

SIGNATU





U.S. COAST GUARD WITNESS STATEMENT FORM

Witness Name: Street Address: City/State/Zip: Phone No: Position:	IVAN DRURIPHO/(Please Print Clearly) Employer Name: Employer Address: City/State Zip: Phone No: License/Doc. #
I, the undersig	gned, make the following statement voluntarily, without threat, duress or promise of
AT 030 EXCHANG WORKING AFTER I CAME OFFICER WHEN	ON THE BRIDGE WHILE TRANSITING MICH ZINGE, 5 PILOT CHANGED, WITH NEW PILOT INFORMATION GED. CONFIRMED TO PILOT THAT ALL EQUIPMENT TROPERLY. WE PROCEED TO FINAL DESTINATION. I WENT FOR TOILET FOR FOW MINUTES, WHEN BACK ON THE BRIDGE I SAW PILOT AND DUTY TRANS TRYING TO GWITCH STEERING TO LIFU. IT WAS CLEAR THAT 2UDDER IS NOT RESPON-
TO MA SHIP'S TO 309 ANCHOIL BUTTON	HE YHE CONTEST WITH SOMEONE, ALSO USING HORN. GANT IN VERY SHORT THYE WE GIVE DEDER OUN ON FORWARD TO LET GO ANCHORS, FORT RELEASED. AT THAT THYE EMER'CY STOP TUGHED IN OLDER TO REPUCE HYPACT. HADE CONTACT WITH SHORE INSTALLATION
CLEW OF BA	ADVISED TO MARE ALL CHECKS, SOUNDANG CLAST AND FUEL TANKS.
	ny statement as documented above (and, if applicable, on continuation pages), and to y knowledge and belief, it is true and correct.

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