

INFORMAL LINE OF DUTY DETERMINATION

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

TO(Reserve Unit Commander):	FROM(AD MTF/Reserve Medical Unit):
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1. MEMBER'S NAME (Last, First, Middle Initial)	2. SSAN	3. GRADE	4. ORGANIZATION/UNIT
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5. Medical Section: Name/Address medical facility providing initial treatment

Date and time of initial treatment:

Diagnosis:

Date	Typed Rank/Name Medical Officer	Signature
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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:

- | | | |
|--|---|---|
| <input type="checkbox"/> In Line of Duty(ILOD) | <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"/> Recommend Formal LOD Investigation |

Date	Typed Rank/Name Unit Commander	Signature
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7. Staff Judge Advocate Section: Concur Nonconcur-New Recommended Finding:

- | | | |
|--|---|---|
| <input type="checkbox"/> In line of Duty(ILOD) | <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"/> Recommend Formal LOD Investigation |

Date	Typed Rank/Name SJA	Signature
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8. Appointing Authority Decision:

- | | | |
|--|---|---|
| <input type="checkbox"/> In Line of Duty(ILOD) | <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 |
| <input type="checkbox"/> Forward HQ AFRC LOD Board | | |

Date	Typed Rank/Name Appointing Authority	Signature
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9. Air Force Reserve Command LOD Board Review:**9A. Medical Review**

Date	Typed Rank/Name	Signature
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9B. Legal Review:

Date	Typed Rank/Name	Signature
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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
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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
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