

INFORMAL LINE OF DUTY DETERMINATION

Authority: Principal Purposes(s): Routine Uses: Disclosure statements

TO(Reserve Unit Commander):

FROM(AD MTF/Reserve Medical Unit):

1. MEMBER'S NAME (Last, First, Middle Initial)

2. SSAN

3. GRADE

4. ORGANIZATION/UNIT

5. Medical Section: Name/Address medical facility providing initial treatment

Date and time of initial treatment:

Diagnosis:

Date

Typed Rank/Name Medical Officer

Signature

6. Unit Section: At the time of this occurrence the member was on (check all that apply):

☐ Active Duty Status: Start date _____ End date _____

☐ Inactive Duty Status:

☐ UTA ☐ AFTP ☐ Saturday night rule ☐ Travel to/from duty ☐ Unit sponsored event ☐ Other (provide details below)

As a result of my investigation, I have determined the circumstances to be as follows:

Recommended Finding:

☐ In Line of Duty(ILOD) ☐ EPTS-LOD not Applicable ☐ Not ILOD-Due to Own Misconduct
☐ EPTS-Service Aggravated ☐ Not ILOD-Not Due to Own Misconduct ☐ Recommend Formal LOD Investigation

Date

Typed Rank/Name Unit Commander

Signature

7. Staff Judge Advocate Section: ☐ Concur ☐ Nonconcur-New Recommended Finding:

☐ In line of Duty(ILOD) ☐ EPTS-LOD not Applicable ☐ Not ILOD-Due to Own Misconduct
☐ EPTS-Service Aggravated ☐ Not ILOD-Not Due to Own Misconduct ☐ Recommend Formal LOD Investigation

Date

Typed Rank/Name SJA

Signature

8. Appointing Authority Decision:

☐ In Line of Duty(ILOD) ☐ EPTS-LOD not Applicable ☐ Not ILOD-Due to Own Misconduct
☐ EPTS-Service Aggravated ☐ Not ILOD-Not Due to Own Misconduct ☐ Formal Investigation
☐ Forward HQ AFRC LOD Board

Date

Typed Rank/Name Appointing Authority

Signature

9. Air Force Reserve Command LOD Board Review:**9A. Medical Review**

Date

Typed Rank/Name

Signature

9B. Legal Review:

Date

Typed Rank/Name

Signature

AFRC LOD Board Action:

- | | |
|--|---|
| <input type="checkbox"/> In Line of Duty | <input type="checkbox"/> Formal Investigation |
| <input type="checkbox"/> EPTS-Service Aggravated | <input type="checkbox"/> Forward to Approving Authority |

10. LOD Board Administrator:

Date

Typed Rank/Name

Signature

11. Approving Authority Decision:

- | | | |
|--|---|---|
| <input type="checkbox"/> In Line of Duty | <input type="checkbox"/> EPTS-LOD Not Applicable | <input type="checkbox"/> Not ILOD-Due to Own Misconduct |
| <input type="checkbox"/> EPTS-Service Aggravated | <input type="checkbox"/> Not ILOD-Not Due to Own Misconduct | <input type="checkbox"/> Formal Investigation |

Date

Typed Rank/Name

Signature