



WITNESS STATEMENT FORM

Please Print Clearly:

Witness Name:	[Redacted]	Employer Name:	Lonefisherman Inc Pacific Alaska
Street Address:	[Redacted]	Employer Address:	P.O. 1315
City/State/Zip:	[Redacted]	City/State/Zip:	Prq AK 99533
Phone No:	[Redacted]	Phone No:	[Redacted]
Position:	Deckhand	License/Doc. #	54418

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

I wake up to crushing and water filling my room, ~~the room filled the room~~ Then I got a breath before the room filled and kicked the door open then swam to the galley and popped up to get more air from an air pocket. I looked to my right and saw John Phillips then went under and ~~swam~~ popped up in the kitchen and saw a window so I tried to open it normally and it didn't work so I broke it and tried to swim out but ran into bars (which I later realized was the ladder) I didn't fit so I went back in for air but there was none left only water so I went back to the bars and I knew if I didn't get out then I would die so I eventually pulled my body through and floated/swam to the surface with the little breath I had left then swam to the Amanda Co where John and two crew members pulled me on deck and gave me clothes. ~~the rest of the story~~

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

[Redacted Signature]

SIGNATURE OF WITNESS

8/8/18

DATE

Prepared by: [Redacted]

Witnessed by: [Redacted]