



U.S. COAST GUARD WITNESS / INVESTIGATOR STATEMENT FORM

Witness Name: Andrew Wilson Yorktown (Please Print Clearly)
Address: [REDACTED]
Phone No: [REDACTED]
Employer Name: Moran Towing
Employer Address: 2075 Thompson Ave #200, North Charleston, SC 29405
Phone No: 843-524-3000
Position: Captain
License/Doc. # [REDACTED]

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

At 0835 we departed North Charleston terminal bound for BP/Ineos dock to unlock the Hafnia Amessi. At 0930 we began unlocking the ship and finished at 1000. We picked up our docking pilot and then proceeded out bound with the ship. At approximately 1015 we were called back to the ship by the Harbor Pilot to assist him in making the turn from Range Delta to Range Charlie. We then expeditiously approached his starboard bow and began to push. We then backed away from the ship when it was no longer safe shortly after. I was then instructed by the Harbor pilot to drop back off our docking pilot onto the ship. Once the ship was in a safe spot in the channel we were instructed by our Docking Pilot to get a line on the port bow along with the James A Moran on the starboard bow. We then escorted the Hafnia Amessi @ approximately 1035 down river to Columbus Street terminal so any damage could be assessed due to a minor collision with pier Bravo. We finished our escort @ 1220 and ship was moved to dock @ 1330.

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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PRIVACY ACT STATEMENT

The Investigating Officer conducting this Marine Casualty Investigation wishes to obtain your name, address, telephone number and place of employment. In order for the Investigating Officer to collect this information, the Privacy Act [5 U.S.C. 522(e)(3)] requires that you be informed concerning the authority of the Investigating Officer to collect this information; any secondary purposes for the information; whether your disclosure of this information is voluntary or required by Federal Law.

1. **AUTHORITY.** The Investigating Officer, as a Federal Law Enforcement Officer [14 U.S.C. 93(3)] is requesting this information pursuant to the authority contained in 46 U.S.C. 63 and regulations written to enforce this law.
2. **PRINCIPAL PURPOSES FOR THIS INFORMATION.** The statement which you provide the Investigating Officer will be used in determining the cause of this Marine Casualty. Your name, address and other personal information is needed to enable the Investigating Officer to contact you if more information is needed or clarify aspects of your statement. Your identity and contact information is needed in order to use your statement at the civil, criminal and or administrative proceedings under 46 CFR 5 which may result from this Investigation.
3. **OTHER PURPOSES FOR THIS INFORMATION.** No other uses for this information are intended.
4. The disclosure of your personal information is voluntary, unless Subpoenaed by the Investigating Officer under the authority of 46 U.S.C. 6304(a).

I have been informed by the Investigating Officer of his/her authority to collect information provided by me in regard to this Marine Casualty Investigation. I am aware of the intended purpose of this information and that the disclosure of this information is voluntary.

Signature: _____

Witness: _____