

**Vessel Physical Damage Claim
Witness Sworn Written Statement**

This Sworn Written Statement may be used by a third party witness. If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document.

A. CLAIMANT INFORMATION

Name:	Last	First	Middle Initial

Deepwater Horizon Settlement Program Claimant Number: | | | | | | | | | | | | | | | |

Address:	Street		
	City	State	Zip Code

Telephone Number: (| | | |) | | | | | | - | | | | | | | |

Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	SSN or ITIN
	- -
	EIN
	-

B. VESSEL INFORMATION

Hull Identification Number for the claimed vessel: | | | | | | | | | | | | | | | |

What is the Federal and/or State Identification Number for the physically damaged vessel?	Federal Identification Number:
	<i>and/ or</i> _____
	State Identification Number:

C. THIRD PARTY INFORMATION

If a witness is executing this Sworn Written Statement, the witness must complete this section.

Name:	Last	First	Middle Initial

Address:	Street		
	City	State	Zip Code

Telephone Number: (| | | |) | | | | | | - | | | | | | | |

Social Security Number: <i>or</i> Individual Taxpayer Identification Number:	SSN or ITIN
	- -

D. CERTIFICATIONS

Please provide detailed responses to the questions below in order for the Settlement Program to complete the claimant's claim. You must provide enough information for us to determine the eligibility of the claimant and vessel to receive compensation for the claimed physical damage under the Settlement Agreement. Only enter information for the items you wish to certify. If an item you wish to certify is not listed below, you may write your statement in the box labeled Additional Comments. You must make an entry into at least one of the eight certification boxes. If you need more space to complete your answers to the questions, you may attach a separate sheet or reference the Document ID and page number of your answers under the Additional Comments section of this Sworn Written Statement.

1. Describe in detail how the physical damage to the claimant's vessel occurred (*e.g.*, oil stained the paint, oil intake by the engine, struck by another vessel during Vessels of Opportunity (VoO) Program operations, *etc.*). You must show that the physical damage resulted from the Spill, the Vessels of Opportunity (VoO) Program, or Spill response cleanup operations that were consistent with the National Contingency Plan or specifically ordered by the Federal On-Scene Coordinator or delegates thereof:

2. State whether the physical damage to the claimant's vessel was caused by any of the following: (1) the claimant, (2) the vessel's captain or crew, (3) an act of God, or (4) normal wear and tear:

3. Provide the date(s) or a date range when the physical damage occurred. The physical damage must have occurred between April 20, 2010, and December 31, 2011:

4. Describe the condition of the vessel prior to the physical damage:

5. State whether the claimant owned the vessel at the time the physical damage occurred:

6. Describe in detail the physical damage to the claimant's vessel (*e.g.*, hull, propeller, engine, paint, *etc.*) as a result of the Spill, the Vessels of Opportunity (VoO) Program, or Spill response cleanup operations that were consistent with the National Contingency Plan or specifically ordered by the Federal On-Scene Coordinator or delegates thereof:

<p>7. If the claimant has incurred costs to repair or replace the vessel, describe the expenses incurred, provide the amounts, and state whether they were reasonable and necessary:</p>	
<p>8. If the claimant is seeking compensation for costs not yet incurred to repair or replace the vessel, describe the expenses not yet incurred, provide the amounts, and state whether they are reasonable and necessary.</p>	
<p>9. Additional Comments:</p>	

E. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

<p>Date Signed:</p>	<p align="center">____/____/____ (Month/Day/Year)</p>	<p align="center">_____ Signature</p> <p align="center">_____ Name (Printed or Typed)</p>
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