

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-4910 (Rev. 8-92)	<h2 style="margin: 0;">REPORT OF OFFENSE AND DISPOSITION</h2>
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TO	DATE OF REPORT
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I hereby report the following named person for the offense(s) noted:

NAME OF ACCUSED	RATE/GRADE	DIV./DEPT.
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PLACE OF OFFENSE(S)	DATE OF OFFENSE(S)
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DETAILS OF OFFENSE(S) *(Recite article UCMJ, if known. Not necessary to use form specification in Part 4, MCM. Generally describe actions of accused which are believed to constitute offense(s) under the UCMJ.)*

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
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INITIAL ACTION OF EXECUTIVE OFFICER

(When allegations apparently involve minor offenses normally handled by NJP or SCM, the accused should be advised of the allegation(s) and offered the opportunity to select a representative. If a statement is to be requested, advise accused of rights from Form CG-5168A or "Encl. (5)", MJM (COMDTINST M5810.1 Series) . Thereafter the matter should be referred, with the next section of information provided, to a preliminary inquiry officer for investigation.)

I have been informed of the Offense(s) which I am suspected of having committed, that the command is considering the imposition of nonjudicial punishment and has assigned a preliminary inquiry officer, and

- I DESIRE THAT _____ BE APPOINTED AS MY REPRESENTATIVE IN THIS CASE.
- I DO NOT DESIRE THE APPOINTMENT OF A REPRESENTATIVE.

(Signature of accused)

_____ IS APPOINTED THE ACCUSED'S REPRESENTATIVE.

_____ IS DESIGNATED THE PRELIMINARY INQUIRY OFFICER.

(Signature of Executive Officer)

INFORMATION CONCERNING ACCUSED

CURRENT ENL. DATE	EXP. CURRENT ENL. DATE	TOTAL ACTIVE SERVICE	TOTAL SERVICE ON BOARD	EDUCATION	GCT	AGE	MARITAL STATUS	NO. OF DEPENDENTS	PAY PER MO. <i>(including sea or foreign duty pay)</i>

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

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
<i>(Complete Charge Sheet DD Form 458, page 1.)</i> | <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 <i>(Not considered NJP)</i> | <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)*