U.S. COAST GUARD WITNESS STATEMENT FORM

Witness Name: (Please Print Clearly)	STIPE NRGOVIC	Employer Name:	
Street Address:		Employer Address:	
City/State/Zip:		City State Zip:	
Phone No:		Phone No:	
Position:	C/E	License Doc. #	

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

I started my watch at 00-00, 12/07/21 well rested. Since begining of my watch engine room check up rounds were performed by me and two other ER staff (oiler and 3rd Eng). Always one person was present in ECR. There was no any disturbances with equipment until time of accident-more specifically until I havent received call by captain who ordered manual stop of main engine. After incident we start to investigate possible causes of steering Geer failure. My first surpison was that solenoid valve coil was burnt. We tested both pumps: pump No1 was (when on remote) showing that it can go only on port side. Pump No1 on emergency steering was working properly Pump No 2 was working properly on remote as well as on emergency steering. After that we replace solenoid valve coil on Pump ~~solenoid~~ No1 but without result, problem persist. My opinion is as far as [redacted] pump No1 working good on emergency steering that it is not hydraulic related problem, it is elactical Electric signals must be checked.

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.

[redacted]

SIGNATURE

12/07/21

DATE