

**SAFETY INVESTIGATION REPORT  
ADVICE TO WITNESS - PROMISE OF CONFIDENTIALITY**

THIS IS PART OF A LIMITED USE DON SAFETY INVESTIGATION REPORT LIMITED DISTRIBUTED AND SPECIAL HANDLING REQUIRED BY EITHER OPNAVINST 5102.1(SERIES)/MCO P5102.1(SERIES) OR OPNAVINST 3750.6(SERIES)  
**THIS STATEMENT IS PRIVILEGED AND IS EXEMPT FROM DISCLOSURE.**

**DO NOT FILE THIS COVER SHEET IN A SYSTEM OF RECORDS SUBJECT TO THE PRIVACY ACT. FOR EXAMPLE, THIS STATEMENT MUST NOT BE RETRIEVABLE BY NAME OR OTHER UNIQUE IDENTIFIER ASSOCIATED WITH AN INDIVIDUAL.**

PLEASE READ THIS STATEMENT CAREFULLY  
CERTIFY THAT YOU UNDERSTAND IT BY YOUR SIGNATURE AT THE BOTTOM

I understand that:

- a. I have been requested to voluntarily provide information to a board conducting a safety investigation.
- b. I AM NOT being requested to provide a statement under oath or affirmation.
- c. Disclosure of personal information by me is voluntary; my election or refusal to provide such information will have no direct effect on me.
- d. The purpose of the information provided by me is to determine the cause of the mishap in order to prevent reoccurrence.
- e. Any information I provide to the board will be used ONLY for safety purposes.
- f. The information provided by me shall NOT be used:
  - (1) In any determination affecting my interests.
  - (2) As evidence in determining misconduct or line of duty status of involved personnel.
  - (3) As evidence to determine my responsibility or that of other personnel from the standpoint of discipline.
  - (4) As evidence to assert affirmative claims on behalf of the government.
  - (5) As evidence to determine the liability with regard to claims against the government for property damages or injuries caused by the mishap.
  - (6) As evidence before administrative bodies, such as administrative separation boards, Naval Aviator/Naval Flight Officer Evaluation Boards (USN) or Field Flight Performance Boards (USMC).
  - (7) As evidence in any other punitive or administrative action taken by the Department of the Navy including non-judicial punishment..
  - (8) In any other investigation or report concerning the mishap about which I have been asked to provide the information in this statement.

1. STATEMENT *(if not filling out electronically, continue on reverse and/or attach separate sheet(s) as necessary)*

2. PRINTED NAME *(First, Middle, Last)*

3. SIGNATURE

4. DATE

5. RANK/RATE

6. SERVICE

7. TELEPHONE

8. ADDRESS WHERE YOU MAY BE LOCATED

The public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB 0703-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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**SAFETY INVESTIGATION REPORT  
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