



U.S. COAST GUARD WITNESS STATEMENT FORM

(Please Print Clearly)

Witness Name:	<u>Trevor Gherardi</u>	Employer Name:	<u>NYC DOT Staten Island Ferry</u>
Street Address:	<u>[REDACTED]</u>	Employer Address:	<u>1 Bay Street</u>
City/State/Zip:	<u>[REDACTED]</u>	City/State/Zip:	<u>Staten Island NY 10301</u>
Phone Number:	<u>[REDACTED]</u>	Phone Number:	<u>[REDACTED]</u>
Position:	<u>Chief Marine Engineer</u>	License/Doc. #:	<u>[REDACTED]</u>
E-Mail:	<u>[REDACTED]</u>	E-Mail:	<u>[REDACTED]</u>

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

Thursday December 22, 2022 at about 1640 while in transit to St. George Terminal from Whitehall terminal I received low fuel oil PSI alarms on all 4 main engines. I called the Pilot House in command and informed the Captain he might lose propulsion. Oilers were in the engine room so I went to find them and noticed fuel oil spraying from the spin on fuel filters on number 2 main engine. Returned to the control room to inform the Captain and said he will be losing the propulsion plant. I Looked into the E/R from the control room windows and could see fuel oil on deck in the vicinity of main engines 3 and 4 spin on filters. The assistant engineer then entered the control room and informed me that fuel oil was hitting the number 2 main engine exhaust manifold. I called the captain to tell him I was going to secure the plant and then noticed that all 4 main engines had already shut down. While on intercom with the pilot house I noticed embers on the camera by the number 2 main engine so I looked at the engine from the control room window and saw a fire above number 2 main engine. The assistant engineer and oilers started to evacuate the control room while I informed the captain of the fire.

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

12/25/2022
DATE



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Street Address:	[REDACTED]	Employer Address:	1 Bay Street
City/State/Zip:	[REDACTED]	City/State/Zip:	Staten Island NY 10301
Phone Number:	[REDACTED]	Phone Number:	[REDACTED]
Position:	Chief Marine Engineer	License/Doc. #:	[REDACTED]
E-Mail:	[REDACTED]	E-Mail:	[REDACTED]

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

Communications were then cut off from fire damage and I went to secure fuel to the engine room via the two hydraulic shut off actuators in the control room and proceeded to exit via the escape hatch after ensuring the emergency diesel generator was coming online. Once on the main deck I directed the crew to get a charged hose at the engine room door and told a crew member to tell the captain to start a fire pump. A short while after the hose was charged the EDG shut down and the vessel had no power. I then proceeded to the Novec closet by going through the NYE Voith Compartment and 2 watertight doors to the NYE aux machinery space. Once inside I activated the Novec fire suppression system for the engine room. I then went back to the control room escape hatch and tried to re-enter the control room to verify the fire was out but was unable. Next, I went to the emergency diesel generator room on the hurricane deck to try and get the EDG back online but the generator had an engine start lock-out. I informed the captain that I would be unable to get electrical power back to the vessel. We then awaited the FDNY to assist us with keeping the fire contained if it was not extinguished by the Novec.

I have read my statement as documented above (and, if applicable, on continuation pages), and [REDACTED] and belief, it is true and correct.

SIGNATURE

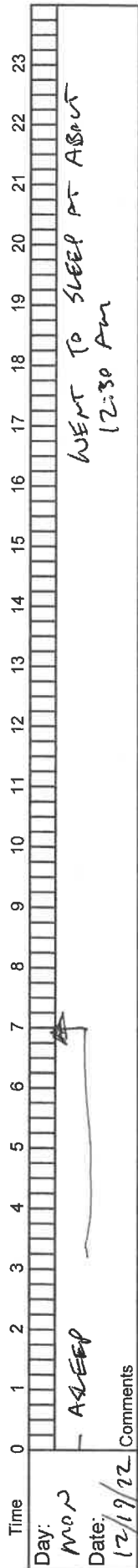
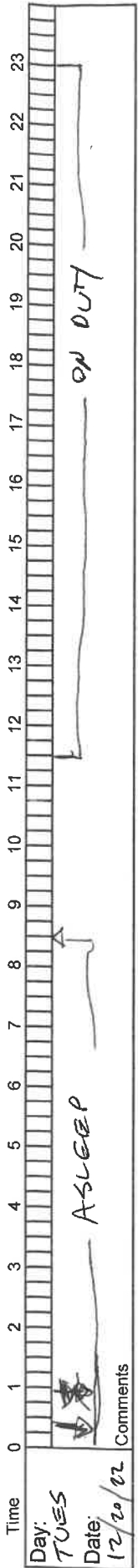
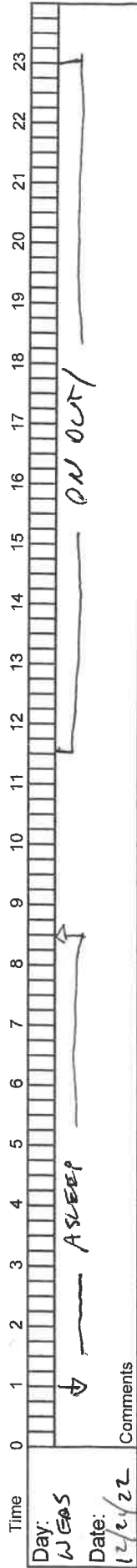
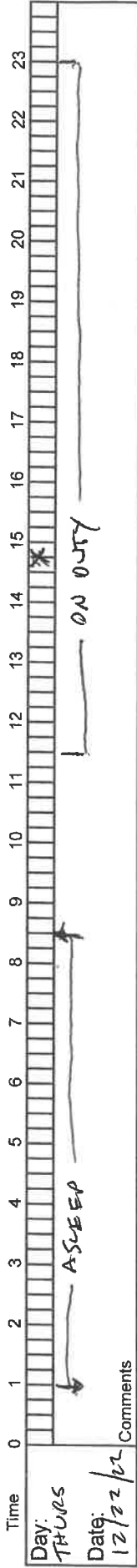
12/25/2022
DATE

Sleep/Activity Log

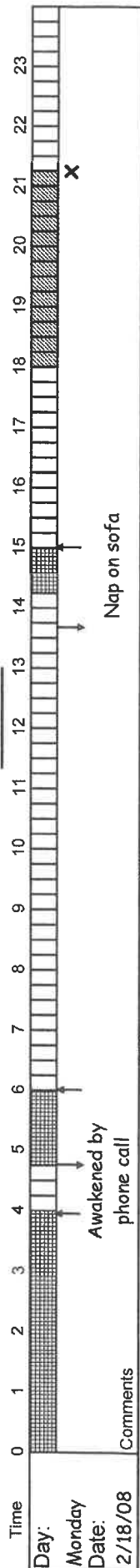
Use the key at the bottom of the page to depict the time of the event and the sleep/wake/duty times for the operator in the days leading to the event. Start with the day/date of the crash fill in the 3 preceding days along the left. Then, interview the operator about the time he/she began and ended each duty period and sleep period for each day before the crash. Include naps as well as main sleeps. Enter any comments in the space below the timeline.

Accident Number: _____ Accident Date: 12/22/22 Date Completed: 12/25/22

Operator Name: TREVOR GERRARD Investigator Name: _____



EXAMPLE



KEY: ↓ = went to bed ↑ = woke up [grid] = asleep [diagonal lines] = on duty x = crash

