



DEPARTMENT OF THE NAVY

COMMANDING OFFICER
TRAINING SQUADRON TWENTY-SEVEN (VT-27)
411 BATAAN ST SUITE A
CORPUS CHRISTI TX 78419-5245

VT-27INST 1771.1G

16 MAR 2011

TRAINING SQUADRON TWENTY-SEVEN INSTRUCTION 1771.1G

Subj: CASUALTY ASSISTANT CALLS PROGRAM (CACP)

Ref: (a) OPNAVINST 1770.1A
(b) MILPERSMAN 1770.160
(c) Marine Corps Casualty Procedures Manual (MCO P3040.4E)

Encl: (1) Procedures for CACO Calls
(2) Emergency Data Sheet

1. Purpose. To establish and coordinate the responsibilities of the various officers who must act promptly and efficiently in the event of death, serious injury, or missing status of personnel under the jurisdiction of this command. The Administrative Officer and all Casualty Assistant Calls Officer (CACO) shall thoroughly familiarize themselves with references (a) through (c).

2. Cancellation. VT-27INST 1771.1F

3. Action. This instruction applies when personnel under the jurisdiction of the Commanding Officer:

- a. Die from injuries or natural causes.
- b. Are missing under circumstances indicating doubt as to their safety (except UA).
- c. Are so seriously injured or ill that they are unable to communicate to their next of kin.

4. Responsibilities.

a. The Commanding Officer shall:

- (1) Designate a primary and one alternate CACO in writing.
- (2) Upon notification of casualty, assign a case CACO from the list of designated CACO's.
- (3) Utilizing Enclosure (2), ensure Emergency Data Sheet requests are implemented.

b. Administration Officer shall:

- (1) Ensure all administrative responsibilities regarding casualty are completed.

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(2) Ensure all messages regarding casualty are properly submitted.

(3) Ensure all squadron personnel have an updated Emergency Data Sheet on file in the Administration Department.

(4) Ensure the security/privacy of all Emergency Data Sheets.

c. Primary CACO Officer shall:

(1) Ensure the CACO binder is up to date with current instructions.

(2) Ensure Emergency Data Sheets are on file in the Administration Office.

(3) Ensure that alternate CACO's are knowledgeable of their duties outlined in references (a) through (c).

(4) If assigned as the case CACO, comply with duties required in reference (a).

d. Alternate CACO Officer shall:

(1) Assist primary CACO as required.

(2) If assigned as the case CACO, comply with duties required in reference (a).


D. G. CASE

Distribution:
VT-27INST 5216.2H

PROCEDURES FOR RECEIVING CASUALTY CALLS

Ref: (a) VT-27INST 1771.1F

1. These instructions apply when personnel under the jurisdiction of the Commanding Officer:

- a. Die from injuries or natural causes.
- b. Are missing under circumstances indicating doubt as to their safety (except UA).
- c. Are so seriously injured or ill that they are unable to communicate to their next of kin.

2. When receiving a Casualty Call be sure to record the following:

- a. Time of call: _____
- b. Caller's Name: _____
- c. Phone number and location: _____
- d. Name and condition of personnel involved: _____

- e. Details of incident: Location: _____
Are medical personnel present? Yes No
Are the police involved? Yes No
If witnesses were present, list names and recall numbers:

Were civilians injured or killed? _____
Brief description of incident: _____

- f. Who else has been notified? _____

3. Verify the call by calling the informant back immediately after taking the information.

4. Call the CDO before notifying the CO. The CDO will coordinate further actions necessary in accordance with reference (a).

5. Be prepared to assist the CDO with an OPREP-3 report.

EMERGENCY DATA SHEET

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C S301; 10 U.S.C S6161; 10 U.S.C S2774

PURPOSE: The purpose of this form is to augment the VT-27's efforts in the notification of your next of kin in the event of your injury or untimely death. The requested information is not intended to replace your Service Record, but to aid VT-27 in meeting your wishes and assisting your next of kin. The contents of this document will remain strictly confidential. It will be kept in a secured space and will only be available to you for updating or designated squadron personnel should the need arise.

ROUTINE USES: In addition to being used for the purpose indicated above, information from the Emergency Data Sheet may be released to the officials and employees of the Veteran's Administration, Navy Relief and American Red Cross related to the eligibility, notification, and assistance in obtaining benefits for your dependents and relatives.

MANDATORY OR VOLUNTARY DISCLOSURE: All VT-27 members MUST provide their identification data, names, and addresses of next of kin. All required information is marked with an asterisk (*). Providing all other information is voluntary. If you do not provide all the information requested, military personnel responsible for assisting you and your dependents in the event of an emergency will have greater difficulty assisting and providing benefits and entitlements.

Casualty Assistance Call Program (CACP): The command CACO Officer is the Primary Officer and you may choose another individual (E7 or above) to act as the Alternate Casualty Assistance Call Officer (ACACO). That individual would assist the CACO from VT-27/MATSG with handling your personnel property, family requests and all other pertinent matters required. The ACACO may be a fellow SNA in the area. **Please list the individual you want to assist with your case:**

NAME: _____

PHONE: _____

COMMAND _____

SERVICE MEMBER INFORMATION:

*NAME: _____

*Rank/Rate _____

*SSN: _____ *Branch: _____ *Local Telephone: _____

*Local address: _____

Name of your child/children's caregivers or after school program (other than your spouse).

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>

Who is authorized to pick up your child/children from school or daycare (other than you and your spouse)?

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>

Are there any medical conditions your child/children has that those providing assistance should be aware of (i. e., allergy shots, insulin therapy, physical therapy)?:

In the event that you and your spouse are injured or incapacitated, who do you wish to have temporary care of your child/children until your NOK is notified or arrives?

List any important information that should be known (i.e., favorite toy, favorite foods, etc.)

During notification, is there anyone your PNOK would want to accompany the Military representative (i.e., friend, local relative, specific clergyman)?

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>

Does your PNOK have a medical problem that requires the presence of a physician during notification? YES/NO If so, what?

Is there anyone your PNOK does NOT want to see at this time? YES/NO
If yes, Who?

Are there any family and friends in the local area who your PNOK wants notified first after the arrival of the official party?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>

Are there any elderly dependents residing at your home address or at a nearby convalescent home? YES/NO If yes, please provide the following information:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>

Secondary Next of Kin (SNOK) (i.e. parents, grandparents, etc.)

*Name: _____ *Relationship: _____

*Address: _____ *Phone: _____

How do you want your SNOK notified? Personal visit by military representative, clergyman, or friend in their area or a phone call from the CO or supervisor:

Does your SNOK have a medical problem that requires the presence of a physician during notification? YES/NO If so, what?

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Additional Information

This information is voluntary. If you do not wish to provide this information to VT-27, please be sure that someone close to you (other than your spouse) can locate this information.

a. Is there anyone else you want notified after PNOK/SNOK (fiancee, significant other, friend, or former shipmates)?:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE/ADDRESS</u>

b. Location of Last Will and Testament (be specific):

c. Have you given Power of Attorney (POA) to anyone? YES/NO If yes, list who and what type of POA (i.e., General, Specific, Loco Parentis):

d. Location of personal effects other than in your personal residence. Give a description of the items, and their location.

e. Description of vehicle(s): (give make, color, year, state license number and storage location if applicable):

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f. Pets:

(1) Type and name:

(2) Feeding habits:

(3) Veterinarians:

(4) Precautions:

g. Any other information that is relevant that is not requested above:

*SIGNED: _____ *DATE: _____

**ONCE EMERGENCY DATA SHEET IS COMPLETED, SEAL IN WHITE ENVELOPE, PRINT NAME ON FRONT OF ENVELOPE AND SIGN SEAL. TURN INTO CO SECRETARY ONCE COMPLETED. **