



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, WARRIOR TRANSITION BRIGADE- NATIONAL CAPITAL REGION  
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MCAT-WTB-CDR

24 January 2014

MEMORANDUM FOR Warrior Transition Brigade- National Capital Region (WTB-NCR)

SUBJECT: Warrior Transition Brigade- National Capital Region (WTB-NCR) Policy Letter # 14 - Serious Incident Reporting / Commander's Critical Information Requirements

1. REFERENCES.

- a. AR 190-45, Law Enforcement Reporting, 30 Mar 2007
- b. OTSG/MEDCOM Policy Memo 11-043 Protected Health Information in Executive Summaries, Information Paper and Talking paper, 1 June 2011
- c. MEDCOM Supplement 1 to AR 190-45, Serious Incident Report, 11 June 2007
- d. OTSG/MEDCOM Policy Memo 11-013 Commander's Critical Information Requirements, 3 March 2011.
- e. OTSG MEDCOM Policy Memo 10-034 Policy for Reporting Allegations of Misconduct and Investigations, 9 November 2010
- f. DOD 6025.18-R, DOD Health Information Privacy Regulation, Section C8.2.1
- g. FRAGO 2 to MEDCOM OPORD 12-25 (MEDCOM CCIR/SIR) August 2013.

2. APPLICABILITY: This policy applies to personnel assigned to the Warrior Transition Brigade. These reporting requirements are not intended to limit a subordinate unit commander from reporting incidents directly to the WTB-NCR Commander.

3. PURPOSE: To establish procedures for Reporting Serious Incidents (SIR) and the Commander's Critical Information Requirements (CCIR) involving personnel assigned to organizations within the Warrior Transition Brigade.

4. SERIOUS INCIDENT REPORTS: Defined and listed in AR 190-45.

a. Category 1 Serious incidents include incidents that are of IMMEDIATE concern to WTB-NCR Commander, NRMC and MEDCOM.

b. Category 2 Serious Incidents are those which require timely notification to WTB-NCR Commander, NRMC and MEDCOM.

c. Category 3 Serious Incidents are those that are of concern to WTB-NCR Commander, NRMC and MEDCOM.

d. Commanders will report allegations of misconduct, other than minor misconduct as defined below, made against OTSG and MEDCOM personnel MSG above in paragraph 4d, through the NRMC SJA, to the MEDCOM SJA, and to the MEDCOM Commander. This includes any criminal investigation by any law enforcement agency (e.g., CID, NCIS, federal, state or local police) and other investigations into misconduct (e.g., Commanders inquiry, AR 15-6).

e. Allegations of minor misconduct are excluded from this reporting requirement. Examples include minor traffic offenses, failures to repair and minor derelictions of duty. The NRMC SJA will coordinate with the MEDCOM SJA to resolve questions concerning whether an allegation is reportable.

f. All personnel assigned to Warrior Transition Brigade will be familiar with reporting procedures.

g. All Commanders or their designated representatives will ensure that they provide only the minimum necessary Protected Health Information when communicating such information for serious incident reporting purposes. Be sure to consider the Health Insurance Portability and Accountability Act (HIPAA) minimum necessary standards before sending all types of correspondence. Violations of HIPAA can subject employees to severe criminal and monetary sanctions.

h. All Commanders or their designated representatives will ensure they only send CCIR/SIRs to WTB-NCROps and not to NRMC Ops or OTSG/MEDCOM.

5. COMMANDERS' CRITICAL INFORMATION REQUIREMENTS (CCIRs): Defined in FM 101-5 as identifying information needed to make timely critical decisions and to visualize operations within the command. They serve as a filter for information by defining what is important to the Command.

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#### 6. REPORTING TIME REQUIREMENTS:

a. Category 1 incident will be reported within 12 hours of incident.

b. Category 2 and 3 incidents will be reported within 24 hours of incident.

c. CCIR incidents will be reported NLT 12 hours of notification.

d. Do not delay reports pending development of complete information. Send an initial report as soon as possible, and then submit supplemental reports as additional information becomes available at minimum every 24 hours. Ensure all SIRs/CCIRs are closed out with a final report.

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7. REPORTING PROCEDURES: The reporting Unit Commander or designated representative will:

a. Submit SIR electronically to WTB-Operations@health.mil and copy the Brigade Commander, Brigade DCO, Brigade XO, Brigade Surgeon, Brigade CSM, and Brigade S-1 OIC.

b. After submitting SIR, confirm receipt by calling the WTB-NCR Ops OIC at 202-378-0942 or CUOPS at 202-280-9398. These blackberry telephone numbers will be monitored 24 hours a day.

c. WTB-NCR Ops will determine if the SIR meets the specific criteria established by FRAGO 2 to MEDCOM OPORD 12-25 (MEDCOM CCIR/SIR). If the SIR meets category 1, 2, or 3 criteria, WTB-NCR Ops will reformat and consolidate the information into an EXSUM and will complete MEDCOM Form 104-R.

d. WTB-NCR Ops will forward the EXSUM and MEDCOM Form 104-R to NRMC Ops at usarmy.belvoir.medcom-nrmc.mbx.ops@mail.mil and MDW Ops at usarmy.mcnair.mdw.mbx.jfhqncr-joc-cmd-watch-omb@mail.mil.

e. If required, WTB-NCR Ops will follow-up and submit updates to NRMC/MDW Ops in the EXSUM format.

8. The point of contact for this Policy Letter is WTB-NCR S-3 at 301-400-2303

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4 Encls

1. MEDCOM Form 104-R
2. EXSUM
3. MEDCOM/NRMC CCIR criteria
4. MEDCOM/NRMC SIR criteria

  
DANA S. TANKINS  
COL, SC  
Commanding