 Statement of Facts	Version: 03	Date Effective: 13 Apr 2023	Document: SSE-039.USF
	Prepared By: SSE Director	Approved By: Executive VP	Page 1 of 3

PRESIDENT EISENHOWER

UNITED STATES OF AMERICA

06 FEB 2024

36-17N 122-58W

## STATEMENT OF FACTS

I, undersigned Paul Sallee, Master of the USA flagged M/V PRESIDENT EISENHOWER, call sign KPES, registered in WILMINGTON, DE USA IMO number 9295220, owned by WILMINGTON TRUST COMPANY and managed by AMERICAN PRESIDENT LINES, 82,794 Gross Register Tons and 48,047 Net Register Tons, Deadweight 93,558 Tons, length overall 299.89m, Breadth 42.8m, depth 24.6 m, manned by 23 seamen including myself, fully and properly manned and furnished with everything necessary for such a vessel and intended voyage, vessel being seaworthy in all respects, main engine and machinery and bridge apparatus and aids to navigation and mooring equipment in good order, tests and inspections performed as per regulations and vessel's IMS procedures, loaded with cargo of about 31851 tons in containers, properly stowed, lashed and secured, with drafts 9.5 M fore and 9.9 M aft, do hereby declare the following:

06-FEB-2024

2135- While vessel is drifting for timed arrival at San Francisco Pilot station, AB on watch Octavio Ortega notices possible smoke on the port side of the vessel. 3M on watch Roman Zaretski sends AB Ortega to the port side main weather deck to investigate. AB Ortega notices a collapsed container on the port side Bay 42 and calls the bridge on the radio.

2145-Captain and Chief Mate notified. GPS Position: L 36-17N Long. 122-58W Captain notifies DPA with initial phone call

2151-Power secured to Bay 42.

2206-SBE taken and vessel gets underway to minimize vessel motion.

2214-Chief Mate Dylan Carrara and Reefer Tech Kevin Haymer are sent to investigate the container stack and for other possible damage.

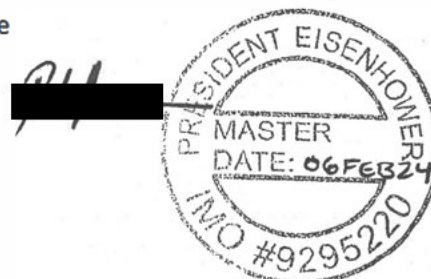
2241-Chief Mate confirms 24 containers are missing from the Bay Plan on Bay 42, 0 Hazardous and 1 reefer container.

2250- USQG Sector San Francisco notified

2255- Chief Mate and reefer finish initial investigation of Bay 42 and surrounding decks.

I hereby declare sincere the above statement for all intents and purposes of law

Master of the M/V President Eisenhower, Paul Sallee



<b>APL</b> Statement of Witness or Non-witness	Version: 01	Date Effective: 13 Apr 2023	Document: SSE-155.USF
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VESSEL: PRESIDENT EISENHOWER VOYAGE: 040

DATE: 07-FEB-2024 LOCATION: 36-17N 122-58W

STATEMENT OF: \_\_\_\_\_ WITNESS \_\_\_\_\_ NON-WITNESS \_\_\_\_\_

THE FOLLOWING IS THE STATEMENT OF: ROMAN ZARETSKI, 3M ON WATCH  
(NAME, RANK OR RATING)

RESIDING AT: \_\_\_\_\_

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON FEBRUARY 06, 2024 (DATE)

INVOLVING: CARGO LOSS ON BAY 42 (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter?  
If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? NAVIGATION BRIDGE
- What time did the accident take place? APPROX 2135
- What type of work were you doing at the time? NAVIGATIONAL WATCH
- Who was working with you, or working in the area? AB OCTAVIO ORTEGA
- What were the weather conditions and sea state? ABOUT 3M SWELL AND 2M SEAS
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred.  
Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.:  
DISPATCHED AN AB TO DECK TO INVESTIGATE POSSIBLE SMOKE WHERE HE FOUND COLLAPSED CONTAINERS
- How long have you known the involved person? \_\_\_\_\_
- Have you ever worked with the individual on another vessel? \_\_\_\_\_  
If yes, vessel name \_\_\_\_\_
- Do you know if this person has ever been injured before?  
If yes, when and where did the injury occur? \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE \_\_\_\_\_ DATE: 02/07/2024

WITNESSED BY: (print name) P. SALEE Signature: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

7863448 - JGB - 020

UNCONTROLLED WHEN PRINTED

APL Statement of Witness or Non-witness	Version: 01	Date Effective: 13 Apr 2023	Document: SSE-155.USF
	Prepared By: SSE Director	Approved By: Executive VP	Page 1 of 1

VESSEL: PRESIDENT EISENHOWER VOYAGE: 040  
DATE: 07-FEB-2024 LOCATION: 36-17N 122-58W

STATEMENT OF: WITNESS NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF: OCTAVIO ORTEGA, AB ON WATCH  
(NAME, RANK OR RATING)

RESIDING AT: [REDACTED]

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON FEB. 6, 2024 (DATE)

INVOLVING: CONTAINER LOST (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter?  
If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? ON THE BRIDGE
- What time did the accident take place? 2135 HRS
- What type of work were you doing at the time? ON WATCH AND LOOK OUT
- Who was working with you, or working in the area? 3RD MATE ROMAN ZARETSKI
- What were the weather conditions and sea state? MODERATE WEATHER, HEAVY SWELL
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.:  
VSL ROLLING HEAVILY; NOTICE BRIGHT LIGHT ON PORT SIDE AND I SAW SMOKE ON THE CONTAINER
- How long have you known the involved person? SINCE DEC. 9, 2023
- Have you ever worked with the individual on another vessel? YES  
If yes, vessel name MV KOMOKUKI (LAST SHIP)
- Do you know if this person has ever been injured before?  
If yes, when and where did the injury occur? NO


I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE [REDACTED] DATE: FEB. 7, 2024

WITNESSED BY: (print name) DYLAN E. CANNA Signature: [REDACTED]

ADDRESS: [REDACTED]



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VESSEL: PRESIDENT EISENHOWER VOYAGE: 0410  
 DATE: 2/9/24 LOCATION: LA & OAKLAND

STATEMENT OF: WITNESS NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF: ERIK KELLER 2/M (PRO AT TIME OF LOAD IN LAX)  
 (NAME, RANK OR RATING)

RESIDING AT: [REDACTED]

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON FEB 6, 2024 (DATE)

INVOLVING: LOADING OF CONTAINERS SPQ B42 ON DECK  
 (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter? TO THE LOADING OF CONTAINERS BUT NOT A310  
 If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below AT SEA DURING INCIDENT
- Exactly where were you when the incident occurred? BERTH 304, FENIX TERMINAL
- What time did the accident take place? BAY 42 LOADED APPX 1430 BEFORE MY  
WATCH AT 1600 ON 2/1, LASHED 2/2 APPX 2100
- What type of work were you doing at the time? DURING TIME OF LASH COMPLETED  
CONFIRMED LASHING WAS COMPLETED CORRECTLY
- Who was working with you, or working in the area? NONE W/ EXCEPTION TO  
LONGSHOREMEN & FENIX TERMINAL MANAGERS.
- What were the weather conditions and sea state? CALM W/ APPX 12 KTS WIND
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.:  
CLIMBING CATWALKS AND INSPECTING TREST LOCKS & LASHINGS  
ALL APPROPRIATE PPE WORN.
- How long have you known the involved person? N/A
- Have you ever worked with the individual on another vessel? N/A  
 If yes, vessel name N/A
- Do you know if this person has ever been injured before?  
 If yes, when and where did the injury occur? N/A

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.


SIGNATURE [REDACTED] DATE: 2/9/24

WITNESSED BY: (print name) P. SALEE Signature: [REDACTED]

ADDRESS: [REDACTED]





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VESSEL: PRESIDENT EISENHOWER VOYAGE: V040  
 DATE: 06-FEB-24 LOCATION: 36-17N 122-58 W

STATEMENT OF: WITNESS NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF: PAUL SAWEE, CAPTAIN  
(NAME, RANK OR RATING)

RESIDING AT: [REDACTED]

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON 06-FEB-24, (DATE)

INVOLVING: N/A (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter? NO  
 If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? IN MY CABIN
- What time did the accident take place? \_\_\_\_\_
- What type of work were you doing at the time? \_\_\_\_\_
- Who was working with you, or working in the area? \_\_\_\_\_
- What were the weather conditions and sea state? \_\_\_\_\_
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.: \_\_\_\_\_
- How long have you known the involved person? \_\_\_\_\_
- Have you ever worked with the individual on another vessel? \_\_\_\_\_  
 If yes, vessel name \_\_\_\_\_
- Do you know if this person has ever been injured before?  
 If yes, when and where did the injury occur? \_\_\_\_\_


I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE [REDACTED] DATE: 06-FEB-24

WITNESSED BY: (print name) \_\_\_\_\_ Signature: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



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VESSEL: PRESIDENT EISENHOWER

VOYAGE: 040

DATE: 06 FEB 24

LOCATION: 36-17°N 122-58°W

STATEMENT OF: WITNESS

NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF:

ROBERT FOLAND 3M  
(NAME, RANK OR RATING)

RESIDING AT: [REDACTED]

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON FEB 2024 (DATE)

INVOLVING: CONTAINERS B42 (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter?  
If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? IN STATEROOM
- What time did the accident take place? \_\_\_\_\_
- What type of work were you doing at the time? \_\_\_\_\_
- Who was working with you, or working in the area? \_\_\_\_\_
- What were the weather conditions and sea state? \_\_\_\_\_
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.:  
\_\_\_\_\_
- How long have you known the involved person? \_\_\_\_\_
- Have you ever worked with the individual on another vessel? \_\_\_\_\_  
If yes, vessel name \_\_\_\_\_
- Do you know if this person has ever been injured before?  
If yes, when and where did the injury occur? \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE [REDACTED]


DATE: 09 FEB 2024

WITNESSED BY: (print name) DYLAN E. CARANA

Signature: [REDACTED]

ADDRESS: [REDACTED]



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VESSEL: PRESIDENT EISENHOWER

VOYAGE: 040

DATE: 06 FEB 24

LOCATION: 36-17°N 122-58°W

STATEMENT OF: FRANK DUFF WITNESS

NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF:

Frank Duff  
(NAME, RANK OR RATING)

RESIDING AT:

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON 1/16/2024 (DATE)

INVOLVING: ~~1/16/2024 1307 212~~ (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter? NO  
If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? STATE ROOM
- What time did the accident take place? \_\_\_\_\_
- What type of work were you doing at the time? \_\_\_\_\_
- Who was working with you, or working in the area? \_\_\_\_\_
- What were the weather conditions and sea state? \_\_\_\_\_
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.: \_\_\_\_\_
- How long have you known the involved person? \_\_\_\_\_
- Have you ever worked with the individual on another vessel? \_\_\_\_\_  
If yes, vessel name \_\_\_\_\_
- Do you know if this person has ever been injured before?  
If yes, when and where did the injury occur? \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE


DATE: 2/9/2024

WITNESSED BY: (print name)

DYLAN CARRARA

Signature: [Signature]

ADDRESS: \_\_\_\_\_

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VESSEL: PRESIDENT EISENHOWER

VOYAGE: 040

DATE: 6 FEB 2024

LOCATION: 36-17N 122-58W

STATEMENT OF: WITNESS

NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF:

ROMULO R. RACONIA AB/D  
 (NAME, RANK OR RATING)

RESIDING AT: [REDACTED]

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON BAY 42 (DATE) 2/6/24

INVOLVING: \_\_\_\_\_ (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter?  
If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? IN MY CABIN
- What time did the accident take place? \_\_\_\_\_
- What type of work were you doing at the time? \_\_\_\_\_
- Who was working with you, or working in the area? \_\_\_\_\_
- What were the weather conditions and sea state? \_\_\_\_\_
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.: \_\_\_\_\_
- How long have you known the involved person? \_\_\_\_\_
- Have you ever worked with the individual on another vessel? \_\_\_\_\_  
If yes, vessel name \_\_\_\_\_
- Do you know if this person has ever been injured before?  
If yes, when and where did the injury occur? \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE [REDACTED]


DATE: 2/9/24

WITNESSED BY: (print name) DULAN CARRERA

Signature: [REDACTED]

ADDRESS: [REDACTED]



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VESSEL: PRESIDENT EISENHOWER

VOYAGE: 040

DATE: 6 FEB 24

LOCATION: 36-17N 122-58W

STATEMENT OF: WITNESS

**NON-WITNESS**

THE FOLLOWING IS THE STATEMENT OF:

Rodolfo L. Bautista A/B day  
(NAME, RANK OR RATING)

RESIDING AT: [REDACTED]

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON

BAY 42

(DATE) 2/6/2024

INVOLVING:

(name, rank or rating if appropriate, or briefly describe incident)

1. Were you an eyewitness to this matter?

If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below

2. Exactly where were you when the incident occurred?

IN MY ROOM

3. What time did the accident take place?

4. What type of work were you doing at the time?

5. Who was working with you, or working in the area?

6. What were the weather conditions and sea state?

7. Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.:

8. How long have you known the involved person?

9. Have you ever worked with the individual on another vessel?

If yes, vessel name

10. Do you know if this person has ever been injured before?

If yes, when and where did the injury occur?

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE

DATE:

2/9/2024


WITNESSED BY: (print name)

DUCAN CARRARA

Signature:

ADDRESS:



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VESSEL: PRESIDENT EISENHOWER VOYAGE: 040

DATE: 16 FEB-24 LOCATION: 36-17° 122-58W

STATEMENT OF: WITNESS NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF: WIPER RICARDO ROTIA  
(NAME, RANK OR RATING)

RESIDING AT: [REDACTED]

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON \_\_\_\_\_ (DATE)

INVOLVING: \_\_\_\_\_ (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter?  
If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? IN MY ROOM REST/4
- What time did the accident take place? I DON'T KNOW
- What type of work were you doing at the time? \_\_\_\_\_
- Who was working with you, or working in the area? \_\_\_\_\_
- What were the weather conditions and sea state? \_\_\_\_\_
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.:  
\_\_\_\_\_
- How long have you known the involved person? \_\_\_\_\_
- Have you ever worked with the individual on another vessel? \_\_\_\_\_  
If yes, vessel name \_\_\_\_\_
- Do you know if this person has ever been injured before?  
If yes, when and where did the injury occur? \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.


SIGNATURE [REDACTED]

DATE: 02/09/2024

WITNESSED BY: (print name) PAUL SALLER

Signature: [REDACTED]

ADDRESS: [REDACTED]

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VESSEL: PRESIDENT EISENHOWER

VOYAGE: 040

DATE: 6-FEB-24

LOCATION: 36-17N 122-58W

STATEMENT OF: WITNESS NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF: DUANE KEEGAN 3AE  
(NAME, RANK OR RATING)

RESIDING AT: \_\_\_\_\_

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON 06-FEB-24 (DATE)

INVOLVING: N/A (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter?  
If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? State room
- What time did the accident take place? \_\_\_\_\_
- What type of work were you doing at the time? \_\_\_\_\_
- Who was working with you, or working in the area? \_\_\_\_\_
- What were the weather conditions and sea state? \_\_\_\_\_
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.: \_\_\_\_\_
- How long have you known the involved person? \_\_\_\_\_
- Have you ever worked with the individual on another vessel? \_\_\_\_\_  
If yes, vessel name \_\_\_\_\_
- Do you know if this person has ever been injured before?  
If yes, when and where did the injury occur? \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE [Redacted]


DATE: 2-9-24

WITNESSED BY: (print name) P. SQUEE

Signature: [Redacted]

ADDRESS: [Redacted]



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VESSEL: PRESIDENT EISENHOWERVOYAGE: 040DATE: 6-FEB-24LOCATION: 36-17N 122-58W

STATEMENT OF: \_\_\_\_\_

WITNESS

NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF:

JACOB SPARKS 2AE

(NAME, RANK OR RATING)

RESIDING AT: \_\_\_\_\_

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON 06 FEB 2024 (DATE)INVOLVING: N/A (name, rank or rating if appropriate, or briefly describe incident)

1. Were you an eyewitness to this matter?

If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below

2. Exactly where were you when the incident occurred? ENGINE ROOM

3. What time did the accident take place? \_\_\_\_\_

4. What type of work were you doing at the time? \_\_\_\_\_

5. Who was working with you, or working in the area? \_\_\_\_\_

6. What were the weather conditions and sea state? \_\_\_\_\_

7. Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.: \_\_\_\_\_

8. How long have you known the involved person? \_\_\_\_\_

9. Have you ever worked with the individual on another vessel? \_\_\_\_\_

If yes, vessel name \_\_\_\_\_

10. Do you know if this person has ever been injured before?

If yes, when and where did the injury occur? \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE [Signature]DATE: FEB 09, 2024WITNESSED BY: (print name) PAUL SALLERSignature: [Signature]ADDRESS: [Redacted]



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VESSEL: PRESIDENT EISENHOWER VOYAGE: 040  
DATE: 06 FEB 24 LOCATION: 36-17N 122-58W

STATEMENT OF: WITNESS NON-WITNESS

THE FOLLOWING IS THE STATEMENT OF: JOSEPH V SIMENEZ 2A  
(NAME, RANK OR RATING)

RESIDING AT: [REDACTED]

REGARDING THE ACCIDENT OR INCIDENT OCCURRING ON 2/6/24, (DATE)

INVOLVING: N/A (name, rank or rating if appropriate, or briefly describe incident)

- Were you an eyewitness to this matter?  
If NO, complete only No 2 below and sign the form. If YES complete all applicable questions below
- Exactly where were you when the incident occurred? SUPER CARGO CABIN
- What time did the accident take place? \_\_\_\_\_
- What type of work were you doing at the time? \_\_\_\_\_
- Who was working with you, or working in the area? \_\_\_\_\_
- What were the weather conditions and sea state? \_\_\_\_\_
- Describe in detail exactly how this incident occurred. Include a description of the work being performed by the involved person, any protective equipment or PPE in use and a general description of the area where the incident occurred. Include a drawing of the area if it will help to better understand the incident. Continue on additional sheets if necessary.:  
\_\_\_\_\_
- How long have you known the involved person? \_\_\_\_\_
- Have you ever worked with the individual on another vessel? \_\_\_\_\_  
If yes, vessel name \_\_\_\_\_
- Do you know if this person has ever been injured before?  
If yes, when and where did the injury occur? \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENT. IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS GIVEN OF MY OWN FREE WILL.

SIGNATURE [REDACTED]

DATE: 2/8/24

WITNESSED BY: (print name) PAUL SALEE

Signature: [REDACTED]

ADDRESS: [REDACTED]

UNCONTROLLED WHEN PRINTED