LINE OF DUTY DETERMINATION

TO: *(Immediate Commander)*	THRU:	FROM:

1. NAME *(Last, First, Middle Initial)*	2. SSN	3. GRADE	4. ORGANIZATION

5. MEMBER'S STATUS: ☐ AD AF ☐ ARC ☐ AFROTC Cadet ☐ USAFA Cadet

6. NATURE AND EXTENT OF ☐ DISEASE ☐ INJURY ☐ DEATH

7. NAME AND LOCATION OF ☐ MILITARY ☐ CIVILIAN HOSPITAL OR TREATMENT FACILITY FIRST PROVIDED TREATMENT

8. TREATMENT PROVIDED: HOUR DATE

9. MEDICAL OPINION OF MEMBER'S CONDITION WHEN FIRST TREATED:

A. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF ALCOHOL. (*See* AFI 36-2910, *Explanation of Terms*)

B. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF A DRUG-INDUCING MARIJUANA (See AFI 36-2910, *Explanation of Terms*)

IF MEMBER WAS UNDER THE INFLUENCE OF A DRUG, SPECIFY WHAT KIND _____

C. ☐ UNABLE TO DETERMINE BECAUSE OF PHYSICAL CONDITION

D. ☐ WAS ☐ WAS NOT MENTALLY RESPONSIBLE

E. SPECIFY ANY OTHER CONDITION DEEMED RELEVANT

10. TESTS

A. BLOOD ALCOHOL TEST ☐ WAS ☐ WAS NOT MADE. IF MADE, STATE RESULTS: _____

B. PSYCHIATRICAL EVALUATION ☐ HAS ☐ HAS NOT BEEN CONDUCTED.

C. ANY OTHER TESTS AND RESULTS *(Specify)*: _____

11. DETAILS OF ACCIDENT OR HISTORY OF DISEASE:

12. SOURCES OF INFORMATION

A. ☐ MEMBER ☐ POLICE ☐ WITNESS(ES)

☐ OTHER *(Specify)*:

B. NAME(S) AND ADDRESS(ES) OF WITNESS(ES)

DATE	TYPED NAME AND GRADE OF MEDICAL OFFICER	SIGNATURE

TO: (Appointing Authority)	THRU: (SJA)	FROM: (Immediate Commander)

13. AT THE TIME OF THIS OCCURRENCE, THE MEMBER WAS:

A. ☐ PRESENT FOR DUTY

B. ☐ ABSENT WITH AUTHORITY

C. ☐ ABSENT WITHOUT AUTHORITY FOR MORE THAN 24 HOURS

D. ☐ ABSENT WITHOUT AUTHORITY FROM *(HOUR AND DATE)* _____ / _____ TO *(HOUR AND DATE)* _____ / _____

E. NEITHER PRESENT FOR DUTY, ABSENT WITH AUTHORITY NOR ABSENT WITHOUT AUTHORITY BUT WAS:

☐ ARC ONLY, TRAVELING TO OR FROM INACTIVE DUTY TRAINING.

☐ TRAVELING TO OR FROM DUTY OR TRAINING AND HAD MATERIALLY DEVIATED FROM AUTHORIZED TRAVEL ROUTE.

14. AS A RESULT OF MY INVESTIGATION, I HAVE DETERMINED THE CIRCUMSTANCES TO BE AS FOLLOWS: (Who, how, when, where, why)

15. THE PROXIMATE CAUSE OF THE MEMBER'S DEATH, DISEASE OR INJURY WAS

☐ INTENTIONAL MISCONDUCT ☐ WILLFUL NEGLECT ☐ BOTH OF THESE ☐ NEITHER OF THESE BUT *(Specify)*

16. SOURCES OF INFORMATION:

A. ☐ MEMBER ☐ OSI

☐ POLICE ☐ WITNESS(ES)

☐ OTHER *(Specify)*

B. STATE NAME(S) AND ADDRESS(ES) OF WITNESS(ES):

17. AS A RESULT OF MY INVESTIGATION,

A. ☐ THE RECOMMENDED FINDING IS *"IN LINE OF DUTY."*

B. ☐ RECOMMEND A FORMAL INVESTIGATION.

C. ☐ ARC ONLY - THE RECOMMENDED FINDING IS *"EPTS-LOD Not Applicable."*

D. ☐ ARC ONLY - THE RECOMMENDED FINDING IS *"EPTS-Service Aggravated."*

DATE	TYPED NAME AND GRADE OF IMMEDIATE COMMANDER	SIGNATURE

18. ☐ CONCUR ☐ NONCONCUR

(ACTIVE DUTY. If concur with recommendation of "In Line of Duty," file this form in Master Personnel Records, AFI 36-2910 *(Line of Duty (Misconduct) Determination)*. Otherwise, forward to Appointing Authority.)

DATE	TYPED NAME AND GRADE OF STAFF JUDGE ADVOCATE	SIGNATURE

19. ACTION OF THE APPOINTING AUTHORITY:

A. ☐ THE FINDING IS *"IN LINE OF DUTY."*

B. ☐ APPOINT INVESTIGATING OFFICER.

C. ☐ ARC ONLY, *"EPTS - LOD Not Applicable."*

D. ☐ ARC ONLY, *"EPTS - Service Aggravated."*

DATE	TYPED NAME AND GRADE OF APPOINTING AUTHORITY	SIGNATURE