

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-2692 (Rev. 06-04)

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

RCS No. G-MOA
MISLE NOTIFICATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility		2. Official No.		3. Nationality		4. Call Sign		5. USCG Certificate of Inspection issued at:				
6. Type (Towing, Freight, Fish, Drill, etc.)			7. Length		8. Gross Tons		9. Year Built			10. Propulsion (Steam, diesel, gas, turbine...)		
11. Hull Material (Steel, Wood...)		12. Draft (Ft. - in.) FWD AFT.		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)			14. Date (of occurrence)		15. TIME (Local)			
16. Location (See Instruction No. 10A) <i>i</i>								17. Estimated Loss of Damage TO:				
18. Name, Address & Telephone No. of Operating Co.								VESSEL _____ CARGO _____ OTHER _____				
19. Name of Master or Person in Charge			USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO			20. Name of Pilot			USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		State License <input type="checkbox"/> YES <input type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code)			19b. Telephone Number			20a. Street Address (City, State, Zip Code)			20b. Telephone Number			

21. Casualty Elements (Check as many as needed and explain in Block 44.)

NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____
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22. Conditions

A. Sea or River Conditions (wave height, river stage, etc.) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____	B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____	C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles of visibility) _____ F. AIR TEMPERATURE (F) _____ G. WIND SPEED & DIRECTION _____ H. CURRENT SPEED & DIRECTION _____
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23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING	SPEED AND COURSE _____	24. Last Port Where Bound _____	24a. Time and Date of Departure _____
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25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED			25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)		25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW
	Empty	Loaded	Total		Length	Width	

SECTION II. BARGE INFORMATION

26. Name		26a. Official Number		26b. Type		26c. Length		26d. Gross Tons		26e. USCG Certificate of Inspection Issued at:	
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft FWD AFT		26i. Operating Company					
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____				26k. Describe Damage to Barge							

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name)		27c. Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other	
		27b. Address (City, State, Zip Code)			
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <input type="checkbox"/>	
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.)					
33. Person's Time				34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)	
A. IN THIS INDUSTRY -				YEAR(S) MONTH(S)	
B. WITH THIS COMPANY -				_____	
C. IN PRESENT JOB OR POSITION -				_____	
D. ON PRESENT VESSEL/FACILITY -				_____	
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -				_____	
35. Was the Injured Person Incapacitated 72 Hours or More?					
36. Date of Death					
37. Activity of Person at Time of Accident					
38. Specific Location of Accident on Vessel/Facility					
39. Type of Accident (Fall, Caught between, etc.)			40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)		
41. Part of Body Injured			42. Equipment Involved in Accident		
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury.					

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary). *i*

45. Witness (Name, Address, Telephone No.)

46. Witness (Name, Address, Telephone No.)

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47c. Title	
				47d. Telephone No.	
47a. Signature				47e. Date	

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry:

MISLE Incident Investigation Activity Number (if applicable)

 NONE PRELIMINARY DATA COLLECTION INFORMAL FORMAL
Serious Marine Incident Yes No

INVESTIGATOR (Name)

DATE

APPROVED BY (Name)

DATE

Major Marine Casualty Yes No

INSTRUCTIONS

FOR COMPLETION OF FORM CG-2692

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

AND FORM CG-2692A, BARGE ADDENDUM

WHEN TO USE THIS FORM

1. This form satisfies the requirements for written reports of accidents found in the Code of Federal Regulations for vessels, Outer Continental Shelf (OCS) facilities, mobile offshore drilling units (MODUs), and diving. The kinds of accidents that must be reported are described in the following instructions.

VESSELS

2. A vessel accident must be reported if it occurs upon the navigable waters of the U.S., its territories or possessions; or whenever an accident involves a U.S. vessel; wherever the accident may occur. (Public vessels and recreational vessels are excepted from these reporting requirements.) The accident must also involve one of the following (ref. 46 CFR 4.05-1):

A. All accidental groundings and any intentional grounding which also meets any of the other reporting criteria or creates a hazard to navigation, the environment, or the safety of the vessel;

B. Loss of main propulsion or primary steering, or an associated component or control system, the loss of which causes a reduction of the maneuvering capabilities of the vessel. Loss means that systems, component parts, subsystems, or control systems do not perform the specified or required function;

C. An occurrence materially and adversely affecting the vessel's seaworthiness or fitness for service or route including but not limited to fire, flooding, failure or damage to fixed fire extinguishing systems, lifesaving equipment or bilge pumping systems;

D. Loss of life;

E. An injury that requires professional medical treatment (beyond first aid) and, if a crewmember on a commercial vessel, that renders the individual unfit to perform routine duties.

F. An occurrence not meeting any of the above criteria but resulting in damage to property in excess of \$25,000. Damage cost includes the cost of labor and material to restore the property to the condition which existed prior to the casualty, but it does not include the cost of salvage, cleaning, gas freeing, drydocking or demurrage.

MOBILE OFFSHORE DRILLING UNITS

3. MODUs are vessels and are required to report an accident that results in any of the events listed by Instruction 2-A through 2-F for vessels. (Ref. 46 CFR 4.05-1, 46 CFR 109.411)

OCS FACILITIES

4. All OCS facilities (except mobile offshore drilling units) engaged in mineral exploration, development or production activities on the Outer Continental Shelf of the U.S. are required by 33 CFR 146.30 to report accidents resulting in:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours;

D. Damage affecting the usefulness of primary lifesaving or firefighting equipment;

E. Damage to the facility in excess of \$25,000 resulting from a collision by a vessel;

F. Damage to a floating OCS facility in excess of \$25,000.

5. Foreign vessels engaged in mineral exploration, development or production on the U. S. Outer Continental Shelf, other than vessels already required to report by Instructions 2 and 3 above, are required by 33 CFR 146.303 to report casualties that result in any of the following:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours.

DIVING

6. Diving casualties include injury or death that occurs while using underwater breathing apparatus while diving from a vessel or OCS facility.

A. COMMERCIAL DIVING. A dive is considered commercial if it is for commercial purposes from a vessel required to have a Coast Guard certificate of inspection, from an OCS facility or in its related safety zone or in a related activity, at a deepwater port or in its safety zone. Casualties that occur during commercial dives are covered by 46 CFR 197.486 if they result in:

1. Loss of life;

2. Injury causing incapacitation over 72 hours;

3. Injury requiring hospitalization over 24 hours.

In addition to the information requested on this form, also provide the name of the diving supervisor and, if applicable, a detailed report on gas embolism or decompression sickness as required by 46 CFR 197.410(a)(9).

Exempt from the commercial category are dives for:

1. Marine science research by educational institutions;
2. Research in diving equipment and technology;
3. Search and Rescue controlled by a government agency.

B. ALL OTHER DIVING. Diving accidents not covered by Instruction (6-A) but involving vessels subject to Instruction (2), VESSELS, must be reported if they result in death or injury causing incapacitation over 72 hours. (Ref. 46 CFR 4.03-1(c)).

HAZARDOUS MATERIALS

7. When an accident involves hazardous materials, public and environmental health and safety require immediate action. As soon as any person in charge of a vessel or facility has knowledge of a release or discharge of oil or a hazardous substance, that person is required to immediately notify the U. S. Department of Homeland Security's National Response Center (telephone toll-free 800-424-8802 - in the Washington, D.C. area call 202-426-2675). Anyone else knowing of a pollution incident is encouraged to use the toll-free telephone number to report it. If etiologic (disease causing) agents are involved, call the U.S. Public Health Service's Center for Disease Control in Atlanta, GA. (telephone 404-633-5313). (Ref. 42 USC 9603; 33 CFR 153; 49 CFR 171.15)

COMPLETION OF THIS FORM

8. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a question is not applicable, the abbreviation "NA" should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK" should be entered in that space. If "NONE" is the correct response, then enter it in that space.

9. Once completed, deliver or mail this form as soon as possible to the Coast Guard Marine Safety, Marine Inspection or Activities Office nearest the location of the casualty or, if at sea, nearest the arrival port.

10. Amplifying information for completing the form:

A. Block 16 - "LOCATION" - Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In these cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible. Always identify the body of water or waterway referred to.

B. Tug or towboat with tow - Tugs or towboats with tows under their control should complete all applicable portions of the CG-2692. SECTION II should be completed if a barge causes or sustains damage or meets any other reporting criteria. If additional barges require reporting, the "Barge Addendum," CG-2692A, may be used to provide the information for the additional barges.

C. Moored/Anchored Barge - If a barge suffers a casualty while moored or anchored, or breaks away from its moorage, and causes or sustains reportable damages or meets any other reporting criteria, enter the location of its moorage in Block (1) of the CG-2692 and complete the form except for Blocks (2) through (13). The details will be entered in SECTION II for one barge and on the "Barge Addendum" CG-2692A, for additional barges.

D. SECTION III - Personnel Accident Information - SECTION III must be completed for a death or injury. In addition, applicable portions of SECTIONS I, II and IV must be completed. If more than one death or injury occurs in a single incident, complete one CG-2692 for one of the persons injured or killed, and attach additional CG-2692's, filling out Blocks (1) and (2) and SECTION III for each additional person.

E. BLOCK 44 - Describe the sequence of events which led up to this casualty. Include your opinion of the primary cause and any contributing causes of the casualty. Briefly describe damage to your vessel, its cargo, and other vessels/property. Include any recommendations you may have for preventing similar casualties. **ALCOHOL AND DRUG INFORMATION.** Provide the following information with regard to each person determined to be directly involved in the casualty: name, position aboard the vessel, whether or not the person was under the influence of alcohol or drugs at the time of the casualty, and the method used to make this determination. If toxicological testing is conducted the results should be included; if results are not available in a timely manner, provide the results of the toxicological test as soon as practical and indicate that this is the case in block 44 of the casualty form.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

The Coast Guard estimates that the average burden for this report is 1 hour. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-MOA), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503

IMPORT

CLEAR

More Info on this Form

SAVE

View Example

PRINT

CAUTION

U. S. DEPARTMENT OF HOMELAND SECURITY U. S. COAST GUARD CG-2692 (Rev. 06-04)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA
						MISLE NOTIFICATION NUMBER
SECTION I. GENERAL INFORMATION						
1. Name of Vessel or Facility T/V Cook Inlet		2. Official No. 3145-8766-NC	3. Nationality USA	4. Call Sign TF44381	5. USCG Certificate of Inspection issued at: Anchorage, Alaska	
6. Type (Towing, Freight, Fish, Drill, etc.) Oil Transfer Vessel		7. Length 210 ft.	8. Gross Tons 410	9. Year Built 1975	10. Propulsion (Steam, diesel, gas, turbine...) Diesel	
11. Hull Material (Steel, Wood...) Steel	12. Draft (Ft. - in.) FWD 7'2" AFT 9'1"		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) 4/15/05	15. TIME (Local) 0830
16. Location (See Instruction No. 10A) <i>i</i> lat: 59 06'N lon:151 41'W Kennedy Entrance, Cook Inlet					17. Estimated Loss of Damage TO:	
18. Name, Address & Telephone No. of Operating Co. Tesoro Alaska Company 54741 Tesoro Rd Kenai, AK 99611 (907) 776-8191					VESSEL complete loss CARGO complete loss OTHER 380,000 bbls NSC	
19. Name of Master or Person in Charge Brent Defrond		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. Name of Pilot Dave Measler		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	State License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
19a. Street Address (City, State, Zip Code) 321 Dry Beach Way Kenai, AK 99516		19b. Telephone Number 776-2300	20a. Street Address (City, State, Zip Code) 3334 Linwood Ln. Kenai AK 99516		20b. Telephone Number 440-7621	
21. Casualty Elements (Check as many as needed and explain in Block 44.)						
NO. OF PERSONS ON BOARD 4		<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)			
<input type="checkbox"/> DEATH - HOW MANY?		<input type="checkbox"/> CAPSIZING (with or without sinking)	<input checked="" type="checkbox"/> FOUNDERING OR SINKING	<input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)		
<input type="checkbox"/> MISSING - HOW MANY?		<input type="checkbox"/> HEAVY WEATHER DAMAGE	<input type="checkbox"/> FIRE	<input type="checkbox"/> BLOW OUT (Petroleum exorption/production)		
<input checked="" type="checkbox"/> INJURED - HOW MANY? 1		<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> COMMERCIAL DIVING CASUALTY	<input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.)		
<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.)		<input type="checkbox"/> ICE DAMAGE	<input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION	<input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.)		
<input checked="" type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: 380,000 bbls		<input type="checkbox"/> STEERING FAILURE	<input checked="" type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE	<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED		<input checked="" type="checkbox"/> ELECTRICAL FAILURE	<input type="checkbox"/> STRUCTURAL FAILURE			
<input checked="" type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.)		<input type="checkbox"/> WAKE DAMAGE				
<input checked="" type="checkbox"/> GROUNDING						
22. Conditions						
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify)	C. TIME <input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR	E. DISTANCE (miles of visibility) <1	F. AIR TEMPERATURE (F) 31 F
				G. WIND SPEED & DIRECTION 15kt SE	H. CURRENT SPEED & DIRECTION 5kt SE	
23. Navigation Information			SPEED AND COURSE 6 kt NNW	24. Last Port Where Bound Valdez Kenai		24a. Time and Date of Departure 4/14/05 0800
<input type="checkbox"/> MOORED, DOKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING						
25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED			25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	
	Empty	Loaded	Total		Length	Width
	0	0	0	0	0	0
25d. (Describe in Block 44.)						
<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW						
SECTION II. BARGE INFORMATION						
26. Name NA		26a. Official Number NA	26b. Type NA	26c. Length NA	26d. Gross Tons NA	26e. USCG Certificate of Inspection Issued at: NA
26f. Year Built NA	26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE	26h. Draft FWD AFT	26i. Operating Company NA			
26j. Damage Amount			26k. Describe Damage to Barge			
BARGE _____ CARGO _____ OTHER _____			NA			

View Example

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) Dean Chivas Moriarty		27c. Status <input checked="" type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	
		27b. Address (City, State, Zip Code) PO Box 22345 Homer, AK 99603			
28. Birth Date 5/21/1979	29. Telephone No. (907)235-7758	30. Job Position Deck Hand		31. (Check here if off duty) <input type="checkbox"/>	
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.) Tesoro Alaska Company					
33. Person's Time			YEAR(S)	MONTH(S)	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) Oil Transfer
A. IN THIS INDUSTRY -			3	8	35. Was the Injured Person Incapacitated 72 Hours or More? no
B. WITH THIS COMPANY -			1	2	
C. IN PRESENT JOB OR POSITION -			1	2	36. Date of Death NA
D. ON PRESENT VESSEL/FACILITY -			0	8	
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -			6		
37. Activity of Person at Time of Accident On Deck Monitoring					
38. Specific Location of Accident on Vessel/Facility Aft Deck					
39. Type of Accident (Fall, Caught between, etc.) Fall and Broken bone			40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.) Broken arm		
41. Part of Body Injured Forearm			42. Equipment Involved in Accident none		
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury. NA					

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).
Crewman Moriarty was out on deck monitoring equipment as usual after breakfast meal. Vessel collided with Perl Rock and Moriarty was thrown forward from the stern of the vessel to the deck, resulting in a broken arm.

45. Witness (Name, Address, Telephone No.) Clem Fillias 5476 Clippership Ln. Homer, AK 99603 235-4343	
46. Witness (Name, Address, Telephone No.) Sandra Dumas 3231 Flamingo Place. Soldotna, AK 99615 776-4366	

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle) Dinah Dewey		47b. Address (City, State, Zip Code) 54321 Smallfry Cir. Kenai, AK 99615		47c. Title Permit Writer	
47a. Signature				47d. Telephone No. 776-0997	
				47e. Date	

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry:			MISLE Incident Investigation Activity Number (if applicable)		
<input type="checkbox"/> NONE	<input type="checkbox"/> PRELIMINARY	<input type="checkbox"/> DATA COLLECTION	<input type="checkbox"/> INFORMAL	<input type="checkbox"/> FORMAL	

Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE
Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No				

More Information on this Form

When do you need this form?

When oil spill and/or recovery activities involve an injury or death.

Who fills out this form?

An appropriate permitter with the responsible party.

Who signs this form?

The Incident Commander.

Where does this form get delivered?

510 L St. #100 Anchorage, AK 99501

Other Comments

When oil spill and/or recovery activities involve an injury or death; for oil spills over 10K gallons; for releases of reportable quantities of a hazardous substance into the environment; and for all discharges from US vessels in any body of water, foreign flag vessels on the navigable waters of the US, and foreign flag tank vessels within the waters subject to the jurisdiction of the US, including the Exclusive Economic Zone. Please see the instructions for completion of CG-2692 for complete reporting requirements.