

REPORT AND DISPOSITION OF OFFENSE (S)

To: Commanding Officer, _____ Date of Report: _____

1. I hereby report the following named person for the offense(s) noted:

NAME OF ACCUSED	SERIAL NO.	SOCIAL SECURITY NO.	RATE/GRADE	BR. & CLASS	DIV/DEPT

PLACE OF OFFENSE(S)	DATE OF OFFENSE(S)

DETAILS OF OFFENSE(S) (Refer by article of UCMJ, if known. If unauthorized absence, give following info: time and date of commencement, whether over leave or liberty, time and date of apprehension or surrender and arrival on board, loss of ID card and/or liberty card, etc.):

NAME OF WITNESS	RATE/GRADE	DIV/DEPT	NAME OF WITNESS	RATE/GRADE	DIV/DEPT

(Rate/Grade/Title of person submitting report)

(Signature of person submitting report)

I have been informed of the nature of the accusation(s) against me. I understand I do not have to answer any questions or make any statement regarding the offense(s) of which I am accused or suspected. However, I understand any statement made or questions answered by me may be used as evidence against me in event of trial by court-martial (Article 31, UCMJ).

Witness: _____ Acknowledged: _____
(Signature) (Signature of Accused)

PRE-TRIAL RESTRAINT	<input type="checkbox"/> PRE-TRIAL CONFINEMENT	<input type="checkbox"/> RESTRICTED: You are restricted to the limits of _____ in lieu of arrest by order of the CO. Until your status as a restricted person is terminated by the CO, you may not leave the restricted limits except with the express permission of the CO or XO. You have been informed of the times and places which you are required to muster.
	<input type="checkbox"/> NO RESTRICTIONS	

(Signature and title person imposing restraint)

(Signature of Accused)

INFORMATION CONCERNING ACCUSED

CURRENT ENL. DATE	EXPIRATION CURRENT ENL. DATE	TOTAL ACTIVE NAVAL SERVICE	TOTAL SERVICE ON BOARD	EDUCATION	GCT	AGE
MARITAL STATUS	NO. DEPENDENTS	CONTRIBUTION TO FAMILY OR QTRS ALLOWANCE (Amount required by law)		PAY PER MONTH (Including sea or foreign duty pay, if any).		

RECORD OF PREVIOUS OFFENSE(S) (Date, type, action taken, etc. Nonjudicial punishment incidents are to be included.)

PRELIMINARY INQUIRY REPORT

From: Commanding Officer

Date: _____

To: _____

1. Transmitted herewith for preliminary inquiry and report by you, including, if appropriate in the interest of justice and discipline, the preferring of such charges as appear to you to be sustained by expected evidence.

REMARKS OF DIVISION OFFICER (Performance of duty, etc.)

NAME OF WITNESS	RATE/GRADE	DIV/DEPT	NAME OF WITNESS	RATE/GRADE	DIV/DEPT

RECOMMENDATION AS TO DISPOSITION:

REFER TO COURT MARTIAL FOR TRIAL OF ATTACHED CHARGES
(Complete Charge Sheet (DD Form 458) through Page 2)

DISPOSE OF CASE AT MAST

NO PUNITIVE ACTION NECESSARY OR DESIRABLE

OTHER

COMMENT (Include data regarding availability of witnesses, summary of expected evidence, conflicts in evidence, if expected. Attach statements of witnesses, documentary evidence such as service record entries in UA cases, items of real evidence, etc.)

(Signature of Investigation Officer)

ACTION OF EXECUTIVE OFFICER

DISMISSED

REFERRED TO CAPTAIN'S MAST

SIGNATURE OF EXECUTIVE OFFICER

RIGHT TO DEMAND TRIAL BY COURT-MARTIAL
(Not applicable to person attached to or embarked in a vessel)

I understand that nonjudicial punishment may not be imposed on me if, before the imposition of such punishment, I demand in lieu thereof trial by court-martial. I therefore (do) (do not) demand trial by court-martial.

WITNESS

SIGNATURE OF ACCUSED

ACTION OF COMMANDING OFFICER

- DISMISSED
- DISMISSED WITH WARNING (Not considered NJP)
- ADMONITION: ORAL/IN WRITING
- REPRIMAND: ORAL/IN WRITING
- REST. TO _____ FOR _____ DAYS
- REST. TO _____ FOR _____ DAYS WITH SUSP. FROM DUTY
- FORFEITURE: TO FORFEIT \$ _____ PAY PER MO. FOR _____ MO(S)

- CONF. ON _____ 1, 2, OR 3 DAYS
- CORRECTIONAL CUSTODY FOR _____ DAYS
- REDUCTION TO NEXT INFERIOR PAY GRADE
- REDUCTION TO PAY GRADE OF _____
- EXTRA DUTIES FOR _____ DAYS
- PUNISHMENT SUSPENDED FOR _____
- ART. 32 INVESTIGATION
- RECOMMENDED FOR TRIAL BY GCM

DETENTION: TO HAVE \$ _____ PAY PER MO. FOR (1, 2, 3,) MO(S) DETAINED FOR _____ MO(S)

AWARDED SPCM AWARDED SCM

DATE OF MAST:

DATE ACCUSED INFORMED OF ABOVE ACTION:

SIGNATURE OF COMMANDING OFFICER

It has been explained to me and I understand that if I feel this imposition of nonjudicial punishment to be unjust or disproportionate to the offenses charged against me, I have the right to immediately appeal my conviction to the next higher authority within 5 days

SIGNATURE OF ACCUSED

DATE

I have explained the above rights of appeal to the accused.

SIGNATURE OF WITNESS _____ DATE _____

FINAL ADMINISTRATIVE ACTION

APPEAL SUBMITTED BY ACCUSED

FINAL RESULT OF APPEAL:

DATED: _____

FORWARDED FOR DECISION ON _____

APPROPRIATE ENTRIES MADE IN SERVICE RECORD AND PAY ACCOUNT ADJUSTED WHERE REQUIRED

FILED IN UNIT PUNISHMENT BOOK:

DATE: _____ (Initials)

DATE: _____ (Initials)