





## U.S. COAST GUARD WITNESS / INVESTIGATOR STATEMENT FORM

Street Address: City/State/Zip: Phone No: Position:	cleckhand	Employer Address: City/State/Zip: Phone No: Lic/Doc/Last 4 SSN.	Neceyland, TY
I, the undersi	igned, make the following state		
I, Loc V at 8 a. activity Napper			_
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	my statement as documented ab ny knowledge and belief, it is tr		on continuation pages), and t
			12-4-202