

COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

SUSPENSE DATE (YYYYMMDD)

2005/05/27

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. THRU Fb	2. TO Commander, Co C, 1/185th AR BN 81st Armored Brigade, Camp Cedar II APO AE 09331	3. FROM Special Agent-in-Charge 380th MP DET (CID) APO AE 09331
4. USACRC CONTROL NUMBER 0058-04-CID939-82650 SN	5. MP REPORT NUMBER	6. SUB-INSTALLATION IDENTIFIER

To be completed by the commander or supervisor of the subject identified below and in corresponding MP/CID report. Check all applicable blocks. Briefly explain circumstances not covered by blocks. For multiple offenses resulting in more than one type of action taken or action taken for offenses not listed in the report, explain in block 15, Remarks, which offenses apply to blocks checked and action taken for other offenses. Retain last copy and return all others to addressee indicated in "TO" block on completion of final action.

7. NAME OF SUBJECT (Last, First, MI) AGUILAR, David J.	8. GRADE CPL	9. SSN [REDACTED]	10. DATE OF BIRTH (YYYYMMDD) 1980/06/26
11a. OFFENSE(s) Robbery		11b. DATE OF OFFENSE(s) 2004/05/11	
Obstructing Justice		2004/05/11	

12. ACTION TAKEN

☐ a. * NONE ☐ (1) INSUFFICIENT EVIDENCE ☐ (2) OTHER (Explain in Remarks)

* Subject was advised that although no action was taken, the report would be retained in Army records and that requests for amendment, correction, or expungement may be submitted IAW AR 190-45 (MP Reports) or AR 195-2 (CID Reports).

☐ b. ADMINISTRATIVE

REFERRED TO (Check appropriate blocks)

DATE REFERRED (YYYYMMDD)

DATE RESPONDED (YYYYMMDD)

F = FAMILY ADVOCACY		
D = DRUG/ALCOHOL ABUSE		
S = SPECIAL REFERRAL		
E = EQUAL OPPORTUNITY		
L = LEGAL OFFICE		
M = MENTAL HEALTH		
R = RELIEF AGENCY		

☐ c. NONJUDICIAL (Article 15, UCMJ)

☐ COMPANY GRADE

☐ FIELD GRADE

☐ SUMMARIZED

☐ GCM AUTHORITY

☐ GENERAL OFFICER

☐ d. JUDICIAL (If subject was tried by court-martial attach a copy of the court-martial order giving findings and sentences.)

☐ SUMMARY COURT MARTIAL

☐ GENERAL COURT-MARTIAL

☐ SPECIAL COURT-MARTIAL

☐ CIVIL COURT

13. JUDICIAL FINDINGS

☐ GUILTY

☐ DISMISSED

☒ NOT GUILTY

☐ OTHER (For example, guilty of a lesser included offense. Explain in Remarks.)

14. RESULTANT SENTENCES, PUNISHMENTS, OR ADMINISTRATIVE ACTION

<input type="checkbox"/> a. REPRIMAND	<input type="checkbox"/> b. ADMONITION	<input type="checkbox"/> (1) ORAL	<input type="checkbox"/> (2) IN WRITING
<input type="checkbox"/> c. DETENTION	<input type="checkbox"/> d. FORFEITURE	<input type="checkbox"/> e. FINED \$	/ MONTHS
<input type="checkbox"/> f. REDUCED FROM	TO	<input type="checkbox"/> g. EXTRA DUTY FOR	DAYS
<input type="checkbox"/> h. RESTRICTED FOR	DAYS	<input type="checkbox"/> i. CORRECTIONAL CUSTODY FOR	DAYS
<input type="checkbox"/> j. YEARS	MONTHS	<input type="checkbox"/> k. PUNITIVE DISCHARGE ADJUDGED TYPE:	
<input type="checkbox"/> l. ADMINISTRATIVE DISCHARGE	EFFECTIVE DATE		
<input type="checkbox"/> m. OTHER (For example, suspension of driving privileges. Explain in Remarks.)			

DA FORM 4833, DEC 1998

DA FORM 4833, JUN 80, IS OBSOLETE

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15. REMARKS

CPT
JA

(b)(7)(C)-2

16a. TYPED NAME AND GRADE OF COMMANDING OFFICER

CW2

16b. SIGNATURE

16c. DATE OF REPORT (YYYYMMDD)

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