REPORT OF INVESTIGATION
LINE OF DUTY AND MISCONDUCT STATUS

1. REPORT DATE *(YYMMDD)*

2. INVESTIGATION OF *(X one)*

☐ INJURY ☐ DISEASE ☐ ILLNESS ☐ DEATH

3. STATUS *(X as applicable)*

☐ a. REGULAR OR EAD

☐ b. CALLED OR ORDERED TO AD FOR

☐ (1) MORE THAN 30 DAYS

☐ (2) 30 DAYS OR LESS

☐ c. INACTIVE DUTY TRAINING *(Type)*

☐ d. SHORT TOUR OF ACTIVE DUTY FOR TRAINING

4. TO *(Major Army or Air Force Commander)*

5. NAME OF INDIVIDUAL *(Last, First, Middle Initial)*

6. SSN

7. GRADE

8. ORGANIZATION AND STATION

9. OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT

NAME *(Last, First, Middle Initial)* a.	SSN b.	GRADE c.	d. LOD INVESTIGATION MADE *(X)* YES	NO

e. DURATION *(Applies ONLY to 3.c. and d.)*

	DATE *(YYMMDD)*	HOUR
(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)* ☐ 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
e. ORGANIZATION AND STATION	f. SIGNATURE		

13. ACTION BY APPOINTING AUTHORITY

a. HEADQUARTERS

b. DATE *(YYMMDD)*

c. *(X one. Indicate reasons and substituted findings on back.)*

☐ APPROVED ☐ DISAPPROVED

d. TYPED NAME *(Last, First, Middle Initial)*

e. GRADE

f. BRANCH OF SERVICE

g. SSN

h. SIGNATURE

14. ACTION BY REVIEWING AUTHORITY

a. HEADQUARTERS

b. DATE *(YYMMDD)*

c. *(X one. Indicate reasons and substituted findings on back.)*

☐ APPROVED ☐ DISAPPROVED

d. TYPED NAME *(Last, First, Middle Initial)*

e. GRADE

f. BRANCH OF SERVICE

g. SSN

h. SIGNATURE

15. FINAL APPROVAL *(For action of office indicated in Item 4.)*

16. NAME OF INDIVIDUAL *(Last, First, Middle Initial)*	17. SSN	18. GRADE

19. APPOINTING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS

20. REVIEWING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS

21. APPROVING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS