

COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION

For use of this form, see AR 190-45; the proponent agency is the Office of the Provost Marshal General.

PRIVACY ACT STATEMENT**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943.**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.****CONTROL INFORMATION**

Thru:	USACRC Number:	
To:	MP Report Number:	
Referred By:	Sub-Installation:	
	Referral Date (YYYYMMDD) : <input type="text"/>	Suspense Date (YYYYMMDD) : <input type="text"/>

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. Provost Marshals must enter the "MP Report Number" (Block-1) for all cases referred to commanders. "Sub-Installation" (Block-1) 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.

2.**OFFENDER INFORMATION**

Last Name:	Cadency:	
First Name:	Grade:	
Middle Name:	SSN: <input type="text"/>	Date of Birth: (YYYYMMDD) : <input type="text"/>

3.**REFERRAL INFORMATION****Commander Decision Date:**

No.	Offense	Basis	Date	Sexual Harassment	Action Taken	Reason
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3.

REFERRAL INFORMATION (Continued)

No.	Offense	Basis	Date	Sexual Harassment	Action Taken	Reason
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: For each offense marked NO for action taken, you must supply a reason.

If you selected "Yes" for any offense, continue to "Action Taken" (Block-4). If you selected "No" for ALL offenses, go directly to "Commander's Remarks" (Block-10), sign, date, and return the form to the agent specified in "Referred By" (Block-1).

4.

ACTION TAKEN

<input type="checkbox"/> Administrative	<input type="checkbox"/> Non-Judicial (Article 15)	<input type="checkbox"/> Judicial
Non-Adverse Referrals	(see details below)	Court Martial or Civilian Criminal
Adverse Personnel Actions		

Non-Judicial Punishment Authority (select one):	Judicial Punishment Authority (select one):
<input type="checkbox"/> Summarized <input type="checkbox"/> GCMCA Imposed	<input type="checkbox"/> Summary Court Martial <input type="checkbox"/> General Court Martial
<input type="checkbox"/> Company Grade <input type="checkbox"/> General Officer Imposed	<input type="checkbox"/> Special Court Martial
<input type="checkbox"/> Field Grade	<input type="checkbox"/> Civilian Criminal/Magistrate
<input type="checkbox"/> Principal Assistant	

5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome

No.	Charged Offense	Plea	Finding Offense	Trial Finding

PLEA: G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion, **TRIAL FINDING:** DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

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Adverse: (Continued)

Date Imposed (YYYYMMDD)	Description							
	Job Termination							
	Job Suspension	Duration:	<input type="checkbox"/>	Days	<input type="checkbox"/>	Months	<input type="checkbox"/>	Years
	Leave Without Pay	Duration:	<input type="checkbox"/>	Days	<input type="checkbox"/>	Months	<input type="checkbox"/>	Years
	Loss of Warrant							
	Voluntary Disclosure							
	Restitution (to US Government)	Amount:						
	Restitution (to third party Non-US Government)	Amount:						
	Civil-Civil Action Initiation							
	Other (return to states, etc.)							
	Contract Suspension	Duration:	<input type="checkbox"/>	Days	<input type="checkbox"/>	Months	<input type="checkbox"/>	Years
	Contract Termination							
	Cost Adjustment	Amount:						
	Bid Rejection							
	Recoupment	Amount:						
	Denial of Continuation							
	Other Contract Action							

7. DETAILS OF ADMINISTRATIVE SEPARATION

Date Imposed (YYYYMMDD) :	Regulation:	Chapter:
Characterization:		Effective Date (YYYYMMDD):

NOTE: Proceed to Commander's Remarks (Block-10) if you chose Administrative Action.

8. NON-JUDICIAL/JUDICIAL SANCTIONS

Date Adjudged (YYYYMMDD)	Sanction			
	Fine	Amount:		
	Forfeiture	Amount:	Duration:	<input type="checkbox"/> Days <input type="checkbox"/> Months
	Extra Duty	Days:		
	Restriction	Days:		
	Correctional Custody	Days:		
	Confinement		Duration:	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Bad Conduct Discharge	Effective Date:		
	Dishonorable Discharge	Effective Date:		
	Reduction in Grade	From:		
		To:		
	Probation		Duration:	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Special Assignment		Duration:	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Total Forfeiture (all pay/allowance)		Duration:	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Death			
	Civil Recovery	Amount:		
	Civil Award	Amount:		

Were Any Sanctions Suspended? Yes No

NOTE: If no sanctions were suspended, proceed to "Commander's Remarks" (Block-10).

Suspended Sanction	Suspended Sanction Information	
Fine	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	
	Suspension Conditions:	
Forfeiture	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	Suspended Portion Time:
	Suspension Conditions:	
Extra Duty	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Restriction	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Correctional Custody	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Confinement	Date Suspended:	Suspension Duration:
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	Suspension Conditions:	
Reduction in Grade	Date Suspended:	Suspension Duration:
	Suspension Conditions:	
Probation	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Special Assignment	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Total Forfeiture	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Civil Recovery	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Civil Award	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	

USASCRC Number:**Sanction:**

11.

COMMANDING OFFICERWas a DNA sample collected from the offender? Yes No

Name:

Grade:

AKO e-Mail Address:

Signature:

Signature Date (YYYYMMDD) :