**QUICK REACTION CHECKLIST**

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| CLASSIFICATION  **UNCLASSIFIED** | | | UNIT  **33FW IMSO** | | CHECKLIST NUMBER |
| TITLE  **UNAUTHORIZED ABSENCE** | | | | | PAGE **1** OF **3** |
|  | | | | | |
| **STEPS** | **ACTIONS** | | | | |
| \_\_\_ 1.  \_\_\_ 2.  \_\_\_ 3. | Confirm Correct Checklist. Date/Time Initiated \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Z  Copy Information:    Notified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notify / call:  \_\_\_\_ ATC Director/Deputy, inform them of potential UA  \_\_\_\_ Missing student  \_\_\_\_ Quarters (Lodging – 882.8761)  \_\_\_\_ Class president or senior ranking officer / fellow students  \_\_\_\_ Base hospital for possible admission/fatality (Emergency Room – 883.8227)  Call local hospitals for possible admission/fatality  \_\_\_\_ Fort Walton Beach Medical Center – 862.1111  \_\_\_\_ Twin Cities Hospital – 678.4131  \_\_\_\_ Sacred Heart’s Hospital – 278.3000  \_\_\_\_ Eglin AFB Security Forces to inquire about unidentified persons which may be your student (882.2502)  \_\_\_\_ AFOSI (882.2152) | | | | |
| REFERENCE  AFI 16-105, Ch 10, Para 10-47 | | DATE (YYYMMDD):  20111011 | | DOWNGRADING INSTRUCTIONS  N/A | CLASSIFICATION  **UNCLASSIFIED** |

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| TITLE  **UNAUTHORIZED ABSENCE** | | | | | PAGE **2** OF **3** |
|  | | | | | |
| **STEPS** | **ACTIONS** | | | | |
| \_\_\_ 4. | Call local law enforcement to inquire about unidentified persons which may be your student  \_\_\_\_ Fort Walton Beach Police Department – 833.9546  \_\_\_\_ Valparaiso Police Department – 729.5400  \_\_\_\_ Niceville Police Department – 729.4030  \_\_\_\_ Crestview Police Department – 682.3544  \_\_\_\_ Okaloosa County Sherriff’s Department – 651.7400  \_\_\_\_ Walton County Sherriff’s Department – 834.4159  \_\_\_\_ Santa Rosa County Sherriff’s Department – 983.1100  After reasonable attempts to determine student where about, student is considered UA – contact ATC Director/Deputy Director and inform them student is now considered UA. Determine who will contact 33FW / 96 TW leadership.  Ensure leadership is aware of high potential for service level and media interest | | | | |
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| TITLE  **UNAUTHORIZED ABSENCE** | | | | | PAGE **3** OF **3** |
|  | | | | | |
| **STEPS** | **ACTIONS** | | | | |
| \_\_\_ 5.  \_\_\_ 6. | Make the following notifications, be prepared to provide the following:   * IMS name (to include known spelling variations and aliases) and country * Effective date/time of UA * Date of Birth * Place of Birth * Last known location * ITO case identification number/WCN * Type of training attending, to include previous training and follow-on * Known travel circumstances (flight arrangements, layovers, etc.) * Information pertaining to events that may have contributed to IMS absence * Known relatives in the United States * Drivers License information * Passport information   \_\_\_\_ Notify AFSAT country desk officer via telephone. If outside normal duty hours, contact Randolph AFB Command Post at 210.652.1859 or DSN 487.1859. Provide follow up record copy report, courtesy copy SAF/IA POC and in-country SCO  \_\_\_\_ Notify area Immigration and Custom Enforcement (ICE) office at 305.207.2001  \_\_\_\_ Notify national ICE office via e-mail – [ctceu@dhs.gov](mailto:ctceu@dhs.gov) Tel 703.235.3413  \_\_\_\_ Notify CAC issuing office and ensure CAC is cancelled for both members and family  \_\_\_\_ As Required, notify local finance office to post UA information to IMS DD Form 1588 to preclude unauthorized payments  \_\_\_\_ Notify base service agencies of UA and ensure services are not provided/stopped  \_\_\_\_ Enter progress message in SAN Web  Provide progress reports as appropriate | | | | |
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| CLASSIFICATION  **UNCLASSIFIED** | | | UNIT  **33FW IMSO** | | CHECKLIST NUMBER |
| TITLE  **CASUALTY NOTIFICATION** | | | | | PAGE **1** OF **3** |
|  | | | | | |
| **STEPS** | **ACTIONS** | | | | |
| \_\_\_ 1.  \_\_\_ 2.  \_\_\_ 3.  \_\_\_ 4.  \_\_\_ 5.  \_\_\_ 6. | Confirm Correct Checklist. Date/Time Initiated \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Z  Copy Information:    Notified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Cause of Casualty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Note**: How the IMSO handles these types of events can have significant impact upon U.S. relations with a particular country. Your care and concern should be focused upon lessoning the IMS’ or country’s need to worry about particular issues so they can focus on the grieving process.  Notify 33FW/ATC leadership, clarify 96 TW notifications. Ensure leadership is aware of high likelihood of CSAF, country, and media interest.  Notify AFSAT country desk officer via telephone. If outside normal duty hours, contact Randolph AFB Command Post at 210.652.1859 or DSN 487.1859. Request upchannel to HAF, SAF, and OSD  Notify Casualty Affairs (882.4028/3924) and Mortuary Affairs (882.8084). Ensure installation mortuary affairs office is prepared to render support, to include negotiation with local funeral homes if requested. As a matter of courtesy, this service is provided without charge, the government is still responsible for any funeral home billing.  Submit or ensure submission of casualty report according to service regulations. The following information should be provided:   * IMS ITO number, date, WCN, and country * Request for instructions on disposition of remains * Request for permission to perform autopsy if required * Identification and location of next of kin if available | | | | |
| REFERENCE  AFI 16-105, Ch 10, Para 10-48, 10-49 | | DATE (YYYMMDD):  20111011 | | DOWNGRADING INSTRUCTIONS  N/A | CLASSIFICATION  **UNCLASSIFIED** |

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| CLASSIFICATION  **UNCLASSIFIED** | | | UNIT  **33FW IMSO** | | CHECKLIST NUMBER |
| TITLE  **CASUALTY NOTIFICATION** | | | | | PAGE **2** OF **3** |
|  | | | | | |
| **STEPS** | **ACTIONS** | | | | |
| \_\_\_ 7.  \_\_\_ 8.  \_\_\_ 9. | **Note**: Do not conduct any form of memorial service pending instructions from the military service/country.  **Note**: 33FW will coordinate the preparation and transportation of remains according to authorized disposition instructions.  **Note**: For students funded by IMET, service will issue disposition funds to appropriate finance office, all others will normally come from the country; consult Health Affairs Handbook, Ch 6.  Prepare condolence messages for 33FW, be prepared to provide condolence message to be used by AETC/CSAF  If local funeral home is used for preparation of remains, IMSO coordinate the payment of expenses  **Note**: For repatriation, U.S. personnel are not authorized for escort assignment; the country’s official representative may designate one of his staff members or a fellow IMS as escort.  **Note**: Per diem and travel costs of the escort accompanying the remains of a USG-funded IMS, IMET for example, within the U.S. are chargeable to USG funds.  **Note**: The USG provided fund cite on the deceased IMS ITO will be used to defray preparation expenses and costs for transportation of the remains to the home country. Overseas return transportation costs will be paid from IMET funds only for deceased IMS from countries for which travel costs are defrayed from IMET funds. For transportation to a country which defrays all or part of the IMS travel costs, the country concerned must arrange and pay for that portion, either through the CLO or the official foreign government representative.  33FW, appoints an individual to officially handle the deceased IMS affairs  \_\_\_\_\_\_ Obtain final IMET allowance due  \_\_\_\_\_\_ Settle valid debts  \_\_\_\_\_\_ Automobile/real property disposition  \_\_\_\_\_\_ Personal effects inventory (forward effects and inventory to SCO for release to next of kin) | | | | |
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| TITLE  **CASUALTY NOTIFICATION** | | | | | PAGE **3** OF **3** |
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| **STEPS** | **ACTIONS** | | | | |
| \_\_\_10  \_\_\_11 | If fatality was the result of an accident or homicide, forward investigation report to appropriate military service. Ensure report addresses circumstances surrounding IMS death and all supporting documentation  Provide progress reports as appropriate | | | | |
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| CLASSIFICATION  **UNCLASSIFIED** | | | UNIT  **33FW IMSO** | | CHECKLIST NUMBER |
| TITLE  **SPECIAL CIRCUMSTANCES – ACADEMIC / TRAINING DEFICIENCY, HOSPITALIZATION, DUI, OTHER** | | | | | PAGE **1** OF **1** |
|  | | | | | |
| **STEPS** | **ACTIONS** | | | | |
| \_\_\_ 1.  \_\_\_ 2.  \_\_\_ 3.  \_\_\_ 4. | **Note**: IMS who fail to meet minimum training standards set for U.S. personnel may be disenrolled and returned to home country. When it is apparent that an IMS should be withdrawn from training, the appropriate Military Service will be advised immediately of the full particulars. IMS can be suspended; decision/authority to disenroll/return to home country is the responsibility of the military service.  Notify 33FW/ATC leadership  Notify AFSAT country desk officer via telephone. If outside normal duty hours, contact Randolph AFB Command Post at 210.652.1859 or DSN 487.1859. Provide follow up record copy report  Hospitalization – bounded by HIIPA, provide the following in your report – date of hospitalization, diagnosis, prognosis, and probable date of release. Reports on family members are not required unless event has international political implications or will result in extensive medical charges. If hospitalization will affect follow-on training, contact IMSO at follow-on.  Academic / Training / DUI - 33FW recommendation for disenrollment/return must be preceded by some form of fact gathering and report  Provide progress reports as appropriate. | | | | |
| REFERENCE  AFI 16-105, Ch 10, Section X | | DATE (YYYMMDD):  20111011 | | DOWNGRADING INSTRUCTIONS  N/A | CLASSIFICATION  **UNCLASSIFIED** |

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| CLASSIFICATION  **UNCLASSIFIED** | | | UNIT  **33FW IMSO** | | CHECKLIST NUMBER |
| TITLE  **POLITICAL ASYLUM** | | | | | PAGE **1** OF **1** |
|  | | | | | |
| **STEPS** | **ACTIONS** | | | | |
| \_\_\_ 1  \_\_\_ 2  \_\_\_ 3.  \_\_\_4 | **Note**: Requests for political asylum in the United States, or for temporary refuge, must be treated with urgent and careful attention to procedures, established by DoDD 2000.11, and service instructions.  If student, inform Security Cooperation sponsorship, to include enrollment in training and all applicable living allowances terminates with request  DO NOT turn away or release the foreign national against their will until the proper U.S. authorities consider the request  Notify 33FW/CC of request – the commander must do the following:  \_\_\_\_\_\_ Notify AFOSI (882.2152)  \_\_\_\_\_\_ Notify nearest U.S. Citizenship and Immigration Service (USCIS) office  \_\_\_\_\_\_ Take measures to protect the foreign national, pending transfer to Immigration and Naturalization Service  \_\_\_\_\_\_ Immediately notify Air Force Service Watch Cell (DSN 227.6103), follow with hardcopy message. Pass the following:   * Name and nationality * DOB, POB, and occupation * Description of any documents in possession * What foreign authorities are aware of the request; whether any have been notifed * Circumstances of the request * Exact location * Reason for claiming asylum * Description of any criminal charges known or alleged to be pending against the requester * Any affiliation with subversive organization and any government office now held or previously occupied * Whether field office of USCIS has been notified and if arrangements have been made to transfer the case to INS * Any other pertinent information   IMSO make SCETP notifications | | | | |
| AFI 16-105, Ch 10, Para 10-44; AFI 51-704 | | DATE (YYYMMDD):  20111011 | | DOWNGRADING INSTRUCTIONS  N/A | CLASSIFICATION  **UNCLASSIFIED** |

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