

Commander United States Coast Guard Sector Anchorage PO Box 5800 JBER, AK 99505-0800 Staff Symbol: spv Phone: (907) 428-4173 Fax: (907) 428-4218

## WITNESS STATEMENT FORM

Please Print Clearly:				
Witness Name: Lavid	( Lillastolias	Employer Name:	Support Hece	lek of Alaska,
Street Address:	- // /4-5/0// (/	Employer Address:	3441 Fost Fod	Pd Pd
City/State/Zip:		City/State/Zip:	Homer Ax	99603
Phone No:		Phone No:		
Position: OWNE	R .	License/Doc. #		
I, the undersigned, make reward:	e the following statem	nent voluntarily, with	out threat, duress o	r promise of
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I have read the above st	atement, and to the be	st of my knowledge	and belief, it is true	and correct.
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SIGNATURE OF WITH	NESS		DATE	, , , ,
Prepared by:				
Witnessed by:		10.1		
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Page 1 of \_\_\_\_