

U.S. COAST GUARD WITNESS STATEMENT FORM



(Pleas	e Print Clearly)
Witness Name: SIE MMUN DMADIN	Employer Name: AVERGEN QUEEN LOYAUS
Street Address	Employer Address:
City/State/Zip	City/State/Zip:
Position:	Mobile Phone No:
Position: 3ND ENGINEER.	License/Doc. #
I, the undersigned, make the following stateme reward:	ent voluntarily, without threat, duress or promise o
IT WAS ON MY WATCH ON OR IN THE M	CONMICE TODON WHEN IT HAPPEN AFTED
	ARD POINT SIDE CENTENATOR AS WORLD TO
·	on as I secure enematang. I ment to 141
	MMMTEUMOF FOR POINT SIDE GENERATOR
WHICH IS AT THE TIME IS NOT THUNING	ANYMORE, WHEN I CAME BACK IN THE
COMMON ROOM WE SHELL OIL SO WE	WENT INSIDE THE EVAINE FOOM TO INVESTIGA
AT THAT TIME STANDORMO CENERATOR	IC DUNDING LORMAL LATHOUT ANY AVAILABLE
AS I GO LEAR STANDANDO GENERATURA	I SAW A SMALL LEAK OF OIL FROM THE
	AS WE CAN SEE IT TURNING SO WE TOUGHT
•	INSIDE THE COLUMNOT MADM TO GET STIME
	ELT DAGA INSIDE NEXT TO THE STATISTICAN
· ·	DIMO TO THEMOY THE TOOL : IT EXPLODED
	and smove the agreement Apren this,
•	
	COMMON POOM I PINESS THE MITTURE
CATU POINT IN THE ENGINE DOOM DEFOR	IE WE DOTH BAIT THE MARK.
THE RESERVE A MARKET THE RESERVE THE RESER	Management (art pers)
AS SIDN AS WE AME IN THE ECO. WE I	YAME CHIEF THAT EVERY DOON AME CLOSIED
10 to 45 SOON AS I SAIN MY INSTITUTE	N HE LINE ON FIRE AND I THED TO
PUT OUT THE FIRE ON HIS GIVENAU	-
	DUE TO PAWIC AS I'VE SEEN MY MUTORIMA
	DICENTER INSPOSE, I'VE TOUCHE OF DEPENDENCE
	ISE I KNOW THAT TIME THAT OUN ME AUC
MY LOLDING THE WAY WOULD AND THE	SO I PULLED I PLUT VILLE OPEN LACIME
	(and, if applicable, on continuation pages), and to
the best of my knowledge and belief, it is true as	ad correct.
	13 ou 20%)
SIGNATURE	DATE
Pagë	l of Z



U.S. COAST GUARD WITNESS STATEMENT FORM CONTINUATION PAGE



(Please Print Clearly)

CAME, SO IMMEDIATELY TOUGHT ON NOT COMMUNIC TO PRESENTE THE GOZ AND AT THAT STATE TIME CHIEF MATE ALREADY PULLED ME OUT OF THE AREA AND I GO
SMARAHT TO ATTEMO PICE TEAM.
PRIVACY ACT STATEMENT The investigator of this incident wishes to obtain your name, address, telephone number, and place of employment. In order to the investigator to collect this private information, the Privacy Act (5 U.S.C. 592a(e)(3)) requires that you be informed concerning the authority of the investigator to collect this information; the primary purpose for which the Coast Guard will use thi information; any secondary purpose for the information; and whether your disclosure of this information is voluntary or require by law. 1. Authority. The investigator, as a Federal law enforcement officer (14 U.S.C. 93e and E.O. 11735 of August 3, 1973), i requesting this information pursuant to the authority contained in (46 U.S.C. 6301 et seq), Investigating Marine Casualties, and/o the Federal Water Pollution Control Act (FWPCA), as amended (33 U.S.C. 1321 et seq), and regulations written to enforce these laws.
2. Principal Purposes for this information. The statement which you provide the investigator will be used to determine the cause of this incident. Your name, address, and other personal information is needed to enable the investigator to contact you more information is needed or to clarify aspects of your statement. Your identity and contact information is needed to use you statement at proceedings which may result from this investigation. The investigations of marine casualties and accidents and the determinations made are for the purpose of taking appropriate measures for promoting safety of life and property at sea, and an not intended to fix civil or criminal responsibility.
 Other purposes for this information. No other uses for this information are intended. The disclosure of your personal information (name, address and phone number) is voluntary.
SIGNATURE DATE