





U.S. COAST GUARD WITNESS STATEMENT FORM

(Please Print Cl	
Witness Name: Dave Obrien	Employer Name:
Street Address:	Employer Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Position: Shuttle Operator	License/Doc. #:
E-Mail:	E-Mail:
I, the undersigned, make the following statement promise of reward:	
At the end of Hatch	7 Shifted without any issues
Hotel Hotel Hotel	n 19 Shuttle Operator noticed the hatch he Loaded Port
The way though the	The operator more
the issue. The rest of	the hatch he hoaded fort
side and still finished	with double green.
Calt Recall what Deis	ions where made for Hatch
Land recall with second	11 1 1 1 1 1 1 1 1 1 1 1
11. shalle Operator teel	s the mate noticed
17. Shuttle Operator feel about the same time he d	uid that they had Issues
	•
I have read my statement as documented above and to the best of my knowledge and belief, it is	
	5-2-23
SIGNATURE	DATE

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