

Commanding Officer United States Coast Guard Marine Safety Unit Port Arthur 2901 Turtle Creek Dr. Port Arthur, TX 77642 Phone: (409) 723-6500 Fax: (409) 723-6593

## WITNESS STATEMENT FORM

Witness name: Son Van N	Lgugen Employer name: PAD Marrie 110	
Phone Number: Street Address	Phone Number	. /
City, State ZIP	City, State ZIP Necleoland 18	do
License or Dog	Position:	1/
Email:	Other:	
Email.	Otner:	
reward:	on or about December 1, 2020 at 8,	
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when the explosion	happened on the vessel Master Dyl	14
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I have read the above statement, and	d to the best of my knowledge and belief, it is true and	
correct.		
	19 4 9	19
Signature	Date 7	
Signature	Date	
Witness	Date	_
	Ditto	
ted by	Page 1 of 1	