



U.S. COAST GUARD WITNESS / INVESTIGATOR STATEMENT FORM

(Please Print Clearly)

Witness Name: _____ Employer Name: _____
Street Address: _____ Employer Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone No: _____ Phone No: _____
Position: _____ License/Doc. # _____

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

Lined area for writing the statement.

I have read my statement as documented above (and, if applicable, on continuation pages), and to the best of my knowledge and belief, it is true and correct.

SIGNATURE

DATE



U.S. COAST GUARD WITNESS / INVESTIGATOR
STATEMENT FORM CONTINUATION PAGE

(Please Print Clearly)

Lined area for writing the statement.

SIGNATURE

DATE