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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. THRU	2. TO	3. FROM
4. USACRC CONTROL NUMBER	5. MP REPORT NUMBER	6. SUB-INSTALLATION IDENTIFIER

The first Lieutenant Colonel in the chain of command is responsible and accountable for completing DA Form 4833 with support documentation (copies of Article 15s, court-martial orders, reprimands, etc) for all USACIDC investigations. The unit and brigade commander or their equivalent will also receive a copy of the DA Form 4833 for all USACIDC investigations.

Company, troop, and battery level commanders are responsible and accountable for completing DA Form 4833 with supporting documentation in all cases investigated by MPI, civilian detectives employed by the Department of the Army, and the PMO. Accurate and complete DA 4833 disposition reports are required to meet installation, command, HQDA, DOD, and federal statutory reporting requirements. The data is used to identify crime trends, establish command programs in law enforcement and other activities, and to ensure that resources are made available to support commanders who must address issues of soldier and family member indiscipline.

In court-martial cases, a conviction of an offense at court-martial may be for a different, or lesser included offense. List the offense for which the individual was convicted at court-martial in the remarks section.

Block 5. Provost Marshals must enter the Military Police Report number for all cases referred to commanders.

Block 6. This block is used to enter report number from a civilian law enforcement agency police report. Other information on the civilian law enforcement agency (e.g. civilian law enforcement agency address) may be entered in the remarks section.

7. NAME OF SUBJECT (Last, First, MI)	8. GRADE	9. SSN	10. DATE OF BIRTH (YYYYMMDD)
11a. OFFENSE(s)	11b. DATE OF OFFENSE(s) (YYYYMMDD)	11c. ACTION TAKEN	11d. IF NO ACTION TAKEN, EXPLAIN:
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

12. ACTION TAKEN (check all that apply)
 * Subject was advised that although no action was taken, the report would be retained in Army records and that requests for amendment, correction, or expungement may be submitted IAW AR 190-45 (MP Reports) or AR 195-2 (CID Reports).

a. NON-ADVERSE PERSONNEL ACTION REFERRAL:
 REFERRED TO (Check appropriate blocks) DATE REFERRED (YYYYMMDD) DATE RESPONDED (YYYYMMDD)

F = FAMILY ADVOCACY		
D = DRUG/ALCOHOL ABUSE		
S = SPECIAL REFERRAL		
E = EQUAL OPPORTUNITY		
L = LEGAL OFFICE		
M = MENTAL HEALTH		
R = RELIEF AGENCY		

b. ADVERSE PERSONNEL ACTION:

REPRIMAND ORAL WRITTEN
 FILED: LOCALLY OMPF

LETTER OF CONCERN/COUNSELING
 ADVERSE OER/NCOER COMMENT
 RELIEF FOR CAUSE OER/NCOER
 SUSPENDED SECURITY CLEARANCE OR OTHER ADVERSE ACTION REGARDING SECURITY CLEARANCE
 DISCHARGE PURSUANT TO AR 635-200 (ENLISTED)/AR 600-8-24 (OFFICER)
 Regulation _____ Chapter _____ Characterization _____ Discharge Date _____

c. NONJUDICIAL PUNISHMENT (Article 15, UCMJ) (ATTACH COPY OF ARTICLE 15)

<input type="checkbox"/> SUMMARIZED	<input type="checkbox"/> FIELD GRADE	<input type="checkbox"/> GCMCA IMPOSED
<input type="checkbox"/> COMPANY GRADE	<input type="checkbox"/> GENERAL OFFICER IMPOSED	

d. JUDICIAL (If subject was tried by court-martial attach a copy of the court-martial order giving findings and sentences.)

<input type="checkbox"/> SUMMARY COURT MARTIAL	<input type="checkbox"/> GENERAL COURT-MARTIAL
<input type="checkbox"/> SPECIAL COURT-MARTIAL	<input type="checkbox"/> CIVILIAN OR MAGISTRATE CRIMINAL COURT

13. JUDICIAL FINDINGS	
<input type="checkbox"/> GUILTY	<input type="checkbox"/> DISMISSED
<input type="checkbox"/> NOT GUILTY	<input type="checkbox"/> OTHER <i>(For example, guilty of a lesser included offense. Explain in Remarks.)</i>
14. RESULTANT SENTENCES, PUNISHMENTS, OR ADMINISTRATIVE ACTION	
<input type="checkbox"/> a. REPRIMAND	<input type="checkbox"/> b. ADMONITION <input type="checkbox"/> (1) ORAL <input type="checkbox"/> (2) IN WRITING
<input type="checkbox"/> c. DETENTION	<input type="checkbox"/> d. FORFEITURE <input type="checkbox"/> e. FINED \$ _____ / _____ MONTHS
<input type="checkbox"/> f. REDUCED FROM _____ TO _____	<input type="checkbox"/> g. EXTRA DUTY FOR _____ DAYS <input type="checkbox"/> h. RESTRICTED FOR _____ DAYS
<input type="checkbox"/> i. CORRECTIONAL CUSTODY FOR _____ DAYS	<input type="checkbox"/> j. CONFINED _____ YEARS _____ MONTHS
<input type="checkbox"/> k. SEPARATION: <input type="checkbox"/> PUNITIVE DISCHARGE <input type="checkbox"/> OTHER	
Type _____ Chapter: _____ Characterization: _____ Effective Date: _____	
<input type="checkbox"/> l. OTHER <i>(For example, suspension of driving privileges. Explain in Remarks.)</i>	
15. REMARKS	
16a. TYPED NAME AND GRADE OF COMMANDING OFFICER	
16b. SIGNATURE	16c. DATE OF REPORT (YYYYMMDD)
16d. AKO ACCOUNT E-MAIL ADDRESS	