



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

Witness Name: KRIS SWANSON Employer Name: WSF
 Street Address: [REDACTED] Employer Address: _____
 City/State/Zip: [REDACTED] City/State/Zip: _____
 Phone No: [REDACTED] Phone No: _____
 Position: A.B. License/Doc. #: [REDACTED]

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

I WAS SITTING IN THE DOG HOUSE EATING MY BREAKFAST
WHEN I HEARD A LOUD NOISE, I QUICKLY JUMPED
UP AND RAN OUT TO SEE WHAT HAPPENED. THERE
WAS NO CALL ON THE RADIO OF US BEING CLOSE
TO THE DOCK AND THE ENGINE SPEED HAD NOT
SLOWED BY THE SOUND OF IT, SO I THOUGHT
A BOAT HIT US OR SOMETHING HAPPENED IN THE
ENGINE ROOM. WHEN WE RAN OUTSIDE IS WHEN
WE FELT THE PUSH OF THE HIT SLING US TO
THE STBD, AND SAW THAT WE WERE ON THE
WRONG SIDE OF THE OUTER DOLPHIN AND APPROACHING
THE SHOALS. THE VESSEL THEN STARTED GAINING
REVERSE PROPULSION. I RAN TO THE SPOT OF
IMPACT AND GOT THE PASSENGER OUT OF THE
FIRST CAB THAT WAS UNDER THE BENT STEEL.
ALL CREW MEMBERS SPRANG INTO ACTION

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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CONTINUATION PAGE**

(Please Print Clearly)

Helping with Passengers, Making Sure Everyone
was OK, Evacuating Impact Zone ect.
The Boat Docked, We got all passengers
off the vessel and assisted as needed.

I have read my statement as documented above (and, if applicable, on continuation
page _____ and belief, it is true and correct.

SIGNATURE _____

DATE

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7-28-22