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| **SAD LOD Commander Sworn Statement**  (Form replaces bottom of DA Form 2173, Oct. 72 and DA Form 2823, Jul. 72)  **PRINT ALL INFORMATION UNLESS DIRECTED TO PROVIDE SIGNATURE.** | | | |
| **SECTION I: SERVICE MEMBER INFORMATION** | | | |
| **1.** Name of Service Member involved in incident: (Last, First, Mi.) | | **2.** SSN Last 4: | **3.** GRADE/RANK |
| **4.** INDIVIDUAL WAS ON:🞏 State Active Duty (SAD) 🞏 Pass Day  🞏 State Active Duty for Training 🞏 Off Duty/Mission  🞏 Absent without Authority | | **5.** If SAD Training: Time and Date | |
| a. FROM | b. TO |
| **6.** Injury/Illness/Disease occurred on: Date: Time: | | | |
| Where incident occurred (if known): | | | |
| **7.** ABSENCE WITHOUT AUTHOIRTY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY. 🞏 YES 🞏 NO (If YES, explain type of duty missed, hours of duty, and how it interfered with performance.) | | | |
| **8.** SERVICE MEMBER DIED OF INJURIES RECEIVED 🞏 YES 🞏 NO. | | | |
| **9.** Duty Status at time of Death, if different from the status at time of injury or contraction of disease: 🞏 Not applicable  🞏 State Active Duty (SAD) 🞏 Pass Day 🞏 State Active Duty for Training 🞏 Off Duty/Mission 🞏 Absent without Authority | | | |
| **SECTION II: INCIDENT** | | | |
| **10.** DETAILS OF ACCIDENT, INJURY, ILLNESS OR DISEASE (As was reported to Commander or Preparer if not present when occurred. Use back of paper for additional Space. Attach other documents as needed.) | | | |
| **11.** FORMAL LINE OF DUTY INVESTIGATION REQUIRED: 🞏 YES 🞏 NO | **12.** INJURY IS CONSIDERED BY COMMANDER/PREPARER TO BE IN THE LINE OF DUTY: 🞏 YES 🞏 NO | | |
| **SECTION III: SWORN STATEMENT** | | | |
| **13.** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, make the following statement under oath:  I certify, to the best of my knowledge and personal observation, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Service Member Name), 🞏 DID 🞏 DID NOT have the condition, injury, illness or disease as described above prior to arrival at this duty location. Service Member completed any and all required medical and personnel documentation upon entry to State Active Duty and this matter was not identified.  🞏 Nothing further follows. 🞏 See back of this form for further details. 🞏 Further documentation is attached. | | | |
| **14.** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Commander/Preparers name), HAVE WRITTEN OR HAVE HAD READ TO ME THE STATEMENT ABOVE (Continued on additional pages: 🞏 YES 🞏 NO).  I FULLY UNDERSTAND THE CONTENTS OF THE ENITRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS (if any) AND HAVE INITIALED/DATED ANY ADDITIONAL PAGES (if applicable). I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME AND TITLE SIGNATURE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AFFILIATION TO SERVICE MEMBER DATE | | | |
| **15.** WITNESS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME AND TITLE SIGNATURE DATE | | | |