

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

<b>16. NAME OF INDIVIDUAL</b> <i>(Last, First, Middle Initial)</i>	<b>17. SSN</b>	<b>18. GRADE</b>
<b>19. APPOINTING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS</b>		
<b>20. REVIEWING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS</b>		
THIS BLOCK NOT USED.		
<b>21. APPROVING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS</b>		