

<b>REPORT OF INVESTIGATION</b> <b>LINE OF DUTY AND MISCONDUCT STATUS</b> <i>(Read the Privacy Act Statement in its entirety before completing this form.)</i>						1. REPORT DATE (YYYYMMDD)			
<b>2. INVESTIGATION OF (X One)</b> <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> ILLNESS <input type="checkbox"/> DEATH						<b>3. STATUS (X as applicable)</b> <input type="checkbox"/> a. REGULAR OR EAD <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 <input type="checkbox"/> c. INACTIVE DUTY TRAINING (Type)			
<b>4. TO (Major Army or Air Force Commander)</b> Chief, NGB (ARNG-HRP-P) 111 South George Mason Drive, Arlington, Virginia 22204-1382						<input type="checkbox"/> d. SHORT TOUR OF ACTIVE DUTY FOR TRAINING			
<b>5. NAME OF INDIVIDUAL (Last, First, Middle Initial)</b>		<b>6. SSN (Army and Air Force Only)</b>		<b>7. GRADE</b>					
<b>8. ORGANIZATION AND STATION</b>									
<b>9. OTHER MILITARY PERONNEL INVOLVED IN THE SAME INCIDENT</b>						<b>e. DURATION (Applies ONLY to 3. &amp; d)</b>			
<b>a. NAME (Last, First, Middle Initial)</b>		<b>b. GRADE</b>		<b>c. LOD INVESTIGATION MADE (X)</b> <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>			<b>DATE (YYYYMMDD)</b>	<b>HOUR</b>	
				<input type="checkbox"/>		<b>(1) START</b>			
				<input type="checkbox"/>					
				<input type="checkbox"/>					<b>(2) FINISH</b>
				<input type="checkbox"/>					
<b>10. BASIS FOR FINDINGS (As determined by investigation)</b>									
<b>a. CIRCUMSTANCES</b>		<b>(1) HOUR</b>		<b>(2) DATE (YYYYMMDD)</b>		<b>(3) PLACE</b>			
<b>(4) HOW SUSTAINED</b>									
<b>b. MEDICAL DIAGNOSIS</b> ICD-10:									
<b>c. PRESENT FOR DUTY? (X)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>d. IF ABSENT: (X)</b> <input type="checkbox"/> WITH AUTHORITY <input type="checkbox"/> WITHOUT AUTHORITY		<i>(Do not complete 10.e and 10.f in death cases.)</i>		<b>e. WAS INTENTIONAL MISCONDUCT OR NEGLECT THE PROXIMATE CAUSE? (X)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>f. WAS INDIVIDUAL MENTALLY SOUND? (X)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>g. REMARKS</b>									
<b>11. FINDINGS with (Army Only: FINDING- ILD (injury, illness or disease) ONLY; RECOMMENDATION- NLD and Death cases)</b> <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									
<b>12. INVESTIGATING OFFICER</b>									
<b>a. TYPED NAME (Last, First, Middle Initial)</b>				<b>b. GRADE</b>		<b>c. BRANCH OF SERVICE</b>			
<b>d. ORGANIZATION AND STATION</b>				<b>e. SIGNATURE</b>					
<b>13. ACTION BY APPOINTING AUTHORITY</b>									
<b>a. HEADQUARTERS</b>				<b>b. DATE (YYYYMMDD)</b>		<b>14. ACTION BY REVIEWING AUTHORITY</b>			
						<b>a. HEADQUARTERS</b> JFHQ, HIARNG			
						<b>b. DATE (YYYYMMDD)</b>			
<b>c. (X one. Indicate reasons and substituted findings on back.)</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED						<b>c. (X one. Indicate reasons and substituted findings on back.)</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
<b>d. TYPED NAME (Last, First, Middle Initial)</b>						<b>d. TYPED NAME (Last, First, Middle Initial)</b>			
<b>e. GRADE</b>			<b>f. BRANCH OF SERVICE</b>			<b>e. GRADE</b>			
						<b>f. BRANCH OF SERVICE</b>			
<b>g. SIGNATURE</b>						<b>g. SIGNATURE</b>			

**15. FINAL APPROVAL** (Army only: Final Approval for ILD (injury, illness or disease) ONLY: Final Recommendation to AHRC for NLD- (injury, illness or disease) and all Death cases).

**16. APPOINTING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS**

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

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

#### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 U.S Code 1201, Retirement, Chapter 61, Retirement or Separation for Physical Disability; and Title 10 U.S. Code 1203, Separation, Chapter 61, Retirement or Separation for Physical Disability; AR 600-8-4, Line of Duty, Policy, Procedures, and Investigations.

**PURPOSE:** To provide information regarding a Soldier's line of duty investigation and/or misconduct status showing a Line of Duty (LOD) investigation determination. The document contains information surrounding medical diagnosis, duty status of time of incident, mental soundness and recommended findings. This document is the sole source of tracking for levels of command and approval/disapproval of LOD investigation. For additional information see the System of Records Notice A0600-8-1b AHRC, Line of Duty Investigations: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570057/a0600-8-1b-ahrc.aspx>

**ROUTINE USES:** There is no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

**DISCLOSURE:** Voluntary, however, failure to provide the information will interfere with the proper adjudication of the Soldier's case in the best interest of the Soldier and the United States Army.