





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

Witness Name: Mathew OFamel\ Street Address: City/State/Zip: Phone No: Position: AB	Employer Name: USF Employer Address: 2901 2nd Ave. City/State/Zip: Geattle, Wo Phone No: License/Doc. #:
I, the undersigned, make the following state promise of reward:	ement voluntarily, without threat, duress or
When felt an impact of it of outlethe window, and saw Me and Soundra Holden (to ran down the ladder ante assisting as directed of I die	and wested getting care
I have read my statement as documented a	
pages), and to the best of my knowledge a	nd belief, it is true and correct.
'SIGNATURE O	DATE DATE