

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 60 minutes 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, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0702-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.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to your local Exchange retail facility Loss Prevention Office, to the Exchange office whom provided you the statement, or to the Exchange Loss Prevention Office at the Army and Air Force Exchange Service, 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. §3013, "Secretary of the Army"; Title 10 U.S.C. §8013, "Secretary of the Air Force"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; E.O. 12196, "Occupational Safety and Health Programs for Federal Employees"; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To record accidents, incidents, mishaps, fires, theft, etc., involving Government property; and personal injuries/illnesses in connection therewith, for the purposes of recouping damages, correcting deficiencies, initiating appropriate disciplinary action; filing of insurance and/or workmen's compensation claims therefore; and for managerial and statistical reports.

ROUTINE USE(S): Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.dod.mil/Privacy/SORNSIndex/BlanketRoutineUses.aspx>. This system of records contains individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

DISCLOSURE: Voluntary, however, refusal to provide information, concealment, or misrepresentation of material facts reported on this statement may constitute grounds for employment separation for cause, disciplinary action, or civil or criminal litigation. Information may be disclosed to the Department of Labor to support workmen's compensation claims.

A copy of the Privacy Impact Assessment (PIA) for this collection may be located at <http://www.aafes.com/about-exchange/public-affairs/foia.htm>.

SYSTEM OF RECORD NOTICE: AAFES 0409.01 "AAFES Accident/Incident reports": <http://dpcl.dod.mil/Privacy/SORNSIndex/DODwideSORNArticleView/tabid/6797/Article/570124/aafes-040901.aspx>

INSTRUCTIONS

1. Please review the attached detailed instructions before completing the attached statement.
2. Follow any verbal instructions provided to you by your local Loss Prevention Officer.
3. Complete the statement in its entirety.
4. When directed and only after verifying the accuracy of the information, Initial each page and sign as directed by your local Loss Prevention Officer.
5. You may ask for a copy of your statement from your local Loss Prevention Officer.
6. Direct all questions to your local Loss Prevention Officer.

Instructions

Completions of Exchange Form 3900-017

A witness should report and furnish information on this statement freely without hope, benefit or reward, whether favorable or unfavorable, regarding matters of official interest as may be required by competent authority.

Your interviewer will complete most of the top of the statement other than your name and personal information.

Please complete the following sections of the form.

1. Print all information in ink. Make the sure the information is complete and accurate.
2. Name section: Include your first name, middle initial and last name.
3. DOH (Date of Hire); If an Exchange Associate, please put your hire date.
4. If you are a military service member or an Exchange associate, please also complete your grade and position.
5. After given directions from your local Loss Prevention (LP) associate, please complete your statement to the best of your knowledge of the actions involved in the incident or inquiry being questioned about.
 - a. Your statement should be honest and given without coercion, influence or inducement.
 - b. Please be clear providing enough detail to substantiate your answers to questions or display your view of the incident/inquiry.
 - c. If at all possible, please specify times of occurrences.

Upon completion of your statement submit it to your interviewer who will review and read it out loud in your presence. If your statement is complete and if you have nothing to add or change, initial each page as directed by the interviewer and sign the last page. You are entitled to a copy of the statement upon request.

ARMY AND AIR FORCE EXCHANGE SERVICE STATEMENT				INTERVIEW CONDUCTED AT:			
FIRST NAME, MI, LAST NAME:			GRADE		POSITION		
		DOH	DICP		INTERVIEW BEGAN		
INSTALLATION ASSIGNED:		BRANCH NAME/NUMBER		HOUR	DAY	MONTH	YEAR
INTERVIEWED BY:		NATURE OF INQUIRY					

STATEMENT

DRAFT

INITIAL EACH PAGE _____

PAGE _____ OF _____ PAGES

DRAFT



INITIAL EACH PAGE _____

PAGE _____ OF _____ PAGES

DRAFT

I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, influence or inducement. I further state that I have read the entire statement, initialed all pages and corrections, and that it is correct and true as written. Furthermore, I understand that refusal to provide information/concealment or misrepresentation of material facts in a report or statement will constitute grounds for separation for cause or other disciplinary action.

WITNESSES:

Signature

INTERVIEW CONCLUDED: HR ____ DAY ____ MONTH ____ YR ____

Signature or Interviewee

▶ INITIAL EACH PAGE ____

PAGE ____ OF ____ PAGES