

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. Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
ROUTINE USES: The Routine Uses that appear at the beginning of the Army's A0190-45 OPMG, Military Police Reporting Program Records (MPRP) system of record notice may apply to this system.
DISCLOSURE: Voluntary, although without the SSN collection, law enforcement records could not be accurately retrieved and the probability of misidentifying an individual would increase significantly.

1. CONTROL INFORMATION

| | |
|--------------|---|
| Thru: | USACRC Number: |
| To: | MP Report Number: |
| Referred By: | Sub-Installation: |
| | Referral Date: Suspense Date: |

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 or ID Number: Date of Birth: |

3. REFERRAL INFORMATION

| No. | Offense | Basis | Date | Commander Decision Date: |
|-----|---------|-------|------|---|
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |

3. REFERRAL INFORMATION (Continued)

| No. | Offense | Basis | Date | Commander Decision Date: |
|-----|---------|-------|------|--|
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |

NOTE: For each Offense marked "NO" for "Action Taken", you must supply a Reason.
If "Action Taken" is "Yes" for any Offense, continue to Block 4 and choose the highest level. If you selected "Action Taken" "No" for ALL Offenses, go directly to "Commander's Remarks" (Block 10a) to expand on your Reasons, then sign, date and return the form to the agent specified in "Referred By" (Block 1).

4. ACTION TAKEN

- Administrative**
 Non-Adverse Referrals
 Adverse Personnel Actions
- Non-Judicial (Article 15)**
 (see details below)
- Judicial**
 Court Martial or Civilian Criminal Court

Non-Judicial Punishment Authority (select one):

- Summarized GCMCA Imposed
 Company Grade General Officer Imposed
 Field Grade
 Principal Assistant

Judicial Punishment Authority (select one):

- Summary Court Martial General Court Martial
 Civilian Criminal/Magistrate Special Court Martial
 Jurisdiction:
 If Other:

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

| No. | Charged Offense | Plea | Finding Offense | Trial/NJP Finding |
|-----|-----------------|------|-----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PLEA: G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion **TRIAL/NJP 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

| No. | Charged Offense | Plea | Finding Offense | Trial/NJP Finding |
|-----|-----------------|------|-----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PLEA: G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion **TRIAL/NJP 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

6. ADMINISTRATIVE ACTIONS

| Non-Adverse: | | | | Adverse: | | | | |
|--------------------|---------------|----------------|--------------|--------------------|--------------------------|--------------------------|--------------------------|--|
| Agency | Date Referred | Date Responded | Date Imposed | Type of Action | Oral | Written Local | Written OMPF | |
| Family Advocacy | | | | Counseling/Concern | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Drug/Alcohol Abuse | | | | Reprimand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Special Referral | | | | Censure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Equal Opportunity | | | | Admonition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Legal Office | | | | | | | | |
| Mental Health | | | | | | | | |
| Relief Agency | | | | | | | | |

| Adverse: | |
|--------------|--|
| Date Imposed | Description |
| | Withholding of Privileges |
| | Adverse Performance Evaluation (OER/NCOER/Academic Report) |
| | Relief for Cause (OER/NCOER) |
| | Mandatory Reassignment |
| | Transfer (such as rehabilitative) |
| | Adverse Record Entry - Flag |
| | Bar to Reenlistment |
| | Withholding of Promotion |
| | Delay of Promotion |
| | Promotion Revocation |
| | Clearance Revocation |
| | Control Roster (downgrade of clearance, PRP reclassification) |
| | Resignation |
| | Retirement |
| | Retirement at Lower Grade From: _____ To: _____ |
| | Transfer to Inactive Reserve |
| | Military Occupational Specialty Reclassification |
| | Civilian Debarment Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life |

Adverse: (Continued)

| Date Imposed | Description |
|--------------|---|
| | Civilian Job Termination |
| | Civilian Job Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years |
| | Civilian 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 US\$: |
| | Restitution (to third party Non-US Government) Amount US\$: |
| | 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 US\$: |
| | Bid Rejection |
| | Recoupment Amount US\$: |
| | Denial of Continuation |
| | Other Contract Action |

7. DETAILS OF ADMINISTRATIVE SEPARATION

| | | |
|-------------------|-------------|-----------------|
| Date Imposed: | Regulation: | Chapter: |
| Characterization: | | Effective Date: |

NOTE: Proceed to Commander's Remarks (Block 10a) if you chose Administrative Action in **Block 6 or 7.**

8. NON-JUDICIAL/JUDICIAL SANCTIONS

| Date Adjudged | Sanction |
|---------------|---|
| | Fine Amount US\$: |
| | Forfeiture Amount US\$: 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 Sentence |
| | Civil Recovery Amount US\$: |
| | Civil Award Amount US\$: |
| | Dismissal (Officer Only) Effective Date: |
| | |
| | |

SUSPENDED SANCTIONS

Were Any Sanctions Suspended? Yes No

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

| Suspended Sanction | Suspended Sanction Information | |
|---------------------------|--------------------------------|--|
| Fine | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion US\$: | |
| | Suspension Conditions: | |
| Forfeiture | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion US\$: | Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months |
| | Suspension Conditions: | |
| Extra Duty | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: | <input type="checkbox"/> Days <input type="checkbox"/> Months |
| | Suspension Conditions: | |
| Restriction | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: | <input type="checkbox"/> Days |
| | Suspension Conditions: | |
| Correctional Custody | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: | <input type="checkbox"/> Days |
| | Suspension Conditions: | |
| Confinement | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: | <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life |
| | Suspension Conditions: | |
| Reduction in Grade | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspension Conditions: | |
| Probation | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input checked="" type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: | <input type="checkbox"/> Days <input type="checkbox"/> Months <input checked="" type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspension Conditions: | |
| Special Assignment | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: | <input type="checkbox"/> Days <input type="checkbox"/> Months |
| | Suspension Conditions: | |
| Total Forfeiture | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: | <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life |
| | Suspension Conditions: | |
| Civil Recovery | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion US\$: | |
| | Suspension Conditions: | |
| Civil Award | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion US\$: | |
| | Suspension Conditions: | |
| Administrative Separation | Date Suspended: | Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life |
| | Suspension Conditions: | |
| | | |

10a. **Commander's Remarks**



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Checked box indicates that Commander's Remarks continue on the following page.

11. COMMANDING OFFICER OR REPORTING OFFICER

Was a DNA sample collected from the offender? Yes No

Name:

Grade:

Official E-Mail Address:

Signature:

Signature Date:



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