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ARMY REGULATION

No. 600-33

HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, DC, 11 October 1971

PERSONNEL—GENERAL
LINE OF DUTY INVESTIGATIONS

Effective 1 December 1971

This regulation revises chapter 5, AR 600-10 and provides guidance which will enable medical and administrative personnel involved in line of duty actions to render faster and more accurate investigations. This regulation eliminates the old administrative investigation and now contains only two types of investigation: informal and formal. Local supplementation of this regulation is prohibited.

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This regulation supersedes Chapter 5, AR 600-10, 7 June 1968.

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CHAPTER 1

GENERAL

1-1. Purpose. This regulation prescribes procedures for making line of duty (LD) determinations and conducting investigations in connection with death, injury, or disease incurred or contracted by personnel on active duty, active duty for training (ADT), and inactive (Reserve) duty training (IDT). The importance of LD actions cannot be overemphasized. In the event of injury or illness, the determination is especially important to the service member because it can establish whether he is entitled to disability retirement or severance pay for a physical handicap incurred while in service. LD actions have far-reaching implications not only for the individual but also, in the event of the individual's death, for his dependents. In death cases, LD information is used by VA in determining the entitlement of dependents of the deceased to certain benefits.

1-2. Authorities in LD actions. *a. Appointing authority.* The appointing authority is normally the special court-martial authority over the unit to which the individual is assigned, or, in the case of incidents occurring while the individual is away from his unit of assignment, of the unit completing the investigation.

b. Reviewing authority. The reviewing authority is normally the general court-martial authority over the unit to which the individual is assigned or of the unit completing the investigation.

c. Final approving authority. Besides The Adjutant General, the final approving authorities for LD investigations are:

- (1) Major oversea commanders.

- (2) CONUSAMDW commanders.

- (3) Commanders of newly organized commands, or Army elements of joint commands, who have general court-martial authority and report direct to HQDA.

- (4) Superintendent, US Military Academy, for USMA cadets.

- (5) Chief, National Guard Bureau, for ARNGUS personnel other than those in a federalized status or those attending Army service schools.

1-3. Overall responsibilities for LD actions. *a.* For all personnel other than those indicated in paragraph 1-2c (4) and (5), the primary responsibility for the timely and accurate accomplishment of all required actions lies with the major commander in whose area the incident occurred. That commander will insure that a unit is designated to conduct an investigation if one is required when an individual is involved in an incident while away from his unit of assignment.

b. Control procedures will be established by commanders exercising special court-martial jurisdiction to insure that investigations are initiated as soon as possible after the incident. Hospital A&D reports will be used as a means of checking incidents which may require investigation.

1-4. Reports control exemption. Reports required by this regulation are exempt from reports control under paragraph 7-2, AR 335-15.

CHAPTER 2

CONTROLLING FACTORS IN LD DETERMINATIONS

2-1. General. a. Injury or disease will be presumed to have been incurred in line of duty and not because of the member's own misconduct unless there is substantial evidence that the injury or disease was—

(1) Proximately caused by the intentional misconduct or willful gross neglect of the individual.

(2) Incurred or contracted during a period of unauthorized absence.

(3) Incurred or contracted while neither on active duty nor engaged in authorized training in an active or Reserve duty status and was not aggravated by the service.

b. This chapter gives the proper interpretation of basic factors in determining the LD status of an individual. Applications of these interpretations may be found in DA Pam 27-6.

2-2. Intentional misconduct or willful neglect. Misconduct for LD purposes must be intentional; however, intent may be expressed or implied. Negligence (i.e., neglect) to constitute misconduct within the purview of this regulation must be willful; however, the willfulness likewise may be expressed or implied. Negligence so gross as to evidence a reckless or wanton disregard to the consequences thereof should be regarded as willful. Simple negligence is not misconduct for LD purposes.

a. The presence of misconduct does not of itself fix misconduct as the producing cause of the injury or disease. A finding that disease or injury resulted from misconduct is proper and sustainable only when it has been established by substantial evidence that misconduct was the moving or direct (proximate) cause thereof. When misconduct is only a contributing cause, the disease or injury should not

be determined to have resulted from misconduct.

(1) A violation of military regulations, orders, or instructions, or of civil laws, in itself, and in the absence of a further showing of misconduct, should be deemed to establish no more than simple negligence. Injury or disease resulting from such a violation may not be held "not in line of duty" on that basis alone.

(2) The use of a Government vehicle or other Government conveyance without authority will not be sufficient in itself, without other evidence of misconduct, to sustain a finding that any injury incurred during such unauthorized use was incurred not in line of duty. Such unauthorized use is considered on the same basis as a violation of orders, and further evidence of misconduct either in handling the vehicle or of intent not to return the vehicle is to be evaluated with other evidence in determining misconduct status.

b. Any injury or disease resulting from the intemperate use of intoxicating liquor should be considered as having resulted from misconduct. Intemperate use of intoxicating liquor is a use which is excessive under all circumstances of the case (considering, for example, the amount, type and relative intoxicating effect of the liquor used; the period of time over which it was consumed; the physical condition of the user, etc.). Simple (alcoholic) drunkenness is not a disease (nor a symptom of a disease) requiring LD determination. Any period of hospitalization after the individual has recovered from simple (alcoholic) drunkenness will require a change in diagnosis. Unless the diagnosis is directly related to, or can be proved to be the direct result of, alcoholic intoxication, the later period of hospitalization should be

shown as "in line of duty" unless the condition existed prior to service.

c. Any injury or disease directly resulting from the intemperate use of drugs should be considered as having resulted from misconduct. Intemperate use of drugs is the willful, unauthorized use of such drugs as cocaine, opium and its derivatives (e.g., morphine and heroin), or any other drugs which have a potential for abuse because of their depressant or stimulant effect on the central nervous system or their hallucinogenic effect, including but not limited to amphetamines, barbiturates, and LSD, when their use results directly in absence from regular duty. Any use of such drugs will be considered "unauthorized" within the meaning of this paragraph, except when their use is specifically authorized by a qualified civil or military authority for specific medical treatment. Absence from regular duty resulting from symptoms due to the withdrawal of the drugs is within the purview of this provision, regardless of whether such withdrawal constitutes treatment or is the result of inability by the patient to obtain the habitually used drugs. (See para 3-2.)

d. Injury or disease deliberately self-inflicted, or ill effect resulting from attempted self-destruction, when mental unsoundness does not exist, should be considered as having resulted from misconduct.

2-3. Significant factors in death cases. a. When there is nothing to show whether death was caused by accidental or intentional self-destruction, substantial evidence of intentional self-destruction is required to overcome the presumption that accident rather than intentional self-destruction was the cause of death. The unintentional taking of one's own life through gross or simple negligence will be termed accidental self-destruction. When there is reasonable doubt whether death was caused by intentional self-destruction, determination will be made by inquest.

b. An investigation of intentional self-destruction will necessarily include a determination of whether the decedent was mentally sound at the time of the act. The question of

sanity is one of fact, the correct resolution of which is dependent on a searching inquiry into the character, behavior, and personal relationships of the decedent. Although the mere fact of self-destruction is not alone sufficient to overcome the legal presumption that every person is sane and intends the natural and probable consequences of his acts, any affirmative evidence that the member was so mentally unsound as to be unable to refrain from the act overcomes the presumption. In cases where no reasonably adequate motive for self-destruction is supplied by the evidence, a finding of mental unsoundness will be made.

c. If the decedent is determined to be mentally unsound, the investigation should be expanded to determine whether his mental unsoundness existed prior to service or was aggravated by service, or was due to his own misconduct.

d. In cases of self-destruction or attempted self-destruction during absence without authority when there is a question of mental soundness, mental soundness at the beginning of the absence without authority must be determined as well as mental soundness at the time of injury or death.

2-4. Unauthorized absence. Any injury or disease incurred while the member is in a period of unauthorized absence is incurred not in line of duty. If there is no further misconduct shown other than the absence without authority, the correct finding is "not in line of duty—not due to own misconduct." In order to establish that an individual was in a period of unauthorized absence for LD purposes, it must be shown that he voluntarily absented himself from his unit or organization or other place of duty without proper authority, or was absent from a scheduled duty or restriction at the time the injury or disease was incurred.

a. When there is a requirement that an individual be present at a specified place and time, such a requirement establishes an administrative restriction for LD purposes. In order to corroborate this restriction, the pertinent part of the directive establishing the require-

ment should be extracted and attached to the report of investigation.

b. If the driver of a Government vehicle on an authorized trip is injured during an unjustified material deviation from his assigned route, he should be considered AWOL for LD purposes.

c. Absences which are initially considered to be without authority, if excused by the proper officer pursuant to AR 630-10, will be deemed to be absences with authority.

2-5. Proceeding directly to or from training. In determining whether disability or death was the result of an injury incurred while proceeding directly to or directly from ADT or IDT, consideration will be given to the following:

a. Whether the member was authorized or required to perform such training; i.e., whether he was complying with competent orders.

b. The hour on which the member began to so proceed or return.

c. The hour on which he was scheduled to arrive for duty, or on which he ceased to perform such duty.

d. The method of travel employed.

e. His route to and from training duty.

f. The manner in which travel was performed.

2-6. Proceeding home following active duty. In determining whether an individual died or was injured while traveling to his home after discharge or release from active duty, consideration will be given to the following:

a. Whether the individual was traveling by the most direct route from the place of discharge or release from active duty to his home.

b. The method of travel employed.

c. The time required to perform the travel.

d. The manner in which the travel was performed.

e. The immediate cause of death.

f. If death was due to disease, whether the disease existed prior to discharge or release and whether it was incurred on active duty or aggravated by active duty.

g. If death or injury occurred prior to midnight on the day of discharge or release.

h. Date and hour travel began; i.e., how soon after discharge or release.

2-7. Injury or disease incurred while not on active duty or in training status. a. A member of the Army will be presumed to have been in sound physical and mental condition upon entering active service or authorized ADT or IDT. In order to overcome this presumption, it must be shown by substantial evidence that the injury, disease, or condition causing the injury or disease, was sustained or contracted while the individual was neither on active duty nor engaged in ADT or IDT. Manifestations of lesions or symptoms of chronic disease so close to the date of the patient's entry into active service that they could not have originated after such entry, or manifestations of disease within less than the minimum incubation period after the patient's entry into active service will be substantial evidence of inception prior to service.

b. It is further presumed that, even if the foregoing provision is overcome by such evidence, any additional disability or death resulting from the pre-existing injury or disease was caused by service aggravation. Only specific findings of natural progress of the pre-existing injury or disease based upon well established medical principles, as distinguished from medical opinion alone, are sufficient to overcome the presumption of service aggravation.

c. Acute infections, such as pneumonia, acute rheumatic fever (even though recurrent), acute pleurisy, acute ear disease; and sudden developments, like lung collapse, perforating ulcer, decompensating heart disease, or cerebral hemorrhage, occurring while in service will be regarded as service incurred or service aggravated unless it can be clearly and unmistakably shown that there was no increase in severity during service.

d. Any disability having its inception in line of duty during one period of service or authorized training in any of the Armed Forces which recurs or is aggravated during a subsequent period of service or authorized training, regardless of the intervening time, should be determined to have recurred or have been aggravated in line of duty.

2-8. Psychoses. Schizophrenic and manic depressive reactions and other psychoses of a similar nature are characterized by a tendency toward chronicity with remissions and exacerbations. Disorganization occurring in an unfamiliar environment may at times simulate illness of recent origin when in fact the process has existed unrecognized for a considerable period of time. Careful differentiation should be made between acute psychotic reactions of recent origin and exacerbations of chronic psychoses. Ordinarily, the following will be considered to be "in line of duty":

a. Psychoses in individuals in whom evidence of the disorder in question did not manifest itself prior to entry into service or did not come to the attention of command or medical authority within 120 days after entry into the military service.

b. Cases where evidence exists that a pre-existing condition was aggravated by unusual stress in the service.

2-9. Psychoneurotic disorders. Unhealthy reactions to situations and emotions are not necessarily psychoneurotic and can be seen in individuals who have no psychiatric disease. Psychoneuroses are illnesses characterized primarily by internalized conflicts which may be quite evident or controlled by various psychological defense mechanisms. These illnesses result from the exclusion from consciousness of powerful emotional changes usually attached to childhood experiences. Symptoms appear with or without stimulations from external situations. In the military setting, apparent psychoneurotic symptoms are often seen in individuals with a basic personality defect and disappear with the removal of situational pressures. These individuals have char-

acter and behavior disorders. Ordinarily the following will be considered to be "in line of duty":

a. Psychoneurotic reactions occurring after entry into military service of an individual in whom no evidence of the actual disorder in question existed prior to entry into service.

b. Those occasional cases where there is definite evidence to show that unusual stress or prolonged hazardous duty aggravated an individual's psychoneurosis which existed prior to entry into service.

2-10. Character and behavior disorders. Character and behavior disorders are considered to be due to basic personality defects and to have existed prior to the individual's entry on active duty. Therefore, regardless of the length of service of the individual, these conditions are always held to have been incurred "not in line of duty—not due to own misconduct."

2-11. Hernia. a. Members on active duty who develop a hernia will be considered to have acquired the hernia in line of duty unless it was noted on Standard Form 88 at the time of entry into the service.

b. Members of the Reserve components on ADT or IDT will be considered to have acquired or aggravated the hernia in line of duty if there was no evidence of hernia at time of medical examination and there is evidence of accident or other circumstances sufficient to cause the hernia or aggravation.

2-12. Operations and treatment. a. The line of duty determination for an operation or treatment of an injury or disease generally will be the same as that of the injury or disease for which the operation or treatment was instituted, except as noted in b below.

b. Any ill effect directly attributable to treatment, anesthetic, or operation will be considered—

(1) "In line of duty" if the administration or performance of such treatment, anesthetic, or operation was not a criminal offense

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under Federal or State law and it was administered or performed by an authorized person of the medical service of a Government agency or by other properly licensed medical person.

(2) "Not in line of duty" if it was administered or performed during a period of unauthorized absence or if performed on a member of the Reserve components not on ac-

tive duty for a disease which was contracted while he was engaged in IDT.

2-13. Pregnancies. Pregnancy and associated diagnoses are exempt from LD determination, except that an induced nontherapeutic abortion and any complication or sequela thereof will be subject to LD determination in the same manner as diseases requiring LD determination.

CHAPTER 3

PROCESSING LD ACTIONS

3-1. Types of LD actions. There are two types of LD actions, as indicated below. The type of action used will depend upon the incident and the individual involved.

a. Informal investigation. An informal investigation consists of the gathering of only enough evidence by the unit commander to show that absence without authority, deliberate injury or illness, or misconduct were not involved. An informal LD report consists of a completed DA Form 2173 (Statement of Medical Examination and Duty Status) (fig. 3-1) with a small number of attached documents if necessary to show that absence without authority or misconduct were not involved.

b. Formal investigation. A formal investigation consists of the fullest and most detailed investigation possible to ascertain all the facts surrounding the death, injury, or disease of the member. A formal LD report consists of a completed DD Form 261 (Report of Investigation—Line of Duty and Misconduct Status) (fig. 3-3) and attached documents which are used to substantiate the findings reached.

3-2. When an LD action is required. (See table 3-1.) To preclude unnecessary administrative workloads and to insure medical data remaining in medical channels, the following will apply for those personnel volunteering for treatment under Drug Identification and Treatment Program of the Department of the Army (including those identified as a direct or indirect result of urinalyses administered for the purpose of identifying drug users):

a. Medical personnel will annotate, upon disposition from inpatient status, the admission and disposition (A&D) report with the phrase: "Not in Line of Duty—Due to Own Misconduct," cite paragraph 10315, DOD Pay

and Entitlements Manual, and indicate initial date of hospitalization.

b. Copy of the report will be forwarded to the individual's unit commander for inclusion on unit's morning report and further forwarding to custodian of individual's FDRF.

c. This procedure precludes necessity for completion and forwarding through channels of DD Form 261 and DA Form 2173 by medical, company, and other administrative personnel for eventual permanent filing in OMPF. Requirement still exists for formal LD for the following:

(1) Injuries or diseases incurred while under drug influence.

(2) Personnel who have not volunteered for treatment or who were identified as users but not under Drug Identification and Treatment Program of the US Army.

(3) Personnel who initially wish to appeal LD finding.

3-3. Nature of evidence to be considered. Statements of witnesses as well as documentary evidence will be considered. The weight given to any particular item of evidence rests in the sound judgment of the investigating officer.

a. Statements by witnesses will be recorded on DA Form 2823 (Witness Statement).

b. Any statement of a person in the Armed Forces that is against his interests and that relates to the origin, incurrence, or aggravation of any injury or disease suffered by him will be considered only if the individual has first been advised that he has the right not to make such a statement.

c. A copy of a statement taken in another investigation may be used as an exhibit to an

LD investigation providing the conditions below are met. Such statements will clearly be identified as to type of investigation from which they were extracted and the source of the statement.

(1) The information contained in the statement must be material to a determination of LD.

(2) The individual being investigated must be permitted to examine the statement and allowed to refute any unfavorable testimony.

(3) Accident reports listed in AR 385-40 which are safeguarded information may not be used as evidence or to obtain evidence in determining the misconduct or LD status of any person.

d. Standard Form 89 and/or 93 (Report of Medical History), signed prior to the time the individual subject to the investigation became a member of the Army, and Standard Form 88 (Report of Medical Examination) are admissible as evidence in LD investigations. Care should be taken in the evaluation and interpretation of medical records as evidence. Advice and assistance should be sought from medical officers when using these records. Whenever the sources of information in medical records are not clearly identified, the sources should be ascertained. If the source cannot be identified or appears to be of dubious value, this factor should be considered in whatever weight, as evidence, this information is given in the investigation.

3-4. Time limits for LD actions. LD actions must be completed within the time limits indicated in this chapter. When an investigation is not accomplished within the established time frames, a resume will accompany the investigation, signed by the special or general court-martial authority, outlining the reasons for the delay, including a chronology of actions by date, from the time of the incident until the date the investigation is forwarded. Delegation of authority to sign the resume is authorized only in those instances where the final approving authority also serves as the

appointing authority or reviewing authority. In such cases, the final approving authority or reviewing authority. In such cases, the final approving authority may designate officers of the Adjutant General's Corps, not below the grade of lieutenant colonel, to authenticate the resume.

3-5. Processing LD actions. a. *Informal investigations.* As indicated in table 3-2.

b. *Formal investigations.* As indicated in table 3-3.

3-6. Notification of completed actions. Disposition of reports of investigation will be accomplished as indicated in the appropriate table. In death cases, no other notification is necessary. In cases involving injury or disease, the final approving authority will notify the following individuals of the results of the investigation:

a. The individual whose LD status has been investigated. The notification to the individual will include a copy of the investigation and any exhibits, except reports by criminal investigators. When a CID report is removed, the individual will be informed that the Commanding Officer, US Army Criminal Investigation Command, Washington, DC 20315, is the releasing authority for information contained in that report. The notification letter will also advise the individual in detail of his right to appeal any adverse determination, through the final approving authority, to The Adjutant General (para 3-7 and 3-8). A statement that one copy of the report of investigation has been furnished to the individual, either in person or by mail, or a statement that the individual's copy has been forwarded to him ((1) and (2) below) will be included in item 9g, DD Form 261. If the individual has been transferred from the command of the final approving authority and his forwarding address is unknown, his copy will be forwarded by letter of transmittal as indicated below, citing this paragraph, and requesting that the copy of the report be transmitted to the individual:

(1) *For officers.* To HQDA (DAAG-PSR-O) Washington, DC 20310.

(2) *For enlisted personnel.* To Commanding Officer, US Army Personnel Services Center, Ft Benjamin Harrison, IN 46249.

b. The reviewing authority, who will in turn forward a copy of the notification to the appointing authority.

c. The Chief, National Guard Bureau, in all cases involving ARNGUS personnel in which the Chief, National Guard Bureau, is not the final approving authority.

d. The commanding officer of the medical treatment facility completing section I of DA Form 2173.

e. Chief of Personnel Operations, ATTN: (appropriate career branch), Department of the Army, Washington, DC 20315, for all officers and warrant officers on active duty for more than 30 days when the final determination is "not in line of duty—due to own misconduct."

3-7. Appeals. a. The individual may appeal, in writing, within 45 days after receipt of notification of the finding. Appeals not submitted within this time limit require a detailed explanation by the individual of the reason for the delay.

(1) If the subject is assigned within the geographic area of responsibility of the final approving authority, the appeal will be forwarded through channels to the final approving authority. If the final approving authority determines that there is no basis for a change in the finding, he will so indicate by indorsement and forward the appeal to HQDA (DAAG-PSC) Washington, DC 20314.

(2) If the subject is no longer in the geographic area of responsibility of the final approving authority, he may submit his appeal directly to HQDA (DAAG-PSC-S) Washington, DC 20314.

b. Any change in the finding of the investigation based on an appeal requires the same notification action as the original investigation.

3-8. Revision or correction of LD findings by the Secretary of the Army. The Secretary of the Army, or The Adjutant General act-

ing for him, may at any time change a finding made under this regulation to reflect the correct conclusion based upon the facts. When a determination is changed after final action has been taken to award statutory benefits administered by the Army (such as entitlement to disability retired pay), the changed finding does not necessarily permit the statutory award. Final statutory determinations may be changed only upon discovery of fraud, manifest error, mathematical miscalculation, or substantial new evidence which could not have been discovered with due diligence at the time of the investigation.

3-9. Completion of DA Form 2173 (Statement of Medical Examination and Duty Status).

a. The hospital commander, registrar, or attending doctor will complete Section I of DA Form 2173 in 6 copies. This section will show the nature and extent of the injury.

b. The organization commander will complete Section II of DA Form 2173 to show duty status at the time of the incident. If the individual is AWOL, the following information will be included in the remarks section of DA Form 2173:

(1) *Normal duty assignment.*

(2) The scheduled hours of such duty (including length of duty week).

(3) If absent because of breaking restriction, the date the restriction was imposed, duration, reason, and the date and hour the individual was notified of the restriction.

(4) If the individual's pass privileges were revoked, when and why they were revoked and for how long.

(5) If hospitalized as a result of injuries received or disease contracted prior to the termination of unauthorized absence, the hour and date of admission to the hospital.

(6) If reported AWOL for overstaying leave or pass, the hours and effective dates of the leave or pass and the time that the period of AWOL began.

(7) If reported AWOL because of deviating from an authorized route, the authorized route and the deviation will be fully explained.

(8) When there is a requirement that an individual be present at a specific location between specified hours, the pertinent part of the directive establishing the requirement will be extracted and attached to DA Form 2173.

c. "THRU" and "TO" addressees must approve and/or authenticate findings on the reverse of DA Form 2173.

d. A completed DA Form 2173 is shown in Figure 3-1 and a sample authentication is shown in figure 3-2.

3-10. Completion of DD Form 261 (Report of Investigation—Line of Duty and Misconduct Status). a. The investigating officer will prepare his report on DD Form 261. The report will be prepared in 6 copies.

b. The report will be unclassified unless the circumstances involve security, or classified exhibits are attached. Classified security information will not be attached unless it is material to the investigation.

c. The following information will be included in item 9g of DD Form 261 whenever appropriate:

(1) Reason(s) for failure to interview a living person whose LD status is being investigated or any witnesses whose testimony may have been material.

(2) Clarification of any discrepancy in the date and place of injury or death or in the evidence as to the duty status of the individual.

(3) Comments of the investigating officer concerning the credibility of statements of witnesses.

d. Documentary exhibits, as appropriate, will be attached to DD Form 261 in the following order (Exhibit A, B, etc.):

(1) Order appointing the investigating officer.

(2) DA Form 2173 (Statement of Medical Examination and Duty Status).

(3) Copy of orders to active duty, or periodic advance training schedule for Guardsmen/Reservists on active duty or Reserve duty training.

(4) Report of autopsy or summary of that report.

(5) Report of inquest.

(6) Laboratory reports not included elsewhere.

(7) Statements of witnesses and individual being investigated.

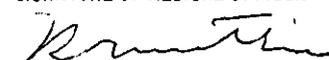
(8) Photographs which are relevant to the case (highway markings, terrain, etc.).

(9) Copy of letter of sympathy written to the next of kin in death cases.

(10) Any other exhibits material to the case, except criminal reports.

(11) A copy of any report conducted by criminal investigators.

e. A completed DD Form 261 is shown in figure 3-3.

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS			
For use of this form, see AR 600-33; the proponent agency is The Adjutant General's Office.			
THRU: (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code)	
Commanding Officer Ft Myer, VA 22211	Commanding General MDW, US Army Washington, DC 20315	Commanding Officer DeWitt Army Hospital Ft Belvoir, VA 22060	
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle initial)		2. SERVICE NUMBER	3. GRADE
Doe, John F.		000-00-0000	SFC (E7)
4. ORGANIZATION AND STATION		5. ACCIDENT INFORMATION	
Co Z, 3d Inf Regt, Ft Myer, VA		a. DATE	b. PLACE (City and State)
		2 Jan 71	Alexandria, VA
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL REGISTRAR (From hospital records)			
6. INDIVIDUAL WAS		7. NAME OF HOSPITAL	
<input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL		DeWitt Army Hospital, Ft Belvoir, VA 22060	
		<input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY	
8. HOUR AND DATE ADMITTED		9. HOUR AND DATE EXAMINED	
0055, 2 Jan 71		0055, 2 Jan 71	
10. NATURE AND EXTENT OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain)			
Fractured Skull			
11. MEDICAL OPINION: INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input checked="" type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> DRUGS (Specify):			
<input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach psychiatric evaluation if appropriate). INJURY <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO			
RESULT IN CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE: <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY.			
BASIS FOR OPINION: Medical records and examinations.			
12. THE FOLLOWING DISABILITY MAY RESULT		13. BLOOD ALCOHOL TEST MADE	14. NO. OF MG ALCOHOL/100 ML BLOOD
<input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	05 mg/100 ml
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)			
Patient was a passenger in an automobile involved in an accident on Duke Street in Alexandria, VA.			
16. DATE	17. TYPED OR PRINTED NAME OF MEDICAL OFFICER	18. SIGNATURE OF MEDICAL OFFICER	
2 Jan 71	RICHARD MARTIN, MAJOR, MC		
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER			
19. DUTY STATUS		20. HOUR AND DATE OF ABSENCE	
<input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY		a. FROM	
<input checked="" type="checkbox"/> ABSENT WITH AUTHORITY: <input checked="" type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE		0001 hrs 30 Dec 70	
		b. TO	
		0055 hrs 2 Jan 71	
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
22. INDIVIDUAL WAS ON		23. HOUR AND DATE TRAINING	
<input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING		a. BEGAN	
<input type="checkbox"/> INACTIVE DUTY TRAINING		b. ENDED	
		NA NA	
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING		<input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING NA*	
25. MODE OF TRANSPORTATION		27. DISTANCE INVOLVED	
NA		NA	
26. HOUR BEGINNING TRAVEL		28. NORMAL TIME FOR TRAVEL	
NA		NA	
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE			
<input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY			
30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse)			
SFC Doe was a passenger in a POV driven by PV2 Robert Young, which was involved in an accident at 0030 hours, 2 Jan 71, with a car driven by Mr James Jones, on Duke Street, Alexandria, VA. Mr Jones made a left turn suddenly and without signalling, directly in front of PV2 Young's car who could not avoid striking Mr Jones' car. Mr Jones was cited by Alexandria policeman, Joe Righteous, for a number of violations.			
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED		32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
33. DATE	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER	35. SIGNATURE OF UNIT COMMANDER OR UNIT ADVISER	
4 Jan 71	DAVID S. JOHNSON, CPT		

DA FORM 2173
1 JUN 66

REPLACES EDITION OF 1 AUG 59, WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED.

Figure 8-1.

Doe, John F., SFC (E7), SSN: 000-00-0000

HQ, FT MYER, VA 22211
Approved.

7 Jan 71


R. W. FRANZ
Colonel, Inf
Commanding

HQ, MILITARY DISTRICT OF WASHINGTON, US ARMY, WASHINGTON, DC 20315
Approved.

15 Jan 71

BY AUTHORITY OF THE SECRETARY OF THE ARMY (AR 600-33):


N. B. ELDRED
Colonel, AGC
Adjutant General

Figure 3-2.

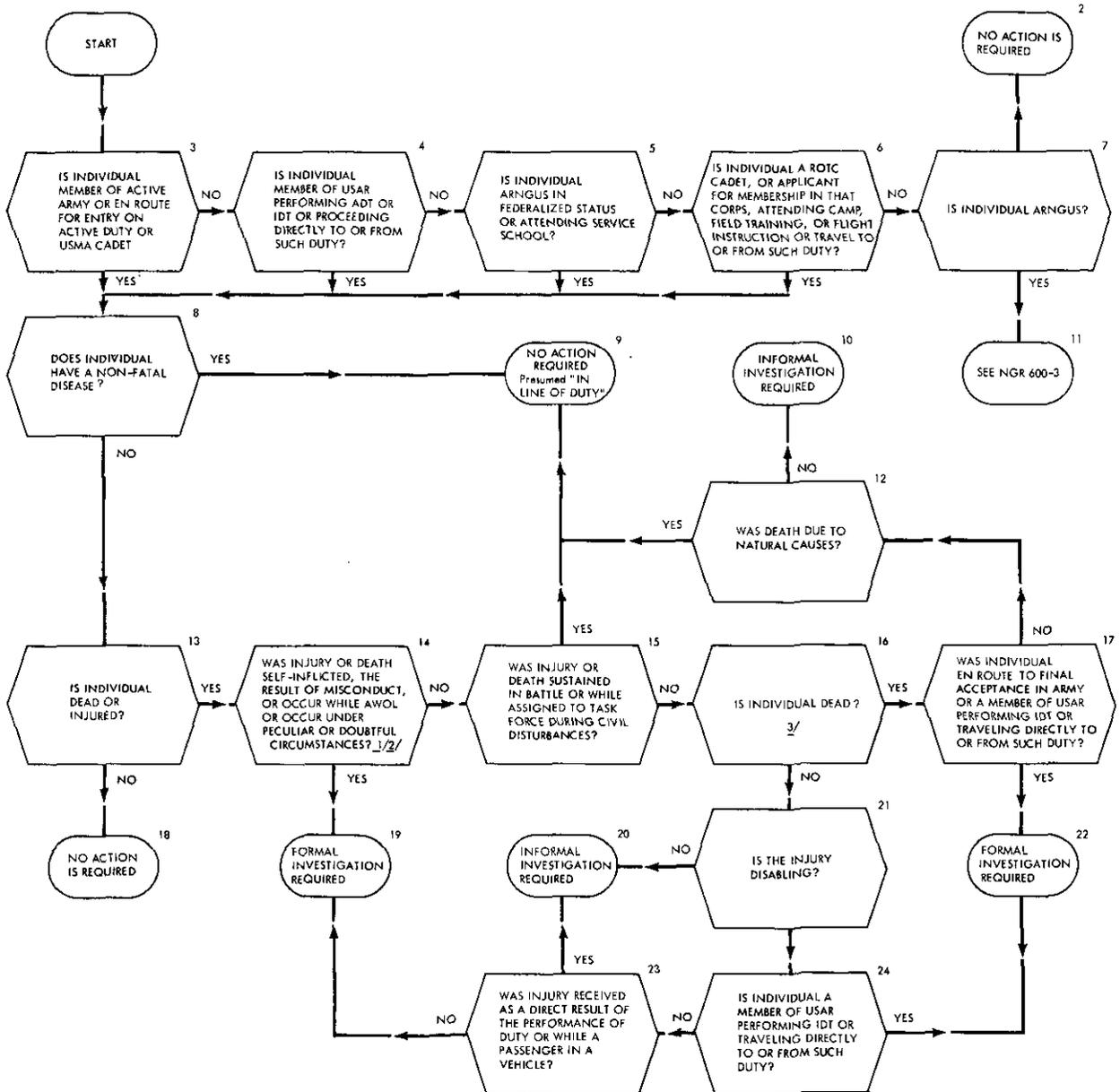
REPORT OF INVESTIGATION LINE OF DUTY AND MISCONDUCT STATUS (AR 600-33 or AFR 35-67)						DATE 8 Jul 71					
1. INVESTIGATION OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> DEATH				3. STATUS a. <input checked="" type="checkbox"/> REGULAR OR LEAD							
2. TO: (Major Army or Air Force Commander) Commanding General First US Army Fort George G. Meade, Maryland 20755				b. CALLED OR ORDERED TO AD FOR (1) <input type="checkbox"/> MORE THAN 30 DAYS (2) <input type="checkbox"/> 30 DAYS OR LESS c. <input type="checkbox"/> INACTIVE DUTY TRAINING (Type) d. <input type="checkbox"/> SHORT TOUR OF ACTIVE DUTY FOR TRAINING							
4. LAST NAME - FIRST NAME - MIDDLE INITIAL JONES, JOHN J.		5. SERVICE NUMBER 000-00-0000		6. GRADE SSG E-6		7. ORGANIZATION AND STATION OF INDIVIDUAL SPB, Fort Devens, Massachusetts					
8. OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT (Last Name - First Name - Middle Initial)			SERVICE NUMBER	GRADE	LOD INVESTIGATION MADE YES NO		DURATION (Applies ONLY to 3c and 3d)				
None							DATE	HOUR			
							START				
							FINISH				
9. BASIS FOR FINDINGS (As determined by investigation)											
a. CIRCUMSTANCES Unknown		(1) HOUR		(2) DATE 4 Jul 71		(3) PLACE Quebec, Canada					
(4) HOW SUSTAINED Attempted Suicide				b. MEDICAL DIAGNOSIS Brain Syndrome							
c. <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT PRESENT FOR DUTY				(Do not complete e and f in death cases) e. INTENTIONAL MISCONDUCT OR NEGLIGENCE <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT THE PROXIMATE CAUSE							
d. ABSENT <input type="checkbox"/> WITH <input checked="" type="checkbox"/> WITHOUT AUTHORITY				f. <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT MENTALLY SOUND							
8. REMARKS On 4 July 1971, EM was admitted to Queens General Hospital, Quebec, Canada, following an apparent suicide attempt. SSG Jones was reported to have swallowed 2 bottles of sleeping pills, inflicted multiple lacerations on his left arm with a razor blade, and then jumped from a 4th floor window of the hotel in which he was registered. Investigation reveals SSG Jones was undergoing psychiatric treatment at FT Devens Hospital and psychiatrist states he was not mentally sound. However, since EM was AWOL at time of suicide attempt, my finding must be NOT IN LINE OF DUTY. EM unable to be questioned.											
10. FINDINGS (Do not complete in death cases) <input type="checkbox"/> IN LINE OF DUTY <input checked="" type="checkbox"/> NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT <input type="checkbox"/> NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT				ORGANIZATION AND STATION OF INVESTIGATING OFFICER HQ, Ft Devens, Mass. 01433 SIGNATURE AND TYPED NAME OF INVESTIGATING OFFICER <i>J. O. Smith</i> J. O. SMITH GRADE BRANCH SERVICE NUMBER MAJ INF 000-00-0000							
ACTION BY APPOINTING AUTHORITY				ACTION BY REVIEWING AUTHORITY							
HEADQUARTERS		DATE		HEADQUARTERS		DATE					
				HQ, Ft Devens, Mass 01433		12 Jul 71					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Reasons and substituted findings are on reverse)				<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED FOR THE COMMANDER: (Reasons and substituted findings are on reverse)							
SIGNATURE AND TYPED NAME SAME AS REVIEWING AUTHORITY				SIGNATURE AND TYPED NAME <i>Jack A. Stern</i> JACK A. STERN							
GRADE		BRANCH		SERVICE NUMBER		GRADE		BRANCH		SERVICE NUMBER	
						Colonel		AGC		000-00-0000	
FOR ACTION OF OFFICE INDICATED IN ITEM 2											
HEADQUARTERS FIRST UNITED STATES ARMY, FORT GEORGE G MEADE, MARYLAND 20755 19 Jul 71 Disapproved. Changed to IN LINE OF DUTY, per Rule 11, DA Pam 27-6. EM not mentally sound at inception of AWOL. BY AUTHORITY OF THE SECRETARY OF THE ARMY (AR 600-33): <i>Robert N. Davis</i> ROBERT N. DAVIS Colonel, AGC Adjutant General											

DD FORM 261
1 OCT 65

REPLACES EDITION OF 1 AUG 58. EXISTING SUPPLIES OF WHICH WILL BE USED UNTIL EXHAUSTED.

Figure 3-3.

Table 3-1. Requirements for LD Actions



1/ Including all apparent suicides and all cases where circumstances suggest that a finding of NOT IN LINE OF DUTY may be made by VA or another organization.

2/ If individual was absent more than 120 days and he died, no investigation is required unless there is evidence that individual was mentally unsound at inception of absence.

3/ Death from a cause previously subject to a LD investigation requires no further investigation unless individual is AWOL, or death is due to misconduct or self-inflicted.

TABLE 3-2

PROCESSING INFORMAL INVESTIGATIONS

Line	this person	will perform these actions	within ¹
1	medical facility commander ²	Complete Section I, DA Form 2173, in six copies (para 3-9) and forward to the individual's unit commander. ^{3,4}	3 days after incident
2	individual's unit commander	Complete Section II, DA Form 2173, attach supporting documentation, and forward all copies to the officer having special court-martial jurisdiction over unit	7 days after incident
3	special court-martial authority	<i>Review the investigation for completeness and required documentation</i> (1) If approved, annotate form as follows (preceded by official designation of headquarters and date, and followed by signature and signature block): (a) For injury or disease: "Reviewed for completeness. In line of duty." (b) For deaths: "Reviewed for completeness. No determination made." <i>After annotating form, forward to the general court-martial authority</i> (2) If disapproved, direct that a formal investigation be conducted	15 days after incident
4	general court-martial authority	<i>Review the investigation for completeness and required documentation</i> (1) If approved, annotate as in Line 3 and forward to final approving authority (2) If disapproved, return to special court-martial authority and direct that a formal investigation be conducted	21 days after incident
5	final approving authority	<i>Review the investigation for completeness and required documentation</i> (1) If approved: (a) annotate the form as in Line 3, with the following preceding signature: "BY AUTHORITY OF THE SECRETARY OF THE ARMY (AR 600-33)" (b) Forward the completed investigation as follows: <i>For disease or injury: To the repository for the OMPF.⁵</i> <i>For deaths: To Chief, Casualty Division, TAGO, DA Washington, DC 20314</i> (c) <i>Notify the individual in disease or injury case (para 3-6)</i> (2) If disapproved, return to the general court-martial authority and direct that a formal investigation be conducted	30 days after incident

¹ If investigation extends beyond time limits, see paragraph 3-4.

² Commander having physical or administrative responsibility for the medical facility in which individual is treated or pronounced dead.

³ An extra copy of DA Form 2173 will be prepared for National Guard personnel attending service school under the jurisdiction of the Army or performing ADT under REP-63. This copy will be filed in the individual's field MPRJ which is returned to the State Adjutant General at the end of service school or ADT.

⁴ For Reserve personnel who incur an injury during IDT and are treated by a civilian physician, DA Form 2173 will be completed by the civilian physician and the unit commander.

⁵ For officers: The Adjutant General, ATTN: DAAG-PSR-O, 3511 Carlin Springs Road, TAGO Bldg, Falls Church, VA 22046.

For enlisted: Commanding Officer, USA Enlisted Personnel Support Center, ATTN: AGPE, Ft. B. Harrison, IN 46249.

USAR personnel: CG, US Army Reserve Components Personnel and Administration Center, 9700 Page Blvd, St. Louis, MO 63132.

ROTC cadets: IAW AR 145-124.

Located in Back of Manual

APPENDIX
CONDUCT OF A FORMAL INVESTIGATION
(Guidance for Investigating Officers)

1. Formal LD investigations will be conducted according to the procedures contained in AR 15-6 and the supplemental guidance contained in this appendix.

2. The investigating officer will insure that pertinent sections of DA Form 2173 are completed as shown in paragraph 3-9.

3. Primary effort should be directed toward acquiring evidence from persons who have a personal knowledge of an incident or of material conditions and circumstances leading up to the incident. So far as practicable, all known witnesses who have a personal knowledge of the facts will be interviewed. Although spontaneous statements are preferable to questions and answers, such statements are often ambiguous or obscure on material points. In such cases, the testimony will be developed further by recorded questioning by the investigating officer. If the testimony is conflicting, the witnesses will be reinterrogated to determine the facts. Where investigation of any injuries or deaths results in the testimony of a group of individuals who may be suspected of giving partial testimony, such as members of the same organization as the injured or deceased person, every effort will be made to locate other witnesses who may be disinterested and impartial.

4. If it is not well established by a coroner's inquest or other means that death was accidental or the result of foul play or self-destruction, the investigating officer will recommend to the appointing authority that an officer be appointed to conduct an inquest.

5. In cases of disease, particular consideration will be given to the question of whether

the illness was due to any condition or disease which existed prior to entry upon active duty.

6. If it is known, suspected, or alleged that the individual was under the influence of intoxicants, hallucinogens, or drugs, an attempt will be made to determine the extent of the influence as it may be a material point in determining the extent of misconduct.

a. Testimony of witnesses will be secured as to the general behavior, rationality of speech, and muscular coordination of the individual as compared to similar factors at a time when it was known that the individual was not under any such influence.

b. Blood alcohol and other tests for intoxicants will be made whenever appropriate and feasible and lawful. When obtained, the results will be added as an exhibit to the report of investigation.

c. Laboratory tests may be made if use of narcotics or dangerous drugs is in question. Such tests constitute a medical officer's aid to diagnosis and will be interpreted only by a medical officer or a physician.

7. In a case of apparent or attempted self-destruction, or any case in which the mental competency is questioned, the investigating officer will obtain the opinion of a psychiatrist as to the mental condition of the individual. In addition, the investigating officer will extend his investigation to include all available evidence concerning the mental condition of the individual during and prior to the events leading up to apparent or attempted self-destruction which might disclose the cause, nature, and extent of any mental unsoundness. Every clue pointing to a possible source of

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evidence that may be material to any point will be followed. If the individual was AWOL at the time of self-destruction, evidence will be obtained which will describe the factors associated with the individual's mental condition both at the commencement of the AWOL and at the time of the incident.

8. If resistance to custody by law enforcement agents is alleged, the investigation will be extended to determine whether lighting condition, uniforms, and other similar factors were such that the individual concerned should have recognized the agents as such; should have un-

derstood any instructions or commands given; and should have understood the degree of restraint imposed.

9. If death resulted from actions of another person who is still alive, a statement of the disciplinary action to be taken against the other person will be obtained.

10. Based upon the principles outlined in this regulation and in DA Pam 27-6, the investigating officer will complete the investigation and forward his report as indicated herein.

The proponent agency of this regulation is The Adjutant General's Office. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications) direct to HQDA (DAAG-PSC-S), Washington, DC 20314.

By Order of the Secretary of the Army:

Official:

VERNE L. BOWERS,
*Major General, United States Army,
The Adjutant General.*

W. C. WESTMORELAND,
*General, United States Army,
Chief of Staff.*

Distribution:

Active Army, ARNG, USAR: To be distributed in accordance with DA Form 12-9 requirements for AR, Personnel General—A (Qty Rqr Block No. 434).

0001153318



TABLE 3-3

PROCESSING FORMAL INVESTIGATIONS

Line	this person	will perform these actions	within ¹
1	commander having physical or administrative responsibility for medical facility in which individual was treated or pronounced dead	Complete Section I, DA Form 2173, in six copies (para 3-9) and forward the form as shown below: <i>If individual's unit of assignment is within area of responsibility of final approving authority:</i> One copy to final approving authority and original and remaining copies to individual's unit commander. <i>If individual's unit of assignment is in another area:</i> Original to individual's unit commander and all copies to final approving authority.	3 days after incident
2	individual's unit commander	Complete Section II, DA Form 2173, attach supporting documentation, and forward the form as shown below: <i>If incident occurred in same area in which unit is located:</i> To the appointing authority. <i>If incident occurred in different area:</i> To the final approving authority.	5 days after incident
3	final approving authority	If the individual's unit of assignment is located in a different area, appoint a unit to conduct the investigation, and forward DA Form 2173 to that unit when received from individual's unit commander.	Concurrently with above
4	appointing authority	Appoint on orders a disinterested commissioned officer to conduct the investigation. ²	7 days after incident
5	investigating officer	Conduct a formal investigation as outlined in this regulation (see appendix), make a report on DD Form 261 (para 3-10), and forward the report to the appointing authority.	30 days after incident
6	appointing authority	Review the investigation, complete the block titled "Action by the Appointing Authority" on DD Form 261, retain one copy of the report and forward the original and remaining copies to the reviewing authority. ^{3,4,5}	35 days after incident
7	reviewing authority	Review the investigation, complete the block titled "Action by the Reviewing Authority" on DD Form 261, retain one copy of the report, and forward the original and remaining copies to final approving authority. ^{3,4}	40 days after incident
8	final approving authority	Review the investigation and enter the official designation of the headquarters, date, approval or disapproval of the findings (see below), signature, and signature block: <i>Disease or injury:</i> One of the following, as appropriate: a. "Approved. BY THE AUTHORITY OF THE SECRETARY OF THE ARMY (AR 600-33)" b. "The findings of the reviewing authority are disapproved and the following substituted therefor: _____" Reasons for disapproval are: _____ BY AUTHORITY OF THE SECRETARY OF THE ARMY (AR-600-33)" ⁶ (Or as shown in fig. 3-3). <i>Death cases:</i> "Reviewed for completeness. No determination made. BY AUTHORITY OF THE SECRETARY OF THE ARMY (AR 600-33)" Retain one copy of the investigation and forward one copy to commander who initiated DA Form 2173 (line 1, above). If individual is dead, forward the original and one copy of the report to Chief, Casualty Division, DA 20314. In cases of injury or disease forward original of report to custodian of the individual's OMPF ⁷ and one copy to the individual under investigation. ⁸ Accomplish notification required by paragraph 3-6, this regulation.	45 days after incident

¹ If investigation extends beyond time limits, see paragraph 3-4, this regulation.

² The same officer should be appointed to investigate all injuries or deaths which occurred as a result of a single incident. Officers who are in a position to offer evidence in the case and/or individual's unit commander will not be appointed as investigating officer. (The investigating officer may also be appointed to investigate a claim or possible future claim(s) LAW AR 27-20 if a separate claims investigation is required. The LD investigation will be in lieu of the investigation by a claims officer required by AR 27-20 if the injury or death of the person whose LD status is being investigated is the only basis for a claim against the Government or other party or agency.)

³ If the individual is a National Guardsman performing duty under Title 32, US Code, Section 502, 504, or 505, the appointing authority will forward the original and 4 copies of the report of investigation to the Adjutant General of the State from which the individual was ordered to duty rather than to the reviewing authority (see NGR 600-3).³

⁴ If the individual was a member of another service, the appointing authority will forward the original and 4 copies of the report of investigation as indicated below rather than to the reviewing authority:

US NAVY AND US MARINE CORPS: The Judge Advocate General
Office of the Secretary of the Navy
Washington, DC 20350

US AIR FORCE: Director of Military Personnel
Headquarters, USAF
ATTN: AFMPM-9-1
Washington, DC 20330

US COAST GUARD: Chief Medical Officer
United States Coast Guard
Washington, DC 20226

⁵ Officers indicated in lines 6, 7, or 8 may change a finding previously made. When a finding is changed, the reasons for that change will be indicated on the reverse of DD Form 261, if there is no room on the front.

⁶ If the same officer serves as the appointing and reviewing authority, the entry "SAME AS REVIEWING AUTHORITY" will be made in the block titled "Action by Appointing Authority."

⁷ If the same officer acts as reviewing authority and final approving authority, the entry "SAME AS FINAL APPROVING AUTHORITY" will be made in the block titled "Action by Reviewing Authority."

⁸ See note 5, Table 3-2.

⁹ CID reports will not be included in the copy sent to the individual.

¹⁰ If finding is NOT IN LINE OF DUTY, final approving authority must also take appeal action outlined in paragraph 3-7.