



U.S. COAST GUARD WITNESS STATEMENT FORM

Witness Name: ALEXANDER WOOD (Please Print Clearly) Employer Name: SI FERRY NYDOT
 Street Address: [REDACTED] Employer Address: 1 FERRY LANDING
 City/State/Zip: [REDACTED] City/State/Zip: STATEN ISLAND NY 10301
 Phone No: [REDACTED] Phone No: [REDACTED]
 Position: MARINE ENGINEER License/Doc. #: [REDACTED]

I, the undersigned, make the following statement voluntarily, without threat, duress or promise of reward:
 AT TIME OF INCIDENT I WAS MAKING ROUNDS IN NY VOITH ROOM AS WE LEFT WHITE HALL TERMINAL. I SAW RED EMERGENCY ALARM LIGHTS. I LEFT VOITH ROOM THROUGH MAIN DECK EXIT AND WENT TO ENGINE ROOM. UPON ENTERING I SAW MIST IN THE AIR. AS I MADE MY WAY TO CONTROL ROOM I SAW RAIN NEAR #2 MAIN ENGINE. I SMELT FUEL. I WENT INTO CONTROL ROOM AND TOLD CHIEF WE HAD A BAD FUEL OIL LEAK. FIRE CAUGHT ON #2 EXHAUST MANIFOLD SHORTLY AFTER. WE MUSTERED AND PROCEEDED TO USE THE NOVAC FIRE SUPPRESSION SYSTEM.

I have read my statement as documented above (and, if applicable, on continuation pages), and to the best of my knowledge it is true and correct.

[REDACTED SIGNATURE]
 SIGNATURE

12/22/2022
 DATE

SIGNATURE OF WITNESS (OPTIONAL)

DATE OF INTERVIEW