



WITNESS STATEMENT FORM

Please Print Clearly:

Witness Name: Jobs. Phillips Employer Name: _____
 Street Address: _____ Employer Address: _____
 City/State/Zip: _____ City/State/Zip: _____
 Phone No: _____ Phone No: _____
 Position: Owner / Captain License/Doc. # 59498

I, the undersigned, make the following statement voluntarily, without threat, duress or promise of reward:

Did a walk through area 570
laying on dry bank joining to near
in at our of sleep. plan the
boat suddenly was completely on its
part. it had open the front
door on the side have on stored
side at was able to go out.

I have read the above statement, and to the best of my knowledge and belief, it is true and correct.

[Signature]
SIGNATURE OF WITNESS

3/3/13
DATE

Prepared by:
Witnessed by: