





U.S. COAST GUARD WITNESS STATEMENT FORM

Witness Name: Street Address: City/State/Zip: Phone Number: Position: E-Mail: (Please Print Clear	Employer Name: Employer Address: City/State/Zip: Phone Number: License/Doc. #: E-Mail:
I, the undersigned, make the following statement voluntarily, without threat, duress or promise of reward: Rike driver, worked in the connex box, heard loud noise, looked out door, man began to givet. Then saw the operator jump and try to get out, exited left side.	
Taken by LT	
I have read my statement as documented above (and, if applicable, on continuation pages), and to the best of my knowledge and belief, it is true and correct. SIGNATURE DATE	

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