



U.S. COAST GUARD WITNESS / INVESTIGATOR STATEMENT FORM

(Please Print Clearly)

Witness

Name:

Jarrett Sevin

Employer Name:

GMS Marine

Street

Address:

City/State/Zip:

Phone No:

Position:

Deckhand

Employer

Address:

City/State/Zip:

Phone No:

License/Doc. #

Jarrett Sevin

728 Highlandia Dr. Suite A

Baton Rouge, LA 70810

I, the undersigned, make the following statement voluntarily, without threat, duress or promise of reward:

was entering the locks talking him in was having a little issue with the  
vhf radio well about 250 foot away from the gates he started to be able to hear  
me on the radio I was counting him down tried catching a rope but we was going a  
little fast to dog the rope off then we he the gates after bouncing off from the gates  
I caught a rope onto the bit & tied it down an we pulled a little hard but after  
that we were all tied off

OATH/SIGNATURE: I have read my statement consisting of page(s) and hereby swear or affirm the information provided is true and correct to the best of my knowledge.

STATEMENT SIGNATURE OF INTERVIEWER

Subscribed and sworn to me, a person authorized by law to administer oaths, this

22 (day) of 3 (month), 2021 (year)

SIGNATURE OF PERSON ADMINISTERING OATH