

LINE OF DUTY AND MISCONDUCT DETERMINATIONS

This instruction explains the requirements for Line of Duty (LOD) and Misconduct Determinations in the Air National Guard (ANG) and processing instructions. This instruction is designed and should be used in conjunction with ANGI 36-3001, *Air National Guard Incapacitation Benefits*. It implements 5 U.S.C. 2108, 3309-3315; 10 U.S.C. 10148, 12301, 12303, 12304, 12305, 12310, 972(5), 1074a, 1201-1221; 32 U.S.C. 502-505; 37 U.S.C. 204, 206(a)(3), 802; and 38 U.S.C. 310, 331, 610, and 612.

This instruction is affected by the Privacy Act of 1974. Each form or format is subject to AFI 37-132, *Air Force Privacy Act Program (PA)* and, as required by this publication, has a Privacy Act Statement, either in the body of the document or in a separate statement accompanying it.

SUMMARY OF CHANGES

This is the first publication of ANGI 36-2910. ANGR 35-67, 30 March 1984 is rescinded. This instruction incorporates both legislative and regulatory changes. It issues new instructions for completion and distribution of NGB Form 348, *Line of Duty Determination*. Documentation flow is revised and more efficient. It deletes the requirement for review by the State Adjutant General. Offers clear definitions of the types of LODs and sets guidelines for when and what type of LOD must be accomplished.

Chapter 1--General Provisions

Paragraph

References, Abbreviations, Acronyms, and Terms.....	1.1
Legal Basis	1.2
Persons for Whom LOD and Misconduct Determinations are Made.....	1.3
When Determinations are Required	1.4
Need for Prompt and Accurate Action	1.5
Effect of Death on LOD and Misconduct Determinations.....	1.6
Initial Active Duty Tours	1.7
LODs for Active Guard Reserve (AGR) Personnel.....	1.8
Temporary Duty (TDY)	1.9
Active Duty for 31 Days or More	1.10
Active Duty for 30 Days or Less	1.11

Chapter 2--LOD and Misconduct Determinations

Section A--General Instructions

Hostile and Non-Hostile Casualties	2.1
Existed Prior to Service (EPTS) Illness, Injury or Disease.....	2.2
All Other Illnesses, Injuries, or Diseases	2.3

Section B--Possible Determinations

In Line of Duty.....	2.4
Not In Line of Duty, Not Due to Own Misconduct	2.5
Not in Line of Duty, Due to Own Misconduct	2.6
Not in Line of Duty--EPTS, No Aggravation.....	2.7
In Line of Duty--EPTS Aggravation.....	2.8
LOD Not Required--Not in a Duty Status.....	2.9

Section C--How Determinations Are Made

Administrative Determination	2.10
Informal Determination	2.11
Formal Determination.....	2.12
Interests of the Affected Member	2.13

Chapter 3--Processing Requirements

Member's Responsibilities	3.1
Role of the Medical Facility	3.2
Beginning the Process.....	3.3
Actions of the Military Personnel Flight (MPF)/DPMPE.....	3.4
Actions by Base Comptroller	3.5
Immediate Commander Responsibilities	3.6
Appointing Authority	3.7
Action of the Adjutants General's Office.....	3.8
Monthly Recertification	3.9
Medical Evaluation Board (MEB) Action.....	3.10
Action of ANG/SGP	3.11

Forms Prescribed

AF Form 422, <i>Physical Profile Serial Report</i>	2.11
DD Form 261, <i>Report of Investigation, Line of Duty and Misconduct Status</i>	2.12
NGB Form 348, <i>Line of Duty Determinations</i>	1.6.2
SF Form 600, <i>Chronological Record of Medical Care</i>	3.3

Page

Tables

3.1. Document Flow--Informal-Administrative LOD	8
3.2. Document Flow--Informal-Complete LOD	8
3.3. Document Flow--Termination of Incapacitation Pay	9

Attachments

1. Glossary of References, Abbreviations, Acronyms, and Terms	14
2. Guidelines for Completing NGB Form 348	19

Chapter 1

GENERAL PROVISIONS

1.1. References, Abbreviations, Acronyms, and Terms. See attachment 1.

1.2. Legal Basis. Federal laws require a determination whether certain illness, injury, or disease are suffered by ANG members while in a duty status and whether such illness, injury, or disease are the result of a member's own misconduct. These findings are used by:

1.2.1. The Air National Guard to determine:

1.2.1.1. Eligibility of members of the Air National Guard of the United States (ANGUS) for medical/dental care and for possible incapacitation pay and allowances (10 U.S.C. 1074a, 37 U.S.C. 204).

1.2.1.2. Eligibility for payment of civilian medical/dental expenses under the provisions of AFI 41-101, *Obtaining Civilian Medical and Dental Care*.

1.2.1.3. Lost time required to be made good (10 U.S.C. 972(5)).

1.2.2. Disability compensation and hospitalization benefits by the Veterans' Administration for 38 U.S.C. 310, 331, 610, and 612.

1.2.3. Eligibility for job hiring preference by the Office of Personnel Management for 5 U.S.C. 2108 and 3309-3315.

1.2.4. Eligibility for physical disability retirement or separation by the Air Force for 10 U.S.C. 1201-1221.

1.3. Persons for Whom LOD and Misconduct Determinations are Made. LOD and misconduct determinations are made for members of the ANG who:

1.3.1. Incur or aggravate an illness, injury, or disease while on active duty; while performing active duty for training for any period of time; while on inactive duty for training, or while traveling directly to or from such duty.

1.3.2. Incur or aggravate an illness, injury, or disease while on active duty; while traveling to or directly from the place at which the member is to perform active duty; or active duty for training for a period of 30 days or less.

*NOTE: If there is a question about the circumstances of a given case, then an LOD and misconduct determination should be made.

1.4. When Determinations are Required. An LOD and misconduct determination are required when a member incurs an illness, injury, or disease, whether hospitalized or not, that results in any of the following:

1.4.1. The inability to perform military duties beyond the period of scheduled tour of duty.

1.4.2. The likelihood of a permanent disability.

1.4.3. The likelihood of a claim against the United States.

1.4.4. Medical/dental fees for which the United States may be liable.

1.4.4.1. Members are entitled to medical/dental care appropriate for treatment of the condition including hospitalization, until the resulting disability cannot be materially improved by further treatment. Care will be provided in either a military or civilian medical treatment facility as determined by the ANG Director of Base Medical Services or designee.

1.4.5. When an individual is being processed in the Air Force Disability Evaluation System.

1.4.6. Incapacitation of the member prevents the return to civilian occupation. Additional supporting documentation required for verification of medical condition and loss of civilian income. Requirements for documentation for loss of civilian pay is administered by the Base Comptroller's Office.

1.4.7. Death, if the member dies on active duty while serving under conditions that made them eligible to receive basic allowance for quarters (BAQ) with either a variable housing allowance (VHA) or an overseas housing allowance (OHA) and who left surviving dependents qualifying for benefits under 37 U.S.C. 403(1). If there is a question about the given circumstances of a case, then an LOD determination should be accomplished.

*NOTE: Air Guard members are authorized repair or replacement of a prosthesis while performing military duty only in conjunction with a LOD determination. Claims are paid under AFI 51-502, *Personnel and Government Recovery Claims*. Requests for repair or replacement of prosthesis will be directed to the servicing active Air Force claims office for processing when the member is on active duty for more than 30 days.

1.5. Need for Prompt and Accurate Action. LOD determinations are used to establish benefits for ANG members, and when required, to compensate civilian medical/dental facilities for services rendered to members for illness, injury, or disease. An LOD can be conducted at anytime after an injury, illness, or disease occurs if evidence becomes available to support such a claim. The medical facility will initiate LOD action as described in chapter 3 no later than 15 working days from notification of the incident. Whether or not incapacitation pay is involved, the medical authority will monitor the member's status at least monthly and return the member to normal military duty as soon as possible. Every effort should be made not to prolong cases when best medical judgment dictates that the individual will not recover sufficiently to be able to return to military duty. In such cases disability processing, if eligible, should be initiated as early as practicable in accordance with ANGI 36-3001, *Air National Guard Incapacitation Benefits*, and AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separations*.

1.5.1. If not in the LOD determination is suspected, notify the member immediately that the government is not responsible for any medical/dental expenses. Document notification in the member's medical record. If a LOD determination -No- is later changed to -Yes- notify the member of determination and process civilian medical/dental bills attributable to the LOD injury/illness or disease for payment. Document notification in the member's medical record.

1.5.2. If the LOD determination is suspected to be LOD -Yes- do not hold bills pending final LOD determination. If a LOD -Yes- is later determined to be or is reversed to LOD -No-, notify the member of this change immediately and cease bill processing from the notification date. Document notification in the member's medical record.

1.6. Effect of Death on LOD and Misconduct Determinations. If a member dies while a line of duty determination is in progress, continue processing the LOD. Future action will be in accordance with AFI 36-3002, *Casualty Services*.

1.7. Initial Active Duty Tours:

1.7.1. ANG members on an initial active duty tour who are injured or become ill in the LOD may have their orders extended to complete training. Such an extension must be based on a medical prognosis for recovery and the ability to complete the initial training. Cases will be decided on an individual basis since times of recovery are highly variable, depending on the type of injury or illness. The ANG Liaison at Lackland AFB and technical training centers will notify the parent unit of the necessity for an extension. Members will be responsible for notifying their unit at training bases where there is no ANG Liaison. The extension actions must begin as soon as the injury or illness is diagnosed and prognosis indicates that training cannot be completed in the original amount of training time allotted. Unit Military Personnel Flights (MPFs) should contact Air National Guard Readiness Center, Training (ANG/MPT) as soon as they are notified of such a situation by the ANG Liaison. ANG Liaisons will make every effort to provide the parent medical unit with any required medical documentation.

1.7.2. The parent ANG medical facility will prepare an informal NGB Form 348 in coordination with the ANG Liaison. The individual's unit commander will complete the investigation in accordance with the provision of this instruction. A copy of the completed NGB Form 348 will be forwarded to Air National Guard Readiness Center, Professional and Aerospace Medicine (ANG/SGP) for approval.

1.8. LODs for Active Guard Reserve (AGR) Personnel. LODs, NGB Form 348, are not normally required for AGR personnel. AGR individuals are subject to the provisions of AFI 36-2910, *Line of Duty (Misconduct) Determinations*. When misconduct is suspected, the instructions contained in that AFI should be followed. NGB Form 348 should be completed on injured or ill AGR personnel whose tour will end before recovery from the injury, illness, or disease. This is required so that there will be a formal record of the illness or injury for future claims against the United States, determination for VA benefits, or for future need of incapacitation pay. Formal investigations conducted under AFI 36-2910 for AGR members will be reviewed by unit ANG Judge Advocate General (JAG) officer. Upon review by the Adjutants General's office all formal investigations will be forwarded to ANG/SGP for review, determination, and approval.

1.8.1. The ANG will not provide funds for Active Guard Reserve (AGR) or other with active duty tours over 30 days. Health care expenses for these members are paid by the closest USAF medical treatment facility IAW AFI 41-101, *Obtaining Civilian Medical and Dental Care*.

1.9. Temporary Duty (TDY):

1.9.1. If a member is TDY to a military facility and an ANG Liaison is attached to the TDY unit, the ANG Liaison will ensure the TDY medical facility supplies all medical data to enable the individual's ANG medical unit to complete the LOD determination.

1.9.2. If there is no ANG Liaison at the TDY location then the member's immediate TDY unit commander will ensure the forwarding of all medical documentation to the parent MPF.

1.10. Active Duty for 31 Days or More. (See ANGI 36-3001.) A member who suffers an incapacitating disease, illness, or injury in line of duty who is on orders for 31 days or more may be entitled to continue on active duty until restored to full military duty, separation, or disability retirement.

1.11. Active Duty for 30 Days or Less. A member ordered to active for 30 days or less, or is on inactive duty, or traveling directly to or from that duty who suffers an incapacitating disease, illness, or injury in Line of Duty may be entitled to a portion of monetary pay and allowances. The amount of pay and allowances will not exceed the total of pay and allowances due the member for a similar period of active duty nor will such pay be paid for more than 6 months unless extension of the pay period is approved by the Secretary of the Air Force (SAF). Compensation will be initiated by military pay upon receipt of member's written request for compensation, an NGB Form 348 indicating the condition is in LOD, and member's employment and earnings documentation. Requests for incapacitation pay should be in accordance with ANGI 36-3001.

Chapter 2

LOD AND MISCONDUCT DETERMINATIONS

Section A--General Instruction

2.1. Hostile and Non-Hostile Casualties:

2.1.1. Casualties Due to Hostile Actions-Hostile casualty. A person who is the victim of a terrorist activity or who becomes a casualty "in action". "In action" characterizes the casualty as having been the direct result of hostile action, sustained in combat or relating thereto, or sustained going to or returning from a combat mission provided that the occurrence was directly related to hostile action. Included are persons killed or wounded mistakenly or accidentally by friendly fire directed at, or what is thought to be, a hostile force. Not included are injuries or death due to the elements; self-inflicted wounds; combat fatigue; wounds or death inflicted by a friendly force while absent-without-leave (AWOL), desertion, or dropped-from-the-rolls status, or voluntarily absent from a place of duty. These casualties or injuries are found to be in the Line of Duty.

2.1.2. Non-Hostile Casualty. A person becomes a casualty due to circumstances not directly attributable to hostile action or terrorist activity. Casualties due to the elements, self-inflicted wounds and combat fatigue are non-hostile casualties.

2.2. Existed Prior to Service (EPTS) Illness, Injury or Disease. EPTS is explained in attachment 1. EPTS disease, illness, or injury may or may not be in Line of Duty depending upon whether they have been aggravated by military service.

2.3. All Other Illnesses, Injuries or Diseases:

2.3.1. The law presumes that an illness, injury or disease is incurred in the Line of Duty unless shown by a preponderance of evidence that (1) it was proximately caused by the member's misconduct, or (2) it was incurred while the member was AWOL, or (3) the member was not in a duty or direct travel status when it was incurred.

2.3.2. LOD status is resolved by determining whether the member was or was not in an authorized duty or travel status, was or was not absent without authority at the time the illness, injury, or disease was incurred. Determine whether misconduct of the member proximately caused the illness, injury, or disease. Misconduct status is determined by finding the member's illness, injury, or disease was proximately caused by their own misconduct.

Section B--Possible Determinations

2.4. In Line of Duty:

2.4.1. Example 1. A member is injured on the flight line while on inactive duty for training. The injury was not proximately caused by the member's own misconduct or negligence.

2.4.2. Example 2. A member eating in the dining facility damages a tooth. If the tooth is found to be sound with no more than one surface restored.

2.4.3. Example 3. A member driving home from inactive duty training is involved in an automobile accident and is injured. The member was traveling directly home and the injury was not the result of gross negligence or misconduct.

2.5. Not in Line of Duty, Not Due to Own Misconduct:

2.5.1. Example 1. A member in annual training status leaves the base during duty hours without authority and is injured off base through no fault of his or her own.

2.6. Not in Line of Duty, Due to Own Misconduct:

2.6.1. Example 1. A member in annual training status is intoxicated and as a result falls off a roof, receiving several broken bones.

2.6.2. Example 2. A member on inactive duty training (IDT) status is injured in a manner which reasonably could have been foreseen.

2.7. Not in Line of Duty--EPTS--No Aggravation:

2.7.1. Example 1. A member has a heart attack while attending classroom instruction during inactive duty training. Clear evidence shows that the individual has had coronary problems in the past and the heart attack was not a result of unusual strenuous activity.

2.7.2. Example 2. A member suffers the symptoms of or actually passes a kidney stone while in IDT and requires hospitalization beyond the training period. Clear evidence or symptoms indicated that the kidney stones existed before the training period.

2.7.3. Example 3. A member has a history of low back trouble and experiences back pain while on IDT status not proximately resulting from duty.

2.8. In Line of Duty--EPTS--Aggravation:

2.8.1. Example 1. A member suffers a heart attack the second day of annual training following a period of strenuous exercise.

2.8.2. Example 2. Individual experiences a herniated Nucleus Pulposus following a period of heavy lifting with prior evidence of spinal problems or back pain.

2.9. LOD Not Required--Not in a Duty Status. When clear evidence indicates that the member was not on official duty or on official orders at the time of the illness, injury or disease. When it is also clear that the member deviated from a direct route in traveling to and from duty. Once the member makes a stop he or she is no longer in a duty status. In this case an entry in the medical records is sufficient. Unusual cases will require submission to the unit JAG office.

2.9.1. Example 1. Member slips and falls on the stairs at home prior to leaving for drill.

2.9.2. Example 2. A member returns home from annual training and is injured later that day while swimming in a nearby lake.

2.9.3. Example 3. Member traveling from IDT stops at a bar or social club prior to returning home. This is not considered a direct route to domicile.

2.9.4. Example 4. Member decides to stay after an IDT at the NCO Club and is injured in an auto accident on the way home.

Section C--How Determinations Are Made

2.10. Administrative Determination. This determination is made by a medical authority and an is entry made in the member's health record (SF 600) group when:

2.10.1. There is no incapacitation and the member loses less than 24 hours of time due to the injury.

2.10.2. Clear evidence indicates the member was in a duty status at the time of the injury and the injury was not incurred while member was absent without authority and was clearly not due to member's own misconduct. Whenever there is minor medical costs such as hospital emergency or medical clinic fees they may be paid without a NGB Form 348 if the provisions of paragraph 2.10.1. are met. A short letter identifying the individual and the circumstances should be forwarded to the Base Comptroller to let them know of the obligation so they may pay any invoices involved. Base Comptrollers may also have the Health Systems Specialist certify these invoices if they choose.

2.11. Informal Determination. This determination is required when the facts of the situation do not meet the criteria of paragraph 2.10. The medical authority will initiate NGB Form 348. If incapacitation as determined by a medical authority occurs, an AF Form 422, *Physical Profile Report*, and an NGB Form 348 are initiated and processed in accordance with chapter 3. There are two types of informal determinations:

2.11.1. Informal-Administrative. An Informal-Administrative LOD is an abbreviated use of the NGB Form 348 (medical determination alone). It entails the completion of items 1-26 on the NGB Form 348 and is designed to allow for speedy processing of the LOD. This method may be used:

2.11.1.1. In cases of minor injury not likely to result in permanent disability in which there is clear evidence there is no misconduct and the member was clearly on official duty at the time.

2.11.1.2. When treatment for the care of the individual will not be long-term (more than 60 days) and incapacitation is expected for only a short period.

2.11.1.3. In cases of short term illness in which the individual will be incapacitated for a short period of time and the member was clearly in a duty status.

*NOTE: This should not be used when there is doubt or possible aggravation of a known or unknown pre-existing condition. Informal-Administrative LODs are processed in accordance with chapter 3 of this instruction. An Informal-Administrative LOD can be turned into an Informal-Complete at anytime when clear evidence indicates the need for one or when information becomes available that changes the known circumstances.

2.11.2. Informal-Complete. An Informal-Complete determination requires the completion of the entire NGB Form 348 and investigation by the member’s commander and review and/or certification by higher headquarters. Process in accordance with chapter 3. Informal-Complete LODs should also be accomplished whenever it is determined that the incapacitation will exceed 6 months. Offices at HQ AFPC reviewing physical disability cases need at least an Informal-Complete NGB Form 348 in all cases being presented to the Physical Evaluation Board (PEB). In such cases, an Informal-Complete NGB Form 348 should be accomplished together with all MEBs being forwarded for PEB processing unless one has already been accomplished or a Formal LOD investigation (DD Form 261) has been prepared.

NOTE: A copy of the report will be submitted with the NGB Form 348 for individuals who are injured in the LOD in which an accident/incident report is indicated. Examples: An auto accident; a police report.

2.11.2.1. It is recommended that an Informal-Complete NGB Form 348 be accomplished on ANG members when civilian medical expenses exceed one thousand dollars or incapacitation exceeds 60 days.

2.12. Formal Determination. This determination is required when neither an administrative determination nor an informal determination can be made, as in cases of suspected misconduct, absence without leave, or when there is doubt as to whether the member was in a duty or direct travel status. Formal determinations are recorded on DD Form 261, *Report of Investigation, Line of Duty and Misconduct Status*, and processed IAW AFI 36-2910. Formal determinations should be conducted whenever preliminary evidence indicates the intemperate use of alcohol or drugs. Formal determinations should be conducted when agreement on the line of duty determination differ.

2.13. Interests of the Affected Member. If a doubt exists whether an administrative determination is appropriate, the medical authority should initiate the Informal-Administrative determination, NGB Form 348. The need for an Informal-Complete investigation will be determined after the Informal-Administrative determination is made.

Chapter 3

PROCESSING REQUIREMENTS

Table 3.1. Document Flow--Informal-Administrative LOD.			
Activity	Action	To	Number of Working Days (See Note 1)
Medical Facility	If incapacitation as determined by a medical authority occurs, an NGB Form 348 and AF Form 422 will be prepared and forwarded by the medical facility. File copies of each in health record.	MPF/DPMPE	15
Table 3.1. Continued.			
MPF/DPMPE	1) Coordinates AF Form 422 with MPF/Career and Education Manager and MPF/DPMDR. also	Base Comptroller	ASAP 1

	1) Forwards NGB Form 348 for review and initiation of incapacitation pay, if appropriate. 2) Forwards AF Form 422 that returns member to normal military duty for termination of incapacitation pay. Retains one copy for file.		
Base Comptroller	Initiates/terminates incapacitation pay as appropriate.		1

Table 3.2. Document Flow--Informal-Complete LOD.			
Activity	Action	To	Number of Working Days (See Note 1)
Medical Facility	Initiates NGB Form 348/AF Form 422 on learning of the incident. Files copies of each in health record. The health record will then be placed in suspense until case resolution. (See Notes 1 and 3.)	MPF/DPMPE	15
MPF/DPMPE	Receives NGB Form 348/AF Form 422, coordinates AF Form 422 with MPF/DPMH and MPF/DPMDR. (See Notes 1 and 3.)	Immediate Commander	1
Immediate Commander	Investigates the incident. Makes appropriate entries on NGB Form 348. Coordinates with the medical authority on LOD determinations (See Notes 1, 2, and 3.)	Reviewing Authority	5
Appointing Authority	Reviews and concurs/nonconcur NGB Form 348 (See Notes 1 and 3.) Forwards original and copies to ANG/SGP through the MPF/DPMPE. MPF/DPMPE forwards an information copy to the State Adjutants General (TAG) office. Maintains copy for state file. See paragraph 3.8 for complete distribution.	ANG/SGP	2
ANG/SGP	Makes determination and returns original and copies to MPF/DPMPE through the TAG.	TAG	5

Note 1. Incapacitation pay may be the only source of income for the member while an LOD is pending. Every effort should be made to complete the LOD investigation within the listed time frames.

Note 2. If the commander concurs with the medical authority, the recommendation may be either "in Line of Duty" or "recommend a formal investigation". If the commander does not concur, an attempt will be made to reconcile differences with the medical authority.

Note 3. If the appointing authority concurs, the MPF forwards the NGB Form 348 to ANG/SGP for review. The MPF will also forward an information copy to the TAG. ANG/SGP upon making determination returns the

completed NGB Form 348 to MPF through the TAG. If ANG/SGP does not concur in the findings, an explanation will be provided. If ANG/SGP concurs, then the NGB Form 348 will be certified and returned to the TAG.

Activity	Action	To	Number of Working Days
Medical Facility	Forwards copy of NGB Form 348/AF Form 422 returning the member to normal military duty or for disability separation.	MPF/DPMPE	1
MPF/DPMPE	Forwards a copy of the NGB Form 348/AF Form 422 returning the member to normal military duty or for disability separation. (See Note Below.)	Base Comptroller	1
Base Comptroller	Suspends member's eligibility for incapacitation pay IAW DFAS-DA 177-373V3, <i>Air Reserve Forces Pay and Allowances System and DoD Military Pay and Allowances Manual.</i>	Notifies DFAS	2

Note. If AF Form 422 indicates the member is allowed to return to duty and the incapacitation pay is to be terminated, then forward the AF Form 422 to the Base Comptroller. If the AF Form 422 indicates the member is to be separated for disability, proceed with the separation procedures and forward the AF Form 422 to the Base Comptroller. In all cases, MPF/DPMPE NCO will coordinate the AF Form 422 with the MPF/DPMH and MPF/DPMDR sections.

3.1. Member's Responsibilities. It is the member's responsibility to notify their home installation medical facility or supervisor/commander of any illness, injury, or disease incurred while in a duty status. Notification must occur within 30 calendar days of incidence. Failure to notify within 30 calendar days may lead to loss of benefits.

3.1.1. If illness, injury, or disease occurred while in a TDY status, the member will notify his or her home installation medical facility or supervisor/commander upon return to home station.

3.1.2. If illness, injury, or disease occurred while performing duty at his or her home installation, the member will immediately notify the supervisor and/or medical facility

3.1.3. Prompt reporting of illness, injury, or disease to medical facility by the member or the supervisor is a necessity. Medical complications could arise from seemingly minor injuries; member's benefits may be delayed or jeopardized.

3.1.4. The member must notify the Base Comptroller regarding loss of civilian income due to injury or illness in LOD.

3.2. Role of the Medical Facility. ANG members may incur an illness or injury in LOD at a place other than their home installation. In all cases, the member's home installation medical facility is responsible for making sure that the LOD or misconduct determination is started. If the process has not been started, the home installation medical facility will initiate the LOD process and forward to MPF/DPMPE.

3.3. Beginning the Process. To ensure adequate processing, the ANG medical facility will record on the SF Form 600, *Chronological Record of Medical Care*, the care provided by the first medical facility treating the member and the official duty status of the member at the time the illness, injury, or disease was incurred.

3.3.1. The SF Form 600 entry will suffice as an administrative LOD if the provisions of paragraph 2.10. are met and:

3.3.1.1. There is no incapacitation or less than 24 hours of duty time is lost.

3.3.1.2. When clear evidence indicates the individual was in a duty status and was not absent without authority and the injury was not due to the member's own misconduct.

3.3.2. The medical facility will initiate an NGB Form 348 if the circumstances surrounding the incident indicate a determination is required or if either incapacitation or major civilian medical/dental fees are incurred (see paragraph 1.3.).

3.3.3. In cases of clearly defined in Line of Duty incidents which are not likely to result in a permanent disability, the Informal-Administrative NGB Form 348 may be processed within the state without ANG/SGP approval. In these cases, the NGB Form 348 will be routed from the medical authority through MPF/DPMPE section to the Base Comptroller.

NOTE: Cases that result in illness, injury, or disease that may have been prevented with the use of appropriate safety equipment (seatbelts, respirators, ear plugs, etc.) will be investigated and processed IAW AFI 36-2910, chapter 4.

3.3.4. If LOD cannot be determined within the state, the health record will be placed in suspense until the case is resolved by higher authority. The medical facility will forward the Informal NGB Form 348, a copy of AF Form 422, and all supporting medical documentation to the MPF/DPMPE section for processing as described in paragraph 3.4.1. The suspense will be reviewed monthly to ensure resolution as expeditiously as possible.

3.3.5. The medical facility will notify the Base Comptroller of the possibility of an incapacitation pay situation.

3.3.6. The medical facility will initiate AF Form 422, certified by a medical officer when:

3.3.6.1. The member is incapacitated by the incident;

3.3.6.2. The member is returned to normal military duty;

3.3.6.3. The member is placed on limited duty.

3.3.6.4. Determined that the disability will exceed 6 months.

3.3.6.5. Or when medical status changes.

3.3.7. Distribute AF Form 422 in accordance with the instructions on the form.

3.3.8. Process civilian medical/dental bills for approved LOD treatment and forward to the Base Comptroller.

3.3.8.1. Obtain a Funding Control Number (FCN) for inpatient bills from ANG/SGM upon notification of inpatient medical/dental care.

3.4. Actions of the Military Personnel Flight (MPF).

3.4.1. The MPF/DPMPE section will:

3.4.1.1. Serve as point of contact and coordinator between the medical facility, the immediate commander, and the reviewing authority.

3.4.1.2. Act as the quality control monitor for the processing of the LOD.

3.4.1.3. Set up controls and suspenses.

3.4.1.4. Ensure document flow is within time standards.

3.4.2. On receipt of an Informal-Administrative LOD determination and possible incapacitation (NGB Form 348) from the medical facility, the MPF/DPMPE section will:

3.4.2.1. Notify the Base Comptroller by forwarding a copy of the NGB Form 348 and AF Form 422 for review and initiation of incapacitation pay, if appropriate.

3.4.2.2. Monitor the progress of the LOD until conclusion of the incapacitation pay (receipt of AF Form 422 returning member to normal military duty).

3.4.2.3. For termination of incapacitation pay, forward a copy of AF Form 422 that returns the member to normal military duty to the Base Comptroller.

3.4.3. In the Informal-Complete LOD process, the MPF/DPMPE section will:

3.4.3.1. Receive NGB Form 348 and AF Form 422 from the base medical facility.

3.4.3.2. Monitor the progress of the LOD determination.

3.4.3.3. Forward the NGB Form 348 to the member's immediate commander or representative for investigation.

3.4.3.4. Following decision by the reviewing authority and upon receipt of the NGB Form 348, forwards the original and two copies to ANG/SGP and forwards an information copy to the TAG. Upon receipt of the approved NGB Form 348, distribute copies of the form to the medical facility and the Base Comptroller for initiation of incapacitation pay.

3.4.3.5. On receipt of AF Form 422 returning the member to normal military duty, retain one copy of the form for personnel records, remove the record from suspense, and forward a copy of the form to the Base Comptroller for termination of incapacitation pay.

*NOTE: MPF/DPMPE section will ensure that the responsible officials complete actions on time (see table 3.2.).

3.4.4. Upon receipt of the original NGB Form 348 forward original to HQ ARPC for filing in the Master Personnel Record Group (MPRG) IAW AFI 36-2608, *Military Personnel Record Systems*.

3.5. Actions by Base Comptroller:

3.5.1. Refer to ANGI 36-3001, *Air National Guard Incapacitation Benefits*, paragraph 2.4.

3.5.2. Process civilian medical/dental bills received from the medical facility for payment.

3.6. Immediate Commander Responsibilities. The immediate commander is the commander or representative of the home installation unit to which the member is assigned at the time the medical facility initiates the NGB Form 348. In Informal-Complete LODs the immediate commander will:

3.6.1. Investigate the circumstances of the case, to include verification of the member's duty status.

3.6.2. Complete the commander's portion of the NGB Form 348.

3.6.3. Coordinate with the medical authority on LOD determinations.

3.6.3.1. If the commander concurs with the medical authority, the recommendation may be either a finding of "In Line of Duty", "Not in Line of Duty", or "recommend formal investigation".

3.6.3.2. If the commander does not concur, an attempt will be made to reconcile the differences with the medical authority and annotate the remarks section of NGB Form 348 prior to forwarding. The commander may request a formal investigation if there is evidence of misconduct.

3.6.4. Forward the NGB Form 348 to the Appointing Authority.

3.6.5. Advise the member of the following upon termination of incapacitation, as evidenced by AF Form 422 submitted by the medical facility:

3.6.5.1. Return to normal military duty. Incapacitation pay terminates unless the member shows inability to perform his or her civilian occupation because of the illness, injury, or disease and unless the member proves the loss of income.

3.6.5.2. Ability to perform civilian occupation has an effect on incapacitation pay. Incapacitation pay is determined by *DoD Pay and Allowances Manual, Part 8, Chapter 2*.

3.7. Appointing Authority. The officer who has special court martial jurisdiction over the immediate commander or is the senior ANG commander present, i.e., wing/group/deputy commander. If the appointing authority is also the immediate commander, he or she acts in both capacities.

3.7.1. Responsibilities. The appointing authority reviews NGB Form 348 and takes the actions set out below. Informal coordination with the servicing staff judge advocate is encouraged whenever there is clear evidence of misconduct.

3.7.1.1. Concurs with the immediate commander, or directs that a formal investigation be conducted and appoints an investigating officer.

3.7.1.2. Completes the respective section of NGB Form 348 and forwards it to the MPF/DPMPE.

3.7.2. If the appointing authority directs that a formal investigation be conducted, the case will be processed IAW AFI 36-2910. An investigating officer is appointed and takes the following actions:

3.7.2.1. Give the investigator a copy of the appointment order, the original NGB Form 348, a copy of this regulation, and a copy of AFI 36-2910.

3.7.2.2. Informs the investigator to consult with the Staff Judge Advocate (JAG) for advice on appropriate duties and procedures (see AFI 36-2910, attachment 2).

3.7.2.3. Sends copies of the appointing order to MPF/DPMPE and the medical authority, for filing in the member's records and the suspense file. Sends an information copy to the TAG.

3.7.2.4. Sets up administrative support for the investigator.

3.8. Action of the Adjutants General's Office (TAG):

3.8.1. Upon receipt of the information copy from the MPF/DPMPE The TAG sends a copy to the State Air Surgeon.

3.8.2. Upon receipt of the approved/disapproved NGB Form 348, the TAG retains one copy for the state file and sends the original and copies to the coordinating MPF/DPMPE section for processing as indicated in paragraph 3.4.

3.9. Monthly Recertification. Monthly recertification is necessary to ascertain a member's continuing incapacitation, to determine member's ability to return to normal military duty, or to identify cases to be processed within the Air Force Disability System.

3.9.1. The medical facility will:

3.9.1.1. Recertify incapacitation on the first UTA following the report of the incident.

3.9.1.1.1. Recertifications must be determined by a medical officer.

3.9.1.1.2. Entries will be made on SF 600 and NGB Form 348, items 21-23.

3.9.1.2. Notify the MPF/DPMPE section and Base Comptroller of continuing incapacitation utilizing copies of the original NGB Form 348 and filling out items 21-26 whichever is appropriate.

3.9.1.3. Recertification must be accomplished on subsequent UTAs or when professional military medical review is available until conclusion of the member's incapacitation.

3.9.2. If incapacitation continues beyond 3 months, the medical facility will take necessary action to determine if the incapacitation will exceed 6 months. Refer to attachment 2 of this instruction.

3.9.3. Base Comptroller completes items 54 through 65 on the NGB Form 348.

3.9.4. The medical officer will return the member to normal military duty as soon as possible.

3.10. Medical Evaluation Board (MEB) Action. MEBs are accomplished at active duty PEB referral medical facilities for LOD illness, injury, or disease that disqualifies the member for continued military duty. Any member who continues incapacitation beyond 6 months should be evaluated by a MEB no later than 30 days following the sixth monthly recertification. MEB may not be indicated if a member has not reached optimum care or member will be returned to duty within a reasonable period of time beyond the initial 6 month certification. No member will remain in incapacitation status for more than 1 year without a MEB.

3.10.1. The MEB process will be IAW AFI 48-123, *Medical Boards and Continued Service* and AFI 3212, *Physical Evaluation for Retention, Retirement, and Separation*.

3.10.2. MEB, pertinent medical records, active duty orders(if applicable), and copies of all NGB Forms 348 associated with this case will be forwarded to ANG/SGP by the evaluating active duty medical facility.

3.10.3. If the MEB recommends continued incapacitation the monthly recertification will resume, and the member will meet an MEB when optimum care has been reached.

3.11. Action of ANG/SGP:

3.11.1. The Air Surgeon (ANG/SGP) or designated representative is the approving authority for Informal-Complete and Formal LOD determinations. On receipt of NGB Form 348, they will:

3.11.1.1. Review and approve/disapprove Informal-Complete LOD determination.

3.11.1.2. Notify ANG medical unit of need for additional information.

3.11.1.3. Retain one copy and return original and remaining copies of all documentation to the TAG.

3.11.2. The Air Surgeon will make a recommendation of retention, separation, or reevaluation in cases forwarded IAW paragraph 3.10.

3.11.3. Coordinates recommendation with ANG/MPPAR.

3.11.4. Forward MEB case to AFPC/DPMMS.

DONALD W. SHEPPERD
Major General, USAF
Director, Air National Guard

OFFICIAL

DEBORAH GILMORE
Chief
Administrative Services

Supersedes ANGR 35-67, 30 Mar 84

OPR: ANG/MPPU (MSgt C. Merry) and ANG/SGP (CMSgt M. Romeo)

Certified by: NGB/CF (Col J. M. Bryan)

Pages: 23/Distribution: F

GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

Section A--References

ANGI 36-3001, Air National Guard Incapacitation Benefits

AFI 36-2608, Military Personnel Record Systems

AFI 3212, Physical Evaluation for Retention, Retirement and Separation

AFI 36-2910, Line of Duty (Misconduct) Determination

AFI 36-3002, Casualty Services

AFI 41-101, Obtaining Civilian Medical and Dental Care

AFI 48-123, Medical Examination and Standards

AFI 51-502, Personnel and Government Recovery Claims

DFAS-DA 177-373V3, Air Reserve Forces Pay and Allowances System

AFPD 36-27, Social Actions

DoD Military Pay and Allowances Manual

Title 5 United States Code

Title 10 United States Code

Title 32 United States Code

Title 37 United States Code

Title 38 United States Code

Section B--Abbreviations and/or Acronyms

Abbreviations and/or Acronyms	Definition
AFSC	Air Force Specialty Code
AFPC	Air Force Personnel Center
AGR	Active Guard Reserve
ANG	Air National Guard
ANGRC	Air National Guard Readiness Center
ANGUS	Air National Guard of the United States
AWOL	Absent Without Leave
BAQ	Basic Allowance for Quarters
EPTS	Existed Prior To Service
IDT	Inactive Duty Training
JAG	Judge Advocate General

LOD	Line of Duty Determination
MEB	Medical Evaluation Board
MPF	Military Personnel Flight
MPRG	Master Personnel Record Group
PEB	Physical Evaluation Board
OHA	Overseas Housing Allowance
TAG	State Adjutant General
TDY	Temporary Duty Assignment
SAF	Secretary of the Air Force
SSN	Social Security Number
VHA	Variable Housing Allowance
VA	Veterans Administration

Section C--Terms

Absent Without Authority--Members are considered absent without authority if voluntarily absent without leave for more than 24 hours, or voluntarily absent from assigned duty or formation, a restriction, or an arrest. Assigned duty or formation means a specified task to be done at a specified time and place, and for a specified purpose. It is not the same as a regularly scheduled duty. A member is also considered absent without authority if absent from duty in civil confinement for more than 24 hours, and the absence is not excused. The term "absent without authority" is the same as "unauthorized absence."

Aggravated by Service--A preexisting condition made worse, as opposed to being rendered temporarily symptomatic, (1) by a specific external event (e.g., a slip and fall) which is otherwise in LOD or (2) in the case of internal process (e.g. heart attack) by special demands of military service. The latter case may include matters as unusual levels of physical exertion or physical demands placed upon the member, extended periods of continuous duty, or abnormally long working hours under stressful conditions. With regard to internal processes a preexisting condition is not aggravated by service if, based on well-established medical principles as distinguished from medical opinion alone, the medical condition is or results from the natural progression of the preexisting condition. When a condition is not aggravated by service, the member is still entitled to medical care within the period covered by active duty or full-time National Guard duty orders (but not thereafter). If the member is performing inactive duty training (IDT) they are entitled only to emergency care to relieve pain and suffering until such time as they can be transferred to a civilian medical facility.

Active Guard Reserve (AGR)--AGR personnel of the Air National Guard and Reserves serving on active duty under 10 U.S.C. 672(d) and 678, or full-time National Guard duty under 32 U.S.C. 502(f), in connection with organizing, administering, recruiting, or training Reserve Forces components.

Alcohol Abuse--Use of alcoholic beverages leading to a member's misconduct, impairment of duty performance, or physical or mental health. It is excessive use of alcoholic beverages under all of the circumstances of the case. Consideration should be given to, but not limited to, the amount and type of the beverage used, the period of time over which it was used, and the physical condition of the user. It is the same as "intemperate use of alcohol."

Alcoholism--A psychological or physical dependence on alcohol.

Annual Training--The period of active duty a member performs each year to satisfy the annual training requirements associated with their Reserve assignment. It may be performed during one continuous period or in increments of one or more days, depending upon mission requirements.

Claim Against the United States--A demand for compensation or service which exceeds any benefit or entitlement provided by law and military regulation to ANG members while in a duty status or as a result of the duty.

Disability Compensation--Compensation normally awarded by the Air Force physical disability system or the Veterans Administration to a member with a temporary or permanent disability incurred while in the LOD. Do not confuse with "incapacitation pay."

Disease--A condition of an organ, part, structure, or system of the body in which there is incorrect functioning resulting from the effect of heredity, infection, diet, or environment. It is the same as illness, sickness, or ailment.

Drug Abuse--Intentional use of drugs or habit forming drugs, in any amount, when such use has not been authorized by qualified medical authority for specified medical treatment or for other legitimate purpose. It is the same as "intemperate use of drugs."

Duty Status--Military duty including the following:

Active Duty. For purposes of this instruction full-time duty in an active Federal military status under provisions of Title 10 United States Code (U.S.C.).

Active Duty for Training. A tour of active duty for the purpose of training the member under orders to provide for automatic reversions to non-active duty status when the specified period of active duty is completed. It includes annual training, special tours of active duty for training, school tours performed under Title 10 U.S.C. and 32 U.S.C. 316, 503, 505 and the initial active duty tour performed by enlistees without prior military service (10 U.S.C.).

Full-time (other than active duty for training) National Guard duty, Active Guard Reserve (AGR). Full-time training or duty performed by a member of the ANG in a status as a member of the ANG of a state, or territory, the commonwealth of Puerto Rico or the District of Columbia (see 32 U.S.C. 316, 502-505).

Inactive Duty Training. Authorized training for pay or non-pay by a guard member not in a ...full-time duty status and consisting of regular drills; period of appropriate duty or equivalent training; and any special additional duties authorized for a member of the ANG by an authority designated by the Secretary of the Air Force (SAF) and performed in connection with the prescribed activities of the organization in which assigned (see 32 U.S.C. 5-2 a-e).

Initial Active Duty Tour. The first active duty tour of a non-prior service enlistee performed for a period of not less than 12 weeks.

Existed Prior to Service (EPTS)--This term is added to medical diagnosis where there is clear evidence that a disease, illness, or injury, or the underlying condition causing it, existed prior to the member's entry into periods of active duty or active duty for training and was not aggravated by service. EPTS diseases or illnesses include chronic illness and diseases with an incubation period that rule out a finding that they started during inactive duty training, active duty training, or tours of active duty.

Drugs--Drugs which can lead to either physical or psychological dependence. Includes, but not limited to , substances identified as controlled substances by the Attorney General of the United States acting pursuant to the authority of 21 U.S.C. 811 and published in 21 Code of Federal Regulation (CFR) 1308. A list of commonly abused drugs appears in AFD 36-27, *Social Actions*.

Home Installation Medical Facility--The unit's medical facility that provides service to the member's unit of assignment, including geographically separated ANG units.

Incapacitation Pay--Refer to ANGI 36-3001, *Air National Guard Incapacitation Benefits*, attachment 1 for definition.

Injury--Includes conditions such as fractures, wounds, sprains, dislocations, concussions, and compressions. In addition, it includes conditions resulting from extremes of temperature or prolonged exposure. Acute poisoning (except that caused by contaminated food) resulting from exposure to a toxic or poisonous substance is also classified as an injury, as a reaction to immunization, medication, or training aids.

In Line of Duty--The determination is made for members in a duty status for:

Injury, when it is clear a member's injury did not exist prior to service and was not incurred while the member was absent without authority and was not caused by the member's own misconduct; or disease, or

When it is clear a member's disease was not contracted prior to service (EPTS) or while the member was absent without authority and was not caused by the member's own misconduct.

Intentional Conduct--An act, by commission or omission, done deliberately or intentionally.

Limited Duty--A status in which the affected member is capable of performing specific tasks without aggravation of a medical condition.

Medical Authority--A medical officer assigned to the member's home installation medical facility, or, in the absence thereof, the health systems specialist.

Mental Responsibility--It is presumed that all members are mentally responsible for their acts unless there is contrary evidence. This presumption usually means that it is unnecessary to pursue the issue of mental responsibility. However, when there is credible evidence of lack of mental responsibility, the issue must be resolved. Such evidence may consist of the circumstances surrounding the disease or injury, previous abnormal or irrational behavior, expert opinion, and/or other evidence directly or indirectly pointing toward lack of mental responsibility. Members may not be held responsible for their misconduct and its foreseeable consequences if, as a result of mental disease or defect, they lack substantial capacity either to appreciate the wrongfulness of the conduct or to conform the conduct to the requirements of law. As used, the term "mental disease or defect" does not include an abnormality manifested only by wrongful or otherwise antisocial behavior. Members whose mental faculties are impaired as a result of excessive use of alcohol or of their own prior misconduct, such as taking an hallucinogen, are mentally responsible.

Misconduct--Intentional conduct that is wrongful or improper. Also willful neglect.

Normal Military Duty--That duty that is comprised of the tasks in a member's Air Force Specialty Code (AFSC) that are performed routinely to accomplish a specific goal. Not all tasks are performed every day. The principle issue in any case is whether a medical condition permits the member to continue to perform the tasks of their office, grade, or rank in such a manner as to reasonably fulfill the purpose of their employment, though not necessarily the full range of duties required of the AFSC.

Not in Line of Duty, Due to Own Misconduct--This is the determination made when a preponderance of the evidence supports finding the member's illness, injury, or disease was proximately caused by the member's own misconduct. This determination is made regardless of whether the member was absent without authority.

Not in Line of Duty, Not Due to Own Misconduct--This determination is made when a preponderance of evidence supports the finding the member was injured or contracted a disease when absent without authority and the injury or disease was not proximately caused by the member's own misconduct. It is also the determination made when a member, who is injured or contracts a disease while traveling to or from active duty, active duty for training, or inactive duty for training, and the member deviates from the "direct" travel route. Direct travel status once broken by unauthorized or unnecessary material deviation, does not resume even if the member subsequently returns to the direct route. Accordingly, a member who deviates from direct travel is simply no longer in a duty status (See paragraph 1.3.).

Proximate Cause--It is the cause that, in a natural and continuous sequence unbroken by an independent and unforeseeable new cause, results in the disease, injury, or death and without which the disease, injury, or death would not have occurred. Proximate cause may also be described as the primary moving cause or predominating cause, and is the connecting relationship between the intentional misconduct or willful negligence of the member and the disease, injury, or death that results as a natural, direct, and immediate consequence that supports a "not in the

LOD- due to own misconduct” determination. As a general rule, to warrant a finding that an act of misconduct was the proximate cause of disease, injury, or death, it must appear that, in light of all attending circumstances, it could reasonably have been anticipated by the member concerned that disease, injury, or death might result from such misconduct.

Under the Influence of Alcohol or Drugs--Any intoxication caused by alcohol or drugs that is sufficient to impair the rational and full exercise of mental or physical faculties.

Willful Neglect--An act or acts of omission or commission that evidence a reckless or wanton disregard for their attendant consequences. That is conduct that indicates a member exhibited a reckless or wanton disregard for their own personal well-being or for the well-being of another. Same as gross negligence.

GUIDELINES FOR COMPLETING NGB FORM 348 LINE OF DUTY DETERMINATION

This attachment provides item-by-item guidance to complete NGB Form 348.

A2.1. Medical Facility Processing. Items 1 through 26 instructions:

A2.1.1. TO: The name of the member's immediate commander or office symbol. Example: Lt Col Robert Smith, 113th FW/CC.

A2.1.2. THRU: MPF/DPMPE is the office that serves the immediate commander of the member who is subject to the determination. The MPF/DPMPE has overall responsibility to process all Informal-Complete LODs and ensure the NGB Form 348 and misconduct determination are processed in compliance with this instruction.

A2.1.3. FROM: The name of the medical facility initiating the NGB Form 348. If an active duty facility begins the LOD on an AF Form 348, transfer the appropriate data to the NGB Form 348.

A2.1.4. Item 1. Name. Self-explanatory.

A2.1.5. Item 2. Social Security Number (SSN). Dashes will be used in the appropriate places within the SSN.

A2.1.6. Item 3. Rank. Use the alphabetical abbreviation for the member's rank. Example: Sergeant is (Sgt).

A2.1.7. Item 4. Organization. Indicate the member's organization of assignment at time of illness, injury, or disease. Example: 113 MSS.

A2.1.8. Item 5. Duty Status. Indicate the type of duty being performed at the time of illness, injury, or disease. Example: Title 32 USC 503; Title 10 USC 672; Title 32 USC 502f. The type of duty status is extremely important in making future decisions as to whether an individual is eligible for disability processing should this become necessary. Copies of member's active duty or active duty for training orders should be attached to all cases being forwarded as well as those being filed locally. Copies of orders are vital to disability processing.

A2.1.9. Item 6. Duty Dates. Indicate the dates the duty was performed and hour of day duty began and duty ended. Consecutive tours should be explained in Item 13.

A2.1.10. Item 7. Administrative LOD. If LOD type is Administrative indicate either initial or continued in this item.

A2.1.11. Item 8. Informal LOD. Indicate which type of LOD this has become as defined by paragraph 2.11. This block indicates to the MPF/DPMPE how to proceed with the LOD once it has been forwarded to that office. If it is an Informal-Administrative LOD a copy will be filed in the member's health record and a copy will be maintained in the correspondence files of the medical facility. MPF/DPMPE should maintain a copy of the Informal-Administrative LOD for future reference. If the Informal-Complete box is checked, it indicates to the MPF/DPMPE that the NGB Form 348 must be completed and forwarded to the immediate commander for investigation; then through the appointing authority; and then through appropriate channels to the ANGRC for certification. Checking this block also indicates to MPF/DPMPE that a suspense file should be created.

A2.1.12. Item 9. Disease or Injury. Indicate by checking the appropriate block. They also provide a definitive diagnosis as opposed to symptoms of a disease.

A2.1.13. Item 10. ICD Code. Record the diagnosis code using the appropriate code as defined by the International Code of Diseases Manual. These codes are used at ANGRC for research purposes.

A2.1.14. Item 11. Name and Location of Medical Facility First Providing Treatment. Indicate whether military or civilian facility. Check whether civilian invoices can be expected.

A2.1.15. Item 12. Date First Treated. Indicate the date that illness, injury or disease occurred. If treatment or diagnosis was delayed, indicate this in Item 13. Occasionally members do not report illness, injury, or diseases at the time of occurrence. Comparing dates of duty, dates incidents reported, and actual first treatment days can have an effect on the final outcome of LODs.

A2.1.16. Item 13. Details of Injury or History of Disease. Explain the circumstances of the illness, injury, or disease. Each case is different, as many facts as can be determined should be recorded. In simple cases, the circumstances relayed by the patient might be sufficient. The information is sometimes provided by a witness or a third party. In the case of Informal-Administrative NGB Forms 348, the circumstances should dictate whether further investigation is necessary. Cases involving injury can often be resolved by the medical facility. Medical facilities should make sure that every effort is made to determine if the illness, injury, or disease existed prior to the present period of duty or whether there is evidence that predisposing factors to the illness, injury, or disease may have been present. In any event, the member's health records should be reviewed in conjunction with any LOD situation. Use a separate sheet of bond paper to continue the explanation if necessary. Indicate at the top of the page the name and SSN of the member.

A2.1.17. Item 14. Source of Information and Address. If the information is received from the member it should be verified with another witness or party if possible. If no apparent witnesses are available, then record the information received from the member. If another source is available record the information in this block for future reference.

A2.1.18. Item 15. Duty Title. Enter the duty title of the source of any information relative to the LOD.

A2.1.19. Item 16. Recommend LOD. This section is used to indicate the "recommended" LOD status of the illness, injury, or disease. In cases of disease, every effort should be made to review the member's military and civilian medical history to determine if there was a preexisting condition. Some medical conditions are latent and do not manifest themselves until a later date or may be the natural progression of preexisting medical conditions. If the condition existed prior to this tour of duty, then a determination must be made whether the condition was aggravated by service. Conditions that clearly existed prior to this duty period will also be marked. In some instances, conditions did exist prior to service but may not have been known by the member or there is no evidence to indicate the same. A thorough investigation should determine if service aggravation is a consideration.

A2.1.19.1. Disease findings should be confirmed by a physician and often times the LOD finding will rest on the medical investigation of the servicing hospital/clinic. Since most unit commanders have no medical expertise, disease case LODs may rest solely on the thorough investigation of the clinic or hospital.

A2.1.19.2. Injury cases may require investigation beyond that of the clinic or hospital. Medical units usually do not have the personnel nor the expertise to investigate accidents. In simple injury cases, the clinic or hospital often has to rely on the statements of the member since there may not be any witnesses. In questionable cases, the clinic or hospital can only make a "recommended" LOD status. Unit commanders or their representative can obtain evidence by conducting an Informal-Complete LOD. Some cases may be considered EPTS or may be aggravated by service. Medical authorities must have clear evidence before checking any of these blocks. Whenever there is clear evidence that the injury was due to the member's own misconduct, an Informal-Complete LOD should be accomplished and forwarded to the unit JAG office for opinion.

A2.2. Incapacitation Determination and Certification. This section is used to indicate the possible incapacitation of the member due to the illness, injury, or disease.

A2.2.1. Item 17. Incapacitated. Indicate possible incapacitation of the member. This is based on the severity of the illness, injury, and disease and best medical judgment of the treating medical officer. Marking this block "yes" does not automatically entitle the member to receive incapacitation pay. Incapacitation pay eligibility is determined by ANGI 36-3001, *Air National Guard Incapacitation Benefits*. Marking this block "yes" lets the MPF/DPMPE know that this member may not be available for duty.

A2.2.2. Item 18. FROM:. Record the date incapacitation began. This is the actual date of incapacitation, not the date following the end of current orders of the member.

A2.2.3. Item 19. TO:. Approximate Return Date. Record the best estimate on date of return to duty. This is required so immediate commanders and MPF/DPMPE will have a date on which to predict the member's return to duty. If date cannot be predicted, indicate "unknown".

A2.2.4. Incapacitation Verification. Anytime Item 17 is marked "yes" Items 20 - 26 must be completed by competent medical authority.

A2.2.5. Item 21. Date. Self-explanatory.

A2.2.6. Item 22. Typed Name, Rank, etc.. When Item 17 is marked "yes" only a physician can certify the member incapacitated. When Item 17 is marked "no" then any Medical Officer (MC) may certify the NGB Form 348. Informal-Administrative LODs may be signed by the full-time Health Systems Specialist if a MC is not available.

A2.2.7. Item 23. Signature. Self-explanatory.

A2.2.8. Items 24, 25, and 26. Monthly Follow-up. Some illnesses, injuries, or disease require several months for recovery. These blocks are used for monthly recertification of incapacitation. The monthly follow-up date should be entered as well as the initials of the recertifying physician. At the end of the fourth recertification, a determination needs to be made if the member is going to need more than 6 months for recovery. If the answer is "yes", then two things need to happen:

A2.2.8.1. If incapacitation is going to go beyond 6 months, request for incapacitation pay beyond 6 months must be initiated in accordance with ANGI 36-3001, *Air National Guard Incapacitation Benefits*.

A2.2.8.2. A Medical Evaluation Board (MEB) needs to be initiated with the servicing active duty medical facility to determine if the member is qualified for worldwide duty. This evaluation sets the wheels in motion for future actions concerning possible disability consideration. Cases forwarded to the SAF for incapacitation pay beyond six months

also require that a MEB be conducted as soon as possible after initial illness, injury, or disease. MEBs are conducted in accordance with AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, and AFI 48-123, *Medical Examination and Status*.

A2.3. MPF/DPMPE Actions. Items 27 through 30.

A2.3.1. Item 27. Action by MPF/DPMPE. Use this item to determine the flow of the NGB Form 348 and aids the DPMPE NCO in monitoring the progress of the LOD.

A2.3.2. Item 28. Date Started. Record the date the MPF/DPMPE forwarded the NGB Form 348 to member's immediate commander.

A2.3.3. Item 29. Self-explanatory.

A2.3.4. Item 30. Date Informal-Administrative LOD completed. Record the date the LOD action was completed. If this is an Informal-Complete LOD as defined by paragraph 2.11., then leave this item blank.

A2.4. Immediate Commander's Investigation. Items 31-37.

A2.4.1. Name and SSN. Self-explanatory.

A2.4.2. Item 31. TO: Immediate Commander. This will be the office symbol of the member's immediate commander.

A2.4.3. Item 32. FROM: This is the unit designation of the MPF/DPMPE that is responsible for monitoring the LOD.

A2.4.4. Item 33. "As a result..." This item is used by the member's immediate commander to record the results of the investigation. These investigations often bring out facts and circumstances not readily available to medical authorities. These facts often make the difference in the final determination and should be taken seriously. When conflicts arise between the commander's investigation and the evidence provided to the medical facility, these conflicts will be resolved before forwarding the LOD to the reviewing authority. The appointing authority can only base their judgment on a fully investigated and resolved case. In illness or disease cases, the judgment of the medical authorities is usually sufficient and the immediate commander indicates in this section his or her agreement with the findings of the medical authority. Injury cases, the independent investigation should be recorded in this section. "I concur with the medical findings," is inappropriate and ANG/SGP will often return NGB Forms 348 for this reason. Immediate commanders will investigate the circumstances. Investigation techniques outlined in AFI 36-2910, Line of Duty (Misconduct) Determination, may be used, do not create all the documents required in a Formal investigation (DD Form 261). If additional space is needed, use plain bond paper with the name and SSN at the top of each page.

A2.4.6. Item 34. Sources of Information. Record in this section the names and addresses of individuals who might have knowledge of the medical condition or incident. Their knowledge of the case may have a bearing on the LOD finding. They may also prove helpful if further investigation is necessary.

A2.4.7. Item 35. In Line of Duty. Based on all available evidence, the immediate commander's evaluation of the LOD status of the illness, injury or disease. The immediate commander may not always agree with the medical unit evaluation. Therefore, all Informal-Complete cases are forwarded to a reviewing authority, which is usually the next level of command.

A2.4.8. Item 36. Member May Perform Limited Duty. Indicate whether the member is capable and would be required to perform limited duty. This entails duty at normally scheduled training periods and not daily attendance at their military duty assignment. Commanders are cautioned not to have members perform military duty while incapacitated. Under current federal law members with LOD illness, injury, or disease are only covered for treatment of that illness, injury, or disease. Members who incur an additional illness, injury, or disease while performing limited duty may not be entitled to medical care for those illness, injury, or disease.

A2.4.9. Item 37. Recommend Formal Investigation. Type in "no", unless evidence of misconduct as defined by AFI 36-2910, *Line of Duty (Misconduct) Determination*, or there is a suspicion of possible fraud. In such cases a formal investigation should be conducted IAW AFI 36-2910. The NGB Form 348 should then be made part of the investigation.

A2.4.10. "I certify." This is the immediate commander's certification of the findings in the LOD investigation.

A2.4.11. Item 39. Date. Self-explanatory.

A2.4.12. Item 40. Type Name. Self-explanatory.

A2.4.13. Item 41. Signature. Self-explanatory.

A2.5. Certification by the Appointing Authority. Items 42-45. This section is for completion by the appointing authority. The appointing authority for Informal-Complete NGB Forms 348 is the Wing Commander for flying units. In the case of the Missions Support units such as Tactical Control, Combat Communications, Electronics Installation Squadrons, Weather Flights, etc., this section may be left blank. The next level in those cases usually would be the Adjutants General's office.

A2.5.1. Item 42. "I concur..". The appointing authority indicates either they concur with the findings or a formal investigation is necessary IAW AFI 36-2910. If they agree with In Line of Duty finding, they mark the first section and complete items 42, 43, 44, and 45 and forward the NGB Form 348 to the Adjutants General's office for review. Immediate commanders sometimes request a formal investigation when it is not necessary. Reviewing authorities, by virtue of their command authority, may make a final determination at their level and overrule the need for a formal investigation. In these cases, they mark the second block and complete items 42, 43, 44, and 45. At times, the appointing authority may have evidence not known to the immediate commander involving misconduct by the member which warrants or requires a formal investigation as defined by AFI 36-2910. In such cases they mark the third block and return it to the immediate commander for formal investigation. These cases are usually very rare since willful misconduct is often not a factor in NGB Form 348 preparation. If the third block is marked, then a copy of the NGB Form 348 needs to be part of the DD Form 261 investigation.

A2.5.1.1 Item 43. Date. Self-explanatory.

A2.5.1.2. Item 44. Typed name. Self-explanatory.

A2.5.1.3. Item 45. Signature. Self-explanatory.

A2.6. Review by the Adjutants General's Office. The office of the Adjutants General acts as additional reviewing authority and to ensure all cases being forwarded are investigated thoroughly. They are the official chain of communication between the units and the Air National Guard Readiness Center, all Informal-Complete LODs need to be forwarded through this office. If the Adjutants General's representative does not concur with the reviewing authority then it will be returned for resolution. If required AFI 36-2910, will be used. If the Adjutants General's representative concurs, then forward the NGB Form 348 to ANG/SGP.

A2.6.1. Item 46. Date. Self-explanatory.

A2.6.2. Item 47. Typed name. Self-explanatory.

A2.6.3. Item 48. Signature. Self-explanatory.

A2.7. Review by ANG/SGP. Items 49-53. This section is reserved for comments and approval/disapproval of the findings by the Air National Guard Readiness Center/SGP.

A2.7.1. Item 49. If the finding is for approval, then the original and certified copies will be returned to the state through the TAG.

A2.7.2. Item 50. This item is used only when LOD is disapproved. ANG/SGP will make a comment in this section. The original and copies will then be returned to the TAG.

A2.7.3. Item 51. Date. Self-explanatory.

A2.7.4. Item 52. Typed name. Self-explanatory.

A2.7.5. Item 53. Signature. Self-explanatory.

A2.8. Certification of Incapacitation Pay (Base Comptroller). Items 54-62. This section is used by the comptroller to certify and recertify the members eligibility for incapacitation pay.

A2.8.1. Item 54. Incapacitation pay should be effective on the day following the last official day of duty. Certification in this item verifies the initial eligibility date and qualification for incapacitation pay.

A2.8.2. Item 55. Date on which incapacitation pay consideration will stop. This item is not completed until such time as a competent medical authority has determined that the member may return to normal military duty. Normally incapacitation eligibility continues until the Base Comptroller is notified that the member is being returned

A2.8.2.1. "I certify the member..." The certification statement is used by the official who initially certifies the eligibility for incapacitation pay; usually, the Base Comptroller.

A2.8.3. Item 59 - 65. Monthly Recertification. These items are used to recertify that the member is still incapacitated and may be eligible for incapacitation pay in accordance with the DoD Military Pay and Allowance Manual and current DoD, AF and ANG instructions. Record the date and the initials of the recertifying individual. Make a copy of the original form when it appears the incapacitation will go beyond 6 months. The copy can then be used for recertification beyond 6 months if approved by the SAF.

A2.8.4. Item 56. Date. Self-explanatory.

A2.8.5. Item 57. Typed name. Self-explanatory.

A2.8.6. Item 58. Signature. Self-explanatory.