

State of Kansas, Military Division
The Adjutant General's Department
Topeka, Kansas, 26 September 1991

LINE OF DUTY DETERMINATIONS

THIS SOP IMPLEMENTS LINE OF DUTY DETERMINATION PROCEDURES
CONTAINED IN NGR 600-3, REFLECTS POLICY OF THE ADJUTANT GENERAL,
AND ESTABLISHES POLICY AND PROCEDURES FOR CONDUCTING LINE OF
DUTY INVESTIGATIONS WHEN ON STATE ACTIVE DUTY.

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This SOP supersedes KNGR 600-3 dated 21 Aug 87.

SECTION I

GENERAL

1-1. References.

- a. KS SOP 40-3.
- b. NGR 600-3.
- c. AR 600-8-1.
- d. DA Pamphlet 27-6.
- e. Military & Civil Defense Laws of Kansas, Chapter 48, Section 261.

1-2. Policy. It is the policy of The Adjutant General of Kansas that line of duty determinations be made in accordance with the above referenced regulations, laws and additional amended instructions contained herein. A Line of Duty and Related Activities Checklist is at Annex D.

1-3. Notification Procedures. AGO Kan Form 70, Report of Incident, will be submitted in original and one (1) copy, to AGKS-DOP-M, in each instance which requires a line of duty investigation. AGO Kan Form 70 will be prepared and submitted directly to AGKS-DOP-M, with an information copy to each intermediate headquarters, to arrive within 72 hours of the incident.

SECTION II

INACTIVE DUTY/ADSW/AT/AGR

2-1. Administrative Determination.

a. If the soldier is returned to duty prior to the end of training period with no further treatment anticipated, DA Form 2173 may be prepared for the disease or injury that the Medical Officer/Medical Doctor and the unit commander agree as being in line of duty. If the unit commander and medical doctors do not agree to the duty status of the soldier or it is apparent that the incident was not in line of duty, then a formal investigation is required.

b. DA Form 2173 will be prepared when treated by military or civilian facilities in accordance with NGR 600-3, paragraph 4a, and disposed of as follows:

(1) Prepare original and three (3) copies.

(2) Retain a copy in the unit's suspense file.

(3) Original and two (2) copies will be forwarded to AGKS-DOP-M for review/final approval and distribution. Units will not send a copy of DA Form 2173 direct to the USP&FO as prescribed by NGR 600-3.

(4) Original copy will be returned to the unit for filing as a permanent document in DA 201 file.

c. Care will be taken to ensure that all items on DA Form 2173 are complete in every detail. (See Annex A) Units will encourage medical doctors and/or medical officers to complete Item 15 to indicate, in their opinion, if further medical care is required.

d. Administrative determinations will be completed and forwarded to arrive at AGKS-DOP-M within 5 days from time of incident.

e. Administrative determination is required for all AGR personnel on all diseases/injuries incurred during tour of duty, unless informal or formal investigation is required as outlined in this SOP.

2-2. Informal Investigations.

a. Informal investigations are required in the following instances:

- (1) Treatment will extend beyond period of training.
- (2) Incapacitation pay may result.

b. The following items must be included in an informal line of duty investigation. Exhibits will be marked in the lower left hand portion of the page approximately (1) inch from the margin.

- (1) DA Form 2173. (See Annex A)
- (2) Exhibit A: Statement of member.
- (3) Exhibit B: Statement from available witness(es).
- (4) Exhibit C: Clinical narrative summary for member treated at either a civilian or military medical treatment facility. Comments made by the medical doctor or medical officer in Items 6 through 18, DA Form 2173, will not be considered as an appropriate substitute for exhibit purposes.

c. Complete informal investigations will be forwarded to arrive in AGKS-DOP-M within ten (10) days from the date of incident.

- (1) DA Form 2173 and all exhibits will be prepared in original and four (4) copies.
- (2) Retain a copy in the unit's suspense file.
- (3) Original and three (3) copies will be forwarded to AGKS-DOP-M for approval and further distribution.
- (4) Upon final decision from AGKS-DOP-M, the original and one (1) copy will be returned to the unit. Original will be filed as a permanent document in DA 201 File and duplicate copy will be provided to the soldier.

2-3. Formal Investigation.

a. Formal investigation is required in each of the following instances:

- (1) Permanent disability may result.
- (2) Death resulted.
- (3) Result of misconduct.

SECTION II

INACTIVE DUTY/ADSW/AT/AGR

2-1. Administrative Determination.

a. If the soldier is returned to duty prior to the end of training period with no further treatment anticipated, DA Form 2173 may be prepared for the disease or injury that the Medical Officer/Medical Doctor and the unit commander agree as being in line of duty. If the unit commander and medical doctors do not agree to the duty status of the soldier or it is apparent that the incident was not in line of duty, then a formal investigation is required.

b. DA Form 2173 will be prepared when treated by military or civilian facilities in accordance with NGR 600-3, paragraph 4a, and disposed of as follows:

(1) Prepare original and three (3) copies.

(2) Retain a copy in the unit's suspense file.

(3) Original and two (2) copies will be forwarded to AGKS-DOP-M for review/final approval and distribution. Units will not send a copy of DA Form 2173 direct to the USP&FO as prescribed by NGR 600-3.

(4) Original copy will be returned to the unit for filing as a permanent document in DA 201 file.

c. Care will be taken to ensure that all items on DA Form 2173 are complete in every detail. (See Annex A) Units will encourage medical doctors and/or medical officers to complete Item 15 to indicate, in their opinion, if further medical care is required.

d. Administrative determinations will be completed and forwarded to arrive at AGKS-DOP-M within 5 days from time of incident.

e. Administrative determination is required for all AGR personnel on all diseases/injuries incurred during tour of duty, unless informal or formal investigation is required as outlined in this SOP.

2-2. Informal Investigations.

a. Informal investigations are required in the following instances:

(4) Injury/disease received or contracted during period of unauthorized absence.

(5) Not in line of duty.

(6) Hernia, rupture cases, or ulcer.

(7) Back injury, if preexisting.

(8) Mental, psychoneurotic or personality disorders.

(9) Injury or disease condition sustained traveling to or from all types of training.

b. The following items must be included in all formal line of duty investigations. Exhibits will be marked in the lower left hand portion of the page approximately one (1) inch from margin.

(1) DD Form 261. (See Annex B)

(2) Exhibit A: Appointment of Investigative Officer.
(See Annex C).

(3) Exhibit B: DA Form 2173. (See Annex A)

(4) Clinical narrative as described in NGR 600-3, paragraph 6a(2).

(5) Exhibit F: Statement of member.

(6) Exhibit G: Statement of available witness(es).

(7) Exhibit H: Accident report if investigated by civil or military authorities.

c. Formal investigations will be completed and forwarded to arrive in AGKS-DOP-M within twenty (20) days from date of incident.

(1) DD Form 261 and all exhibits will be prepared in original and three (3) copies.

(2) Retain a copy in the unit's suspense file.

(3) Original and two (2) copies will be forwarded to AGKS-DOP-M for approval and further distribution.

(4) Upon final decision from NGB, the original and one (1) copy will be returned to the unit. Original will be

filed as a permanent document in DA 201 File and duplicate copy will be provided to the soldier.

2-4. Payments. Payment of medical expense and authorization for incapacitation pay, if authorized, is dependent upon an approved line of duty determination. Medical care information is contained in KS SOP 40-3 and NGR 40-3. Payment of incapacitation pay will be determined on a case-by-case basis, based upon information furnished on AGO Kan Form 70.1 or AGO Kan Form 70.2 and the following rules:

a. Loss of income to include either civilian and/or military salary, for all injuries or disease conditions found to be in line of duty, will be considered.

b. Incapacitation pay will be offset by any private income protection insurance plan. Private income protection insurance plans are interpreted to mean any insurance or other compensation plan that will pay any indebtedness or provide monies.

c. The maximum period of payments will not exceed six months unless a greater period of time is authorized by Department of the Army.

d. Loss of income will be considered under the following conditions:

(1) If the service member is unable to perform both his/her civilian occupation and normal military duty. The incapacitation pay will be paid based on military grade and years of service, less any income protection compensation.

(2) If the service member is able to work at his/her civilian occupation but is unable to perform military duty, then incapacitation pay will be limited to inactive duty for training pay that would have been earned during the period of incapacitation.

(3) If the service member is unable to perform his/her civilian occupation but is able to perform military duty, the incapacitation pay will be paid based on the military grade and years of service less proceeds from military duty performed.

e. Additional supporting documentation will be required for verification of income loss as follows:

(1) Employed soldiers will furnish a letter from the employer stating the soldier is employed, AGO Kan Form 70.1.

(4) Injury/disease received or contracted during period of unauthorized absence.

(5) Not in line of duty.

(6) Hernia, rupture cases, or ulcer.

(7) Back injury, if preexisting.

(8) Mental, psychoneurotic or personality disorders.

(9) Injury or disease condition sustained traveling to or from all types of training.

b. The following items must be included in all formal line of duty investigations. Exhibits will be marked in the lower left hand portion of the page approximately one (1) inch from margin.

(1) DD Form 261. (See Annex B)

(2) Exhibit A: Appointment of Investigative Officer.
(See Annex C).

(3) Exhibit B: DA Form 2173. (See Annex A)

(4) Clinical narrative as described in NGR 600-3, paragraph 6a(2).

(5) Exhibit F: Statement of member.

(6) Exhibit G: Statement of available witness(es).

(7) Exhibit H: Accident report if investigated by civil or military authorities.

c. Formal investigations will be completed and forwarded to arrive in AGKS-DOP-M within twenty (20) days from date of incident.

(1) DD Form 261 and all exhibits will be prepared in original and three (3) copies.

(2) Retain a copy in the unit's suspense file.

(3) Original and two (2) copies will be forwarded to AGKS-DOP-M for approval and further distribution.

(4) Upon final decision from NGB, the original and one (1) copy will be returned to the unit. Original will be

(2) Self-employed soldiers will furnish a copy of prior year income tax form and a copy of a statement attesting to the loss of income, AGO Kan Form 70.2.

SECTION III

STATE ACTIVE DUTY

3-1. Determinations/Investigations.

a. Determinations/investigations will be conducted in all instances in the same manner as prescribed in Section II of this SOP, except that forms normally addressed to the Chief, National Guard Bureau, will be addressed to The Adjutant General of Kansas, P.O. Box C-300, Topeka, KS 66601-0300.

b. If soldier is performing State Duty and is also in a Federal ADT status without pay, the investigation will be submitted in accordance with Section II. In case of injury, the soldier's pay status may be changed to Federal status due to the type of injury and/or training being performed beginning with the day injury occurred. There are cases whereby soldiers are authorized to have their status changed from State Active Duty pay to Federal Active pay (incapacitation pay). This office will conduct a review on a case-by-case basis and advise the unit of assignment/attachment as to the final status of the soldier.

c. All documents and exhibits will be marked on the upper right corner "INVESTIGATION CONDUCTED IAW CHAPTER 48, SEC 261, MILITARY & CIVIL DEFENSE LAWS OF KANSAS".

d. Reasons for preparation and submission of administrative determinations, informal investigations and formal investigations as outlined in Section II of this regulation will apply to State Active Duty service.

e. AGO Kan Form 70 will be submitted in accordance with paragraph 1-3 of this SOP.

3-2. Entitlements. All entitlements to pay and medical care are dependent upon administrative determination or investigation which is approved by AGKS-DOP-M and other State agencies concerned with disbursement of funds.

KS SOP 600-3

26 September 1991

3-3. Changes. Changes to this SOP should be sent to the office of The Adjutant General of Kansas ATTN: AGKS-DOP-M, PO Box C-300, Topeka, KS 66601-0300.

FOR THE ADJUTANT GENERAL:

OFFICIAL:


LLOYD E. KRASE
COL, GS, KSARNG
Chief of Staff

JAMES F. RUEGER
Major General (KS), KSARNG
The Adjutant General

DISTRIBUTION:

A

SECTION III

STATE ACTIVE DUTY

3-1. Determinations/Investigations.

a. Determinations/investigations will be conducted in all instances in the same manner as prescribed in Section II of this SOP, except that forms normally addressed to the Chief, National Guard Bureau, will be addressed to The Adjutant General of Kansas, P.O. Box C-300, Topeka, KS 66601-0300.

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e. AGO Kan Form 70 will be submitted in accordance with paragraph 1-3 of this SOP.

3-2. Entitlements. All entitlements to pay and medical care are dependent upon administrative determination or investigation which is approved by AGKS-DOP-M and other State agencies concerned with disbursement of funds.

Instructions for Preparation of DA Form 2173

Preparation of DA Form 2173 is broken down by sections and/or individuals responsible for information provided.

UNIT COMMANDER:

- a. Address from your unit thru "CHANNELS" to "Chief, National Guard Bureau, Washington, D. C. 20310". (See page A-3)
- b. Items 1 through 5 are self-explanatory.

PART I - ATTENDING PHYSICIAN OR HOSPITAL ADMINISTRATOR

- a. Items 6 through 9 are self-explanatory.
- b. Item 10 must contain medical diagnosis.
- c. Item 11 is self-explanatory. Check appropriate boxes.
- d. Items 12 through 14 are self-explanatory.
- e. Item 15 will include a description of the alleged circumstances based upon information available at time of first treatment.
- f. Items 16, 17 and 18 identify the date and person preparing this form. One of the following is authorized:
 - (1) Hospital Administrator.
 - (2) Medical Doctor (MD).
 - (3) Registered Nurse (RN).
 - (4) Physician Assistant (PA).
 - (5) Doctor of Osteopathy (DO).

Item 18 must be signed on all copies.

26 September 1991

PART II - COMMANDING OFFICER

- a. Items 19, 20, 21 and 23 are self-explanatory.
- b. Item 22 will be completed to indicate the type of duty being performed and include the USC (e.g., 32 USC 502 or 32 USC 503, etc).
- c. Items 24 through 29 will be completed only in death cases.
- d. Item 30 is a statement based on the unit commander's investigation. Report what, when, where, how and to whom it happened. Do not say "See Item 15". Indicate exhibits in this space.
- e. Items 31 through 35 are self-explanatory. Signature in Item 35 is required on all copies.
- f. Item 36 is the remarks section. DA Form 2173 will be routed through battalion and next higher headquarters for approval and signature. Signatures are required on all copies.

Instructions for Preparation of DA Form 2173

Preparation of DA Form 2173 is broken down by sections and/or individuals responsible for information provided.

UNIT COMMANDER:

- a. Address from your unit thru "CHANNELS" to "Chief, National Guard Bureau, Washington, D. C. 20310". (See page A-3)
- b. Items 1 through 5 are self-explanatory.

PART I - ATTENDING PHYSICIAN OR HOSPITAL ADMINISTRATOR

- a. Items 6 through 9 are self-explanatory.
- b. Item 10 must contain medical diagnosis.
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- f. Items 16, 17 and 18 identify the date and person preparing this form. One of the following is authorized:
 - (1) Hospital Administrator.
 - (2) Medical Doctor (MD).
 - (3) Registered Nurse (RN).
 - (4) Physician Assistant (PA).
 - (5) Doctor of Osteopathy (DO).

Item 18 must be signed on all copies.

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) Channels	TO: (Include ZIP Code) Chief National Guard Bureau, Washington, D.C. 20310	FROM: (Include ZIP Code) Co C 3d Bn 876th Inf 1064 S. 99th St Somewhere, KS 66666
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1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) Doe, John X.	2. SSN 000-00-0000	3. GRADE PFC E-3
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4. ORGANIZATION AND STATION Co C 3d Bn 876th Inf Somewhere, KS 66666	5. ACCIDENT INFORMATION a. DATE 1350 hrs 30 Jun 91 b. PLACE (City and State) Somewhere, KS
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SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS <input checked="" type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY Somewhere Hospital, S. Front St., Somewhere, KS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY
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8. HOUR AND DATE ADMITTED 1420 hours, 30 June 1991	9. HOUR AND DATE EXAMINED 1420 hours, 30 June 1991
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10. NATURE AND EXTENT OF INJURY DISEASE RESULTING IN DEATH (Explain)
1. Fracture, third metatarsal, right foot, 2. Contusion, right ankle and hip.

11. MEDICAL OPINION: a. INDIVIDUAL WAS WAS NOT UNDER THE INFLUENCE OF ALCOHOL DRUGS (Specify):
b. INDIVIDUAL WAS WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).
c. INJURY IS IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.
d. INJURY WAS WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD
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15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) This member of the Army National Guard alleges injuries were incurred as a result of a motor vehicle accident involving two military vehicles.

8. DATE 30 Jun 91	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR J. G. PUBLIC, M.D.	18. SIGNATURE
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SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	20. HOUR AND DATE OF ABSENCE a. FROM b. TO
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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)
 YES NO

22. INDIVIDUAL WAS ON MUTA-4 32 USC 502 <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input checked="" type="checkbox"/> INACTIVE DUTY TRAINING	23. HOUR AND DATE TRAINING a. BEGAN 0800 29 Jun 91 b. ENDED 1700 30 Jun 91
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24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING DIRECTLY TO TRAINING DIRECTLY FROM TRAINING

25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL
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29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE
 PRESENT FOR DUTY ABSENT WITH AUTHORITY ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)
PFC Doe was a passenger in the front seat of a HMMWV travelling in convoy in return from the rifle range. A 2½ ton truck approaching from the opposite direction veered left and struck HMMWV on left front ent. Impact caused PFC Doe to strike his foot on the undercarriage of the dash panel. Exhibits A thru D attached.

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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3. DATE 30 Jun 91	34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER JOHN C. SMITH, CPT, AR, KSARNG	35. SIGNATURE
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HQ, 3d Bn 876th Inf, Somewhere, KS, 2 Jul 91

APPROVED.

K. B. JONES
LTC, AR, KSARNG
Commanding

HQ, 68th Bde, Also, KS, 5 Jul 91

APPROVED.

THEODORE R. BROWN
COL, AR, KSARNG
Commanding

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) Channels	TO: (Include ZIP Code) Chief National Guard Bureau, Washington, D.C. 20310	FROM: (Include ZIP Code) Co C 3d Bn 876th Inf 1064 S. 99th St Somewhere, KS 66666
--	--	---

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) Doe, John X.	2. SSN 000-00-0000	3. GRADE PFC E-3
4. ORGANIZATION AND STATION Co C 3d Bn 876th Inf Somewhere, KS 66666	5. ACCIDENT INFORMATION	
	a. DATE 1350 hr 30 Jun 91	b. PLACE (City and State) Somewhere, KS

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS <input checked="" type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY Somewhere Hospital, S. Front St., Somewhere, KS	<input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY
8. HOUR AND DATE ADMITTED 1420 hours, 30 June 1991	9. HOUR AND DATE EXAMINED 1420 hours, 30 June 1991	
10. NATURE AND EXTENT OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain) 1. Fracture, third metatarsal, right foot, 2. Contusion, right ankle and hip.		
11. MEDICAL OPINION: a. 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): b. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:		

12. THE FOLLOWING DISABILITY MAY RESULT <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD
--	---	---

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) This member of the Army National Guard alleges injuries were incurred as a result of a motor vehicle accident involving two military vehicles.

8. DATE 30 Jun 91	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR J. G. PUBLIC, M.D.	16. SIGNATURE
-----------------------------	--	----------------------

SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	20. HOUR AND DATE OF ABSENCE	
	a. FROM	b. TO
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 type="checkbox"/> NO		
22. INDIVIDUAL WAS ON MUTA-4 32 USC 502 <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input checked="" type="checkbox"/> INACTIVE DUTY TRAINING	23. HOUR AND DATE TRAINING	
	a. BEGAN 0800 29 Jun 91	b. ENDED 1700 30 Jun 91
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING		
25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED
		28. NORMAL TIME FOR TRAVEL

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) (Attach inclosures as necessary) PFC Doe was a passenger in the front seat of a HMMWV travelling in convoy in return from the rifle range. A 2½ ton truck approaching from the opposite direction veered left and struck HMMWV on left front ent. Impact caused PFC Doe to strike his foot on the undercarriage of the dash panel. Exhibits A thru D attached.		

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	---

3. DATE 30 Jun 91	34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER JOHN C. SMITH, CPT, AR, KSARNG	35. SIGNATURE
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Instructions for Preparation of DD Form 261

Preparation of DD Form 261 is broken down by sections and/or person responsible for information provided.

PART I - INVESTIGATING OFFICER

a. In Item 1, enter the classification of medical diagnosis. It must be consistent with Item 10 of DA Form 2173.

b. In Item 2, type Chief, National Guard Bureau, Washington D.C. 20310. (See page C-3)

c. Item 3 pertains to type of duty being performed and the hour(s) and date(s) of training (e.g., 32 USC 502). This information must be consistent with Item 23 on DA Form 2173.

d. Items 4 through 9a(1), (2), (3) and (4) are considered to be self-explanatory.

e. Item 9b is for the medical diagnosis which must be consistent with Item 10, DA Form 2173.

f. Items 9c through 9f pertain to duty status, cause and mental condition of member being investigated and must be consistent with Items 11 and 19, DA Form 2173.

g. Item 9g, enter a brief summary of the circumstances of the incident. Whenever appropriate, include the following:

(1) Reason for not interviewing person being investigated or any witness.

(2) Clarification of any discrepancy or inconsistency in the statements of members.

h. Item 10 is the findings of the investigating officer and the identity of the investigating officer. Signature is required on all copies.

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PART II - APPOINTING AUTHORITY

a. If a report is incomplete or there are indications that the investigation was not thorough, further investigation will be required.

b. Indicate approval or disapproval of the findings of the investigating officer and sign all copies.

c. If findings are disapproved, indicate the reason(s) for disapproval and the substituted finding(s) on the reverse side of the form.

d. Forward all copies to the reviewing authority.

e. Battalion or higher headquarters will appoint a disinterested officer as the Investigating Officer.

PART III - REVIEWING AUTHORITY

a. This office will indicate approval/disapproval of the findings of the appointing authority. If findings of the appointing authority are disapproved, the reason(s) will be entered on the reverse side of the form.

b. Copies will be forwarded by AGKS-DOP-M to Chief, National Guard Bureau for final decision.

Instructions for Preparation of DD Form 261

Preparation of DD Form 261 is broken down by sections and/or person responsible for information provided.

PART I - INVESTIGATING OFFICER

a. In Item 1, enter the classification of medical diagnosis. It must be consistent with Item 10 of DA Form 2173.

b. In Item 2, type Chief, National Guard Bureau, Washington D.C. 20310. (See page C-3)

c. Item 3 pertains to type of duty being performed and the hour(s) and date(s) of training (e.g., 32 USC 502). This information must be consistent with Item 23 on DA Form 2173.

d. Items 4 through 9a(1), (2), (3) and (4) are considered to be self-explanatory.

e. Item 9b is for the medical diagnosis which must be consistent with Item 10, DA Form 2173.

f. Items 9c through 9f pertain to duty status, cause and mental condition of member being investigated and must be consistent with Items 11 and 19, DA Form 2173.

g. Item 9g, enter a brief summary of the circumstances of the incident. Whenever appropriate, include the following:

(1) Reason for not interviewing person being investigated or any witness.

(2) Clarification of any discrepancy or inconsistency in the statements of members.

h. Item 10 is the findings of the investigating officer and the identity of the investigating officer. Signature is required on all copies.

REPORT OF INVESTIGATION LINE OF DUTY AND MISCONDUCT STATUS (AR 600-33 or AFR 35-67)					DATE 10 July 1991		
1 INVESTIGATION OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> DEATH					3 STATUS		
2 TO: (Major Army or Air Force Commander) Chief, National Guard Bureau, Washington, D. C. 20310					a. <input type="checkbox"/> REGULAR OR EAD		
4 LAST NAME - FIRST NAME - MIDDLE INITIAL Doe, John X.					5 SERVICE NO./SSAN 000-00-0000		6 GRADE PFC
7 ORGANIZATION AND STATION OF INDIVIDUAL Co C 876th Inf, Somewhere, KS					b. CALLED OR ORDERED TO AD FOR (1) <input type="checkbox"/> MORE THAN 30 DAYS (2) <input type="checkbox"/> 30 DAYS OR LESS		
8 OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT (Last Name - First Name - Middle Initial)					SERVICE NUMBER OR SSAN		GRADE
Buck, James I.					000-00-0000		PV2
Hunter, Robert S.					000-00-0000		PV2
					LOD INVESTIGATION MADE YES NO		DURATION (Applies ONLY to 3c and 3d)
					X		Type 32 USC 503
					X		SHORT TOUR OF ACTIVE DUTY FOR TRAINING
					START		DATE
					FINISH		DATE
					29 Jun 91		0600
					13 Jul 91		1700
9 BASIS FOR FINDINGS (As determined by investigation)							
a. CIRCUMSTANCES		(1) HOUR 1815		(2) DATE 4 July 1991		(3) PLACE Ft Riley, Kansas	
(4) HOW SUSTAINED Igniting explosive powder from artillery simulator				b. MEDICAL DIAGNOSIS Burn confined to face, head, and neck.			
c. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT PRESENT FOR DUTY				(Do not complete e and f in death cases) e. INTENTIONAL MISCONDUCT OR NEGLIGENCE			
d. ABSENT <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT AUTHORITY				f. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT THE PROXIMATE CAUSE <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND			
g. REMARKS Privates Buck and Hunter picked up an artillery simulator from the training area and carried it to the bivouac area. Private Buck spilled the powder into a pit and attempted to light it. PFC Doe spread the powder on the ground and ignited it with a match. These members are not required to handle explosives. These three members have received training in recognition of explosives. PFC Doe stated LT Smith warned all members of the Company not to pick up or disturb unexploded explosives. PFC Doe has been furnished a copy of the report of investigation. All witnesses to this incident have been interrogated. Exhibits A thru E are attached.							
10 FINDINGS (Do not complete in death cases)				ORGANIZATION AND STATION OF INVESTIGATING OFFICER			
<input type="checkbox"/> IN LINE OF DUTY				HQ 876th Inf, Somewhere, Kansas			
<input type="checkbox"/> NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT				SIGNATURE AND TYPED NAME OF INVESTIGATING OFFICER			
<input checked="" type="checkbox"/> NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT				A. M. Investigating			
				GRADE CPT		BRANCH AR	SERVICE NO./SSAN 000-00-0000
ACTION BY APPOINTING AUTHORITY				ACTION BY REVIEWING AUTHORITY			
HEADQUARTERS 68th Bde		DATE 12 Jul 91		HEADQUARTERS		DATE	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Reasons and substituted findings are on reverse)				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Reasons and substituted findings are on reverse)			
SIGNATURE AND TYPED NAME THEODORE R. BROWN				SIGNATURE AND TYPED NAME			
GRADE COL		BRANCH AR	SERVICE NO./SSAN 000-00-0000		GRADE		BRANCH
							SERVICE NO./SSAN
FOR ACTION OF OFFICE INDICATED IN ITEM 2							

REASONS FOR REVERSAL OF FINDINGS AND SUBSTITUTED FINDINGS

REPORT OF INVESTIGATION
LINE OF DUTY AND MISCONDUCT STATUS
(AR 600-35 or AFM 55-67)

1 INVESTIGATION OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> DEATH		2 TO: (Major Army or Air Force Commander) Chief, National Guard Bureau, Washington, D. C. 20310	
3 STATUS <input type="checkbox"/> REGULAR OR EAD <input type="checkbox"/> CALLED OR ORDERED TO AD FOR <input type="checkbox"/> MORE THAN 30 DAYS <input type="checkbox"/> 30 DAYS OR LESS		4 LAST NAME - FIRST NAME - MIDDLE INITIAL Doe, John X.	
5 SERVICE NO./SSAN 000-00-0000		6 GRADE PFC	
7 ORGANIZATION AND STATION OF INDIVIDUAL Co C 876th Inf, Somewhere, KS		8 OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT (Last Name - First Name - Middle Initial) Buck, James I. Hunter, Robert S.	
9 BASIS FOR FINDINGS (As determined by investigation)		10 FINDINGS (Do not complete in death cases)	
a. CIRCUMSTANCES (1) HOUR 1815 (2) DATE 4 July 1991 (3) PLACE Ft Riley, Kansas b. MEDICAL DIAGNOSIS Igniting explosive powder from artillery simulator Burn confined to face, head, and neck.		11 FINDINGS (Do not complete in death cases) <input type="checkbox"/> IN LINE OF DUTY <input type="checkbox"/> NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT <input checked="" type="checkbox"/> NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT	

c. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT PRESENT FOR DUTY		d. ABSENT <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT AUTHORITY	
e. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT THE PROXIMATE CAUSE f. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND		g. REMARKS Private Buck and Hunter picked up an artillery simulator from the training area and carried it to the bivouac area. Private Buck spilled the powder into a pit and attempted to light it. PFC Doe spread the powder on the ground and ignited it with a match. These members are not required to handle explosives. These three members have received training in recognition of explosives. PFC Doe stated IT Smith warned all members of the company not to pick up or disturb unexploded explosives. PFC Doe has been furnished a copy of the report of investigation. All witnesses to this incident have been interrogated. Exhibits A thru E are attached.	

ORGANIZATION AND STATION OF INVESTIGATING OFFICER HQ 876th Inf, Somewhere, Kansas SIGNATURE AND TYPED NAME OF INVESTIGATING OFFICER A. M. Investigating		ACTION BY APPOINTING AUTHORITY <input type="checkbox"/> IN LINE OF DUTY <input type="checkbox"/> NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT <input checked="" type="checkbox"/> NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT	
GRADE CPT BRANCH AR SERVICE NO./SSAN 000-00-0000		HEADQUARTERS DATE 12Jul91	
ACTION BY REVIEWING AUTHORITY		HEADQUARTERS DATE 12Jul91	

APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input type="checkbox"/> (Reasons and substituted findings are on reverse)		APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> (Reasons and substituted findings are on reverse)	
SIGNATURE AND TYPED NAME THEODORE R. BROWN		HEADQUARTERS DATE 12Jul91	
GRADE COL BRANCH AR SERVICE NO./SSAN 000-00-0000		HEADQUARTERS DATE 12Jul91	

FOR ACTION OR OFFICE INDICATED IN ITEM 8

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UNIT HEADING

DATE

MEMORANDUM FOR 1LT A. M. Investigating, 000-00-0000, Co C 9th
Bn, KSARNG, Somewhere, Kansas

SUBJECT: Duty Appointment

1. Effective 2 October 1991, 1LT A. M. Investigating, 000-00-0000, is hereby appointed as Investigating Officer.
2. Authority: AR 600-8-1, Line of Duty Investigations.
3. Purpose: To perform a Line of Duty Investigation IAW AR 600-8-1, obtaining the details pertaining to the injuries of PFC Johnnie B. Tentpeg, 000-00-0000, Co B 9th Bn, Somewhere, Kansas, that occurred in or near Somewhere, Kansas on 1 October 1991.
4. Period: Until the investigation is completed and no further investigation is required, unless released sooner by the appointing authority.
5. Special Instructions: Conduct of this investigation will be your primary duty until the investigation is submitted to the appointing authority. Your findings will be supported by substantial evidence and by a greater weight of evidence that supports any different conclusion. Your report of investigation will be submitted to this Headquarters NLT 17 October 1991.

FOR THE COMMANDER:

Battalion or higher commander
or Authorized representative
signature and signature block



Line of Duty and Related Activities Checklist

PART I - UNIT LEVEL QUESTIONS

- a. Has the report of injury/disease been forwarded to state headquarters? (AGO Kan Form 70)
- b. Has a line of duty investigation been completed?
- c. Has the service member been informed that civilian medical treatment rendered without prior authorization will not be reimbursed from Federal funds? (Annex E or F, KS SOP 40-3)
- d. Are medical appointments kept by the service member?
- e. Did the service member hand carry his/her medical record to the medical appointment and return it to his unit? Did he/she also bring back the results of the medical examination?
- f. Are additional appointments required?
- g. Did the attending physician personally sign the disability statement? (KS SOP 40-3)
- h. Does DA Form 1379 accurately report the service member's status?

PART II - MEDICAL QUESTIONS

- a. Has the hospital commander been contacted to resolve problems?
- b. Has the State Surgeon used his influence and expertise to resolve the case?
- c. Is the correct medical examination/treatment being given to the service member?
- d. Does the attending physician know the duty assignment (MOS/SSI) of the patient?
- e. Has the patient been awarded a permanent profile requiring reassignment?

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- f. Should a medical board be convened under AR 40-501, paragraph 9-4b?
- g. Is the service member unfit under AR 40-501, Chapter 3?
- h. Has the service member's unfitness been determined to be "not in line of duty"?
- i. Was action taken to initiate a MEB/PEB as soon as it was known that the service member was unfit for further military duty or that a board would be required?
- j. Is the service member receiving medical treatment for a minor injury or illness fit to perform his/her military duty? (Some conditions and treatments do not render a service member unfit, IAW AR 611-201.)
- k. Is either the service member or inefficient procedures prolonging the recovery process, and if so, what corrective action is being taken?

PART III - LINE OF DUTY QUESTIONS

- a. Was misconduct involved, investigated, and appropriate comments made a part of the line of duty investigation?
- b. Is there a history of the same type of injury or illness? Was this question asked during the line of duty investigation?

PART IV - ADMINISTRATIVE QUESTIONS

- a. Has administrative action been taken to discharge the service member when required as a result of the award of a permanent profile?
- b. Has administrative action been taken to reassign the service member awarded a permanent profile to a compatible MOS?
- c. Is there an unfavorable trend evident based on the number of accidents or illnesses from a particular skill group or unit? If so, what action is being taken to reduce these types of accidents?

Line of Duty and Related Activities Checklist

PART I - UNIT LEVEL QUESTIONS

- a. Has the report of injury/disease been forwarded to state headquarters? (AGO Kan Form 70)
- b. Has a line of duty investigation been completed?
- c. Has the service member been informed that civilian medical treatment rendered without prior authorization will not be reimbursed from Federal funds? (Annex E or F, KS SOP 40-3)
- d. Are medical appointments kept by the service member?
- e. Did the service member hand carry his/her medical record to the medical appointment and return it to his unit? Did he/she also bring back the results of the medical examination?
- f. Are additional appointments required?
- g. Did the attending physician personally sign the disability statement? (KS SOP 40-3)
- h. Does DA Form 1379 accurately report the service member's status?

PART II - MEDICAL QUESTIONS

- a. Has the hospital commander been contacted to resolve problems?
- b. Has the State Surgeon used his influence and expertise to resolve the case?
- c. Is the correct medical examination/treatment being given to the service member?
- d. Does the attending physician know the duty assignment (MOS/SSI) of the patient?
- e. Has the patient been awarded a permanent profile requiring reassignment?

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d. Have all applicable regulations been reviewed to determine the correct course of action required?

e. Are correct procedures being utilized to issue orders for medical appointments and reassignments/discharges?

PART V - OTHER ACTIONS

a. Is the service member employed? Did the service member suffer a prior injury on his/her civilian job which may be a factor in this injury or illness?

b. Was a proper accident report filed?

