



**U.S. COAST GUARD  
WITNESS STATEMENT FORM**  
(Please Print Clearly)

Witness Name: CHARLES ROUSE Employer Name: WSF / WSDOT  
 Street Address: [REDACTED] Employer Address: 2901 3rd AVE.  
 City/State/Zip: [REDACTED] City/State/Zip: SEATTLE, WA.  
 Phone No: [REDACTED] Phone No: [REDACTED]  
 Position: AB#3 License/Doc. #: [REDACTED]

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

ON JULY 28<sup>th</sup>, 2022 I WAS ON WATCH, ASSIGNED TO THE M/V CATHLAMET. AT AROUND 0815, WHILE EATING LUNCH, I HEARD A VERY LOUD METAL TO METAL CRASHING SOUND. ALSO SO COULD SMELL ELECTRICAL SHORTING OUT OR BURNING AND TEARING METAL.

AT THE TIME, I WAS IN THE DOGHOUSE ON DECK (MAIN DECK), EATING MY LUNCH. I HAD NO VISUAL OF THE INCIDENT AT ALL. WHEN WE HEARD THE COLLISION, MY SHIPMATES, (BOUSUN & AB#2) WENT TO DECK TO SEE WHAT HAD HAPPENED.

WE REALIZED THAT WE HAD STRUCK THE OUTER SOUTH DOLPHIN AND HAD SEVERE DAMAGE TO THE PORT BOW. WE THEN PROCEEDED TO MAKE SURE PASSENGERS AND CREW WERE SAFE.

I have read my statement as documented above (and, if applicable, on continuation page \_\_\_\_\_) and, to the best of my knowledge and belief, it is true and correct.

SIGN [REDACTED] DATE 7-28-2022  
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