





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

Witness Name: Street Address: City/State/Zip: Phone No:	HOUS-HTON	Employer Name: hployer Address: ty State Zip: hone No:	Steambat Co.
Position:		ic Doc Last 4 SSN.	
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I, the undersigned, make the following statement voluntarily, without threat, duress or promise of reward:

Captain Don, I was contacted by security of five at 8112 pm (20:012) pm that security spotted a five, I showed up at 8:25pm@ NOFD was of scene, Left up to Coast Guard I Hanks Policy.

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.



5-4-22 DATE