U.S. Department of Homeland Security

United States Coast Guard

Commanding Officer
United States Coast Guard
Marine Safety Unit Chicago

16W215 83rd Street, Suite D
Burr Ridge, Illinois 60527
Phone: (630) 986-2155
FAX: (630) 986-2120

WITNESS STATEMENT

WITNESS NAME:_____ EMPLOYERS NAME:_____
STREET ADDRESS:_____ EMPLOYER ADDRESS:_____
CITY/STATE/ZIP:_____ CITY/STATE/ZIP:_____
PHONE NUMBER:_____ PHONE NUMBER:_____
POSITION:_____ LICENSE/DOC. #:_____

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

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