

REPORT OF INVESTIGATION LINE OF DUTY AND MISCONDUCT STATUS						1. REPORT DATE (YYMMDD)			
2. INVESTIGATION OF (X one)						3. STATUS (X as applicable)			
<input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> ILLNESS <input type="checkbox"/> DEATH						<input type="checkbox"/> a. REGULAR OR EAD			
4. TO (Major Army or Air Force Commander)						<input type="checkbox"/> b. CALLED OR ORDERED TO AD FOR <input type="checkbox"/> (1) MORE THAN 30 DAYS <input type="checkbox"/> (2) 30 DAYS OR LESS			
5. NAME OF INDIVIDUAL (Last, First, Middle Initial)			6. SSN		7. GRADE	<input type="checkbox"/> c. INACTIVE DUTY TRAINING (Type)			
8. ORGANIZATION AND STATION						<input type="checkbox"/> d. SHORT TOUR OF ACTIVE DUTY FOR TRAINING			
9. OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT						<input type="checkbox"/> e. DURATION (Applies ONLY to 3.c. and d.)			
NAME (Last, First, Middle Initial) a.		SSN b.		GRADE c.	d. LOD INVESTIGATION MADE (X)		DATE (YYMMDD)	HOUR	
					<input type="checkbox"/> YES <input type="checkbox"/> NO				
							(1) START		
							(2) FINISH		
10. BASIS FOR FINDINGS (As determined by investigation)									
a. CIRCUMSTANCES		(1) HOUR	(2) DATE (YYMMDD)		(3) PLACE				
(4) HOW SUSTAINED									
b. MEDICAL DIAGNOSIS									
c. PRESENT FOR DUTY? (X)		d. IF ABSENT: (X)		(Do not complete 10.e. and f. in death cases.)		e. WAS INTENTIONAL MISCONDUCT OR NEGLECT THE PROXIMATE CAUSE? (X)		f. WAS INDIVIDUAL MENTALLY SOUND? (X)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> WITH AUTHORITY <input type="checkbox"/> WITHOUT AUTHORITY				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
g. REMARKS									
11. FINDINGS (X one. Do not complete in death cases.)									
<input type="checkbox"/> IN LINE OF DUTY			<input type="checkbox"/> NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT			<input type="checkbox"/> NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT			
12. INVESTIGATING OFFICER									
a. TYPED NAME (Last, First, Middle Initial)				b. GRADE	c. BRANCH OF SERVICE		d. SSN		
e. ORGANIZATION AND STATION				f. SIGNATURE					
13. ACTION BY APPOINTING AUTHORITY						14. ACTION BY REVIEWING AUTHORITY			
a. HEADQUARTERS			b. DATE (YYMMDD)			a. HEADQUARTERS		b. DATE (YYMMDD)	
c. (X one. Indicate reasons and substituted findings on back.)						c. (X one. Indicate reasons and substituted findings on back.)			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED						<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
d. TYPED NAME (Last, First, Middle Initial)						d. TYPED NAME (Last, First, Middle Initial)			
e. GRADE	f. BRANCH OF SERVICE		g. SSN		e. GRADE	f. BRANCH OF SERVICE		g. SSN	
h. SIGNATURE						h. SIGNATURE			
15. FINAL APPROVAL (For action of office indicated in Item 4.)									

16. NAME OF INDIVIDUAL <i>(Last, First, Middle Initial)</i>	17. SSN	18. GRADE
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**19. APPOINTING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS**

**20. REVIEWING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS**

**21. APPROVING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS**