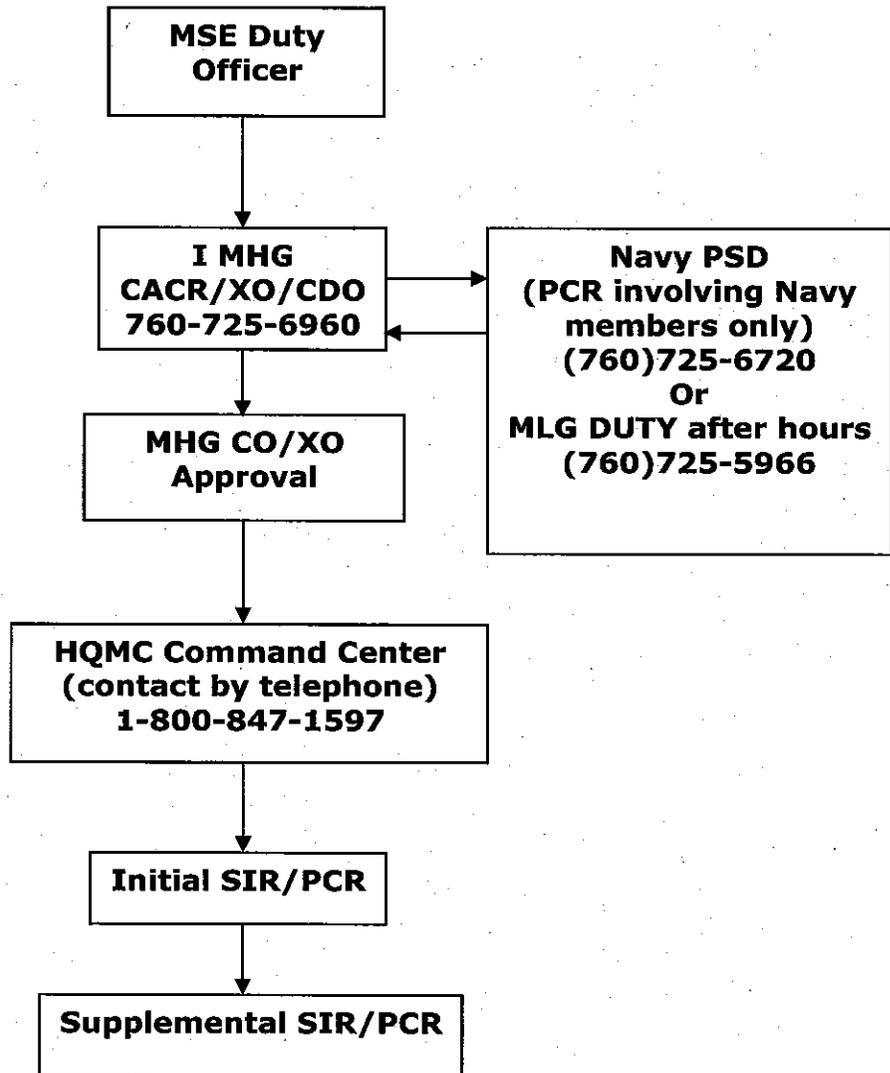
i. Any act or incident of actual or suspected covert action against any Marine Corps or Navy unit or installation.

j. Any incident of an epidemic or widespread disease.

k. Racial or ethnic incident. Death or personal injury requiring hospitalization, property damages exceeding \$1,000, security or react force alerted, riotous or rebellious acts or overtly contemptuous acts by a group toward military authority, racist organization involvement identified, or racial or ethnic climate.

7. Weekly Updates. Commanders will submit weekly SIR updates to the I MHG CACR by 1600 each Tuesday. The report may be submitted by telephone or fax. The report must be submitted by units who have active SIRs (any SIR on a Marine who has not been separated or had the incident fully resolved).

I MHG SIR/PCR INFORMATION FLOW CHART



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CASUALTY CHECKLIST

Marine: _____ Date: _____

Unit: _____ Time: _____

PCR #: _____

_____ Casualty Occurs

Date/Time: _____

_____ Casualty Type: NSI / SI / VSI / DUSTWUN / DECEASED / SPECPAT (Medical Authority assigns)

_____ Notifications (per reporting matrix)

_____ CACR

_____ BN CO _____ I MHG CO _____ Company CO

_____ BN XO _____ I MHG XO _____ Company XO

_____ BN SGTMAJ _____ I MHG SGTMAJ _____ Company 1STSGT

_____ NAVY PSD (760)725-6720/(760)763-4372 or I MLG Duty (760)725-5966
(if a Sailor)

_____ HQMC Casualty Branch (800)847-1597

_____ SWO

_____ Prepare PCR/SIR

_____ CACO Team notification (assigned by HQMC if VSI/DUSTWUN/DEATH)

_____ NOK Notified (Based off of RED)

FOR FOLLOW-UP:

_____ Invitational Travel Orders (ITOs) to bedside/memorial (as needed)

_____ Prepare CO Condolence Letter (In case of Death)

_____ Notice of Investigation Letter (In case of Death)

_____ Personal Effect Inventoried and sent to CACO (Assigned by Command)

_____ Medical and Dental copied to files (certified copies of relevant documents only)

_____ Medical and Dental records sent to 22 Area IPAC (in case of Death)

_____ Supplemental PCRs as directed/needed