





## TCCC AFTER ACTION REPORT (AAR) COMPLETION AND SUBMISSION

**NOTE:** The TCCC AAR form allows for more detailed and complete documentation of prehospital care provided as soon as possible after the mission is completed. If care could not be documented by the first responder on a DD Form 1380 TCCC Casualty Card at the point of care, because of lack of time or other constraints, the Combat Medic/Corpsman can use the AAR form to document care retrospectively. Regardless of whether or not the DD Form 1380 TCCC Casualty Card was completed in the field, the TCCC AAR should be submitted according to these instructions.

**NOTE:** A TCCC AAR form can be completed on a preprinted hard copy or completed online electronically, depending on the connectivity and resources available.

01

**OBTAIN** a preprinted hard copy TCCC AAR form or locate the electronic form by logging onto the Joint Trauma System (JTS) homepage at <a href="https://jts.amedd.army.mil/">https://jts.amedd.army.mil/</a>

- (a) Follow the "Documents" hyperlink at the top of the home page.
- (b) Select "Forms & After Action Report Submission".
- (c) Select "POI TCCC AAR form" under "Tactical Combat Casualty Care (TCCC)".



**NOTE:** It might be easier to download the form, depending on your connectivity.

02

**FILL IN** casualty, assessment, and treatment data as completely as possible, going from left to right and top to bottom.

03

**SAVE** the TCCC AAR form (either hard-copy or electronic form) for submission to JTS as soon as possible (within 72 hours) in accordance with unit standard operating procedures.

event Exter:	Time:	□ test	□tuus .	Country		The	etre .	
nivry   Tax	Relative (N):     W		□ oow	Non	Buttle Injury (NR)	Alve [	Dead	
Evacuation Categ	ory   LEG   PE	□ ROU						
Litter	Type:	_		1	ine of Fick Up:			
Ground Vehicle	Tipe				ime of Fick Up:			
Don's	Type:				ine of Fick Up:			
Watercraft	Tipe:				ime of Fick Up:			
Concello Demon	aphies (mini, requi		came # fact	1984	e Same	Sec. 1		Basic
imir DMD		THE PARTY NAMED IN	000	1000			Minima	
			50%	- 44				
	on-Medic (MIX) that Resid	under East Name			First Name:		Seria/110e	
Point-of-bijury Other POSitivation (OF) Last N (POI) Provider Info  Music (M) Last N					First Name:		Back/Edic	
			ine Fol Name			Serk/Ethe		
M - Mechanism			I - Injuries			Armotate	hjuries	
Airborne Operati	ion		-					
Aircraft Gods			(A)reps					
Sliet - Dismoun			(5)Feed					795
Blad - Mounton			(Re)rx.					
	reside Se (Mortis Geliflero)	Section 1	Hotele					
Blat - Other	are former because the	and the same of	□ (0)G20v					
	Compartment from St.	rature	□ 80x8y	mesis				
Fire/Espiescon			000km					
DESCRIPTION				iun Shot Wo	and		111- 41	AARP
☐ fragmentation.)	Strapnel		00ma					
SW - Gunshet			O (CAC)er	ston				
Vehicle Acciden				-				
[ (nvironmental:			Harmon	nchine West	wil .	32.		
Other:							_	13 63
S-Signs Initi	al Check Time				Last Check Tir			
□A □ V □ P □ U GCL			▼ A5 E ▼ A □ A □ V □			Пл Пи и	O W /	Dit W
			HE MY Y TO					
	(%) Painlevel (		(C02 (mm/95)	_	p(x(50)	Fain level (_/Sill)	9000	(Medical)
	Opening Experiments							
	tor Bergonse - to Saltour com Nel Sessonse - Sudom and a							
	tel tepane. Scalar solic	dentol, il sisario	red sourcesion	is quality but	noncepted, 2: means	unimediginis second	P providence	
T - Treatments								
Massive Herses	vhage Centrel (TO	Hemosta	ic Adjunct	1 /	kirway			
See Seeden	Y to		W Towns	1	Type	Y Su	Count	
and Indian	¥ in	$\vdash$	¥ local	-1.	700	¥		=
and Constitution	- V		- inevi			V 500	Depth	<b></b> °
Same Location	W 19		W Times#	15	7,00	W Sie	Dryck	0
leve Countries	₹ 14		▼ Inest		Tue Tue	Ψ 64		
10000	- 199		100000		1,000	*   50	U-Spin	
Respiration/Bre	ething   Sports	wou Di	tored []A	obted [	Assisted with 1975			Time
	P   Chest Seel Top							
			en Man					
	P Swedie Decomp						mode size	
□M □N □0	P [Chest Tube [	(Finger Thora	costomy [	Output [	Air Blood [mi]			

	lation - Resu						T
		Saline Lock					
	□M □ OP						
	M Dob		_	_			-
		□ Slood products TrS*		-		Yolune	
	M Dos					Yolune	_
	entions - Otl					ime	
		Dr.Mr. Binder Type		_ Socorodul? []!		Outcome:	
	□M □OP	Mypothermia Pres. Type		_ Successful? []*		Outcome:	
	M   OP	□Spe Steld □telt □Stell		Successful?		Ostore	
	□M □09	Splint Type		_ Socceedal? []*		Odtone	
	M 000	C-Collar Spine Board Tourniquet Convenion Secition		Socorodal?		Optore	
				_ successful? [_]	Ties		
		Contact Wound Medication Fack			Ties	Outcome	
	M CO		France	four:	_	Outcome:	
	□M □OP		from:	Boute	÷	Outcome:	
	□M □OP		Doser	Route	*	Outcome	
		Tándonic Natur	Done	Boute	*	Outcome	
		Anthrete Name:	Doses	Boute	*	Outcome	
NM	□M □0P	Darbietic Name:	Doses	Boute	*	Outcome	
- NM	□M □0#	Other Med Name:	Doset	Route:	*	Outcome	
□NM	Пм Пое	Other Med Name:	Done:	flourite:	~	Outcome	
Sustain	re (Treatment, E	quipment, Esscustice, Operations):					
		Equipment, Evacuation, Operations):					
nprov	an practice						

Continued on next page...







## TCCC AFTER ACTION REVIEW (AAR) COMPLETION AND SUBMISSION

Continued...

04

Go back to the same location from where you downloaded the form to submit the POI TCCC AAR.

**NOTE:** The TCCC AAR is submitted to JTS as an attachment through email to: <u>usarmy.jbsa.medcom-aisr.list.jts-prehospital@mail.mil</u>

- (a) Click on the link: "E-mail TCCC/POI AAR".
- (b) An email will auto-populate the address to which to submit the TCCC AAR.
- (c) In the SUBJECT line, type in "TCCC AAR from (your unit)".

**NOTE: Do not** put any casualty information in the subject line or in the body of the email.

- (d) Attach the TCCC AAR.
- (e) In the body of the email, type your contact information so that JTS personnel can follow up with you, if needed.

**NOTE:** You can submit a Tactical Evacuation AAR and Personnel Casualty Report in a similar way.

Follow instructions on the JTS site.

