

PRELIMINARY INQUIRY OFFICER'S REPORT

I have advised _____ of the information upon which the allegations are based and offered him/her the opportunity to examine the available statements and evidence.

COMMENT. (Address witness availability and conflicts of evidence. Summarize available evidence to support each element of the offense alleged. Including location of real and documentary evidence. Attach statements, or summaries of statements of witnesses. Summarize reasons for ultimate recommendation.)

RECOMMENDATION AS TO DISPOSITION:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> DISPOSE OF CASE AT MAST | <input type="checkbox"/> NO PUNITIVE ACTION NECESSARY OR DESIRABLE |
| <input type="checkbox"/> REFER TO COURT MARTIAL FOR TRIAL OF ATTACHED CHARGES
(Complete Charge Sheet DD Form 458, page 1.) | <input type="checkbox"/> OTHER (Specify) _____ |

SIGNATURE OF INVESTIGATING OFFICER

ACTION OF EXECUTIVE OFFICER

- DISMISSED
- RECOMMEND CAPTAIN'S MAST
- INFORMED ACCUSED OF RIGHTS TO REFUSE NJP AND CONFER WITH COUNSEL (If accused not attached to or embarked in a vessel.)
- ACKNOWLEDGEMENT OF RIGHTS/ACCEPTANCE OF NJP FORM ATTACHED
- RECOMMEND TRIAL BY _____ COURT-MARTIAL

(Signature of Executive Officer)

ACTION OF COMMANDING OFFICER

- | | |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> DISMISSED | <input type="checkbox"/> REDUCTION TO PAY GRADE _____ |
| <input type="checkbox"/> DISMISSED WITH WARNING (Not considered NJP) | <input type="checkbox"/> EXTRA DUTIES _____ DAYS |
| <input type="checkbox"/> ADMONITION: ORAL/IN WRITING | <input type="checkbox"/> PUNISHMENT SUSPENDED FOR _____ MOS. |
| <input type="checkbox"/> REPRIMAND: ORAL/IN WRITING | <input type="checkbox"/> ART. 32 INVESTIGATION |
| <input type="checkbox"/> REST TO _____ FOR _____ DAYS | <input type="checkbox"/> REFER TO SPCM |
| <input type="checkbox"/> FORFEITURE: TO FORFEIT \$ _____ PAY PER MO.
FOR _____ MO(S). | <input type="checkbox"/> REFER TO SCM |
| <input type="checkbox"/> CORRECTIONAL CUSTODY FOR _____ DAYS | |

DATE OF MAST

DATE ACCUSED INFORMED OF ABOVE ACTION AND NJP
APPEAL RIGHTS

SIGNATURE OF COMMANDING OFFICER

FINAL ADMINISTRATIVE ACTION

APPEAL SUBMITTED BY ACCUSED

FINAL RESULT OF APPEAL:

DATE: _____

FORWARDED FOR DECISION ON _____

APPROPRIATE ENTRIES MADE IN SERVICE RECORD (Date & Initials)

FILED IN UNIT PUNISHMENT BOOK (Date & Initials)