

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No: 1625-0001
Exp. Date: 03/31/2019

REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY

Section I - Reporting Vessel/Facility Information

1. Vessel or Facility Name CARIBBEAN FANTASY		2. Vessel Official Number or IMO Number 8814623		3. Vessel Flag PANAMA	
4. Vessel Length 187.13 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Meters		5. Vessel Gross Tons 28,112.0		6. Vessel Propulsion Type MOTOR	
7. Vessel or Facility Type RORO PAX			8. Vessel or Facility Service or Occupation TRANSPORTATION FREIGHT AND PAX		
9. FOR TOWING ONLY	9a. Arrangement:		9b. Number of Vessels Towed:		9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes complete and attach one or more CG-2692A forms to this report)</i>
	<input type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside		Empty _____ Loaded _____ Total _____		
		9c. Maximum Size of Tow/Tow-Boat(s):			
		Length _____ feet			
		Width _____ feet			

Section II - Reason for Submitting this Report (Check all that apply)

10. The above vessel was involved in a Marine Casualty consisting in (46 CFR 4.05-1 and 4.05-10):

- 1. Unintended grounding or an unintended strike of (allision with) a bridge
- 2. Intended grounding or intended strike of a bridge that created a hazard to navigation, the environment or the safety of the vessel, or that meets any of the criteria in 3 through 8 below
- 3. Loss of main propulsion, primary steering, or any associated component or control system that reduces the maneuverability of the vessel
- 4. Occurrence materially and adversely affected the vessel's seaworthiness or fitness for service or route
- 5. Loss of life
- 6. Injury that requires professional medical treatment (treatment beyond first aid) and, if the person is engaged or employed on board a vessel in commercial service, that renders the individual unfit to perform his or her routine duties
- 7. Occurrence causing property damage in excess of \$25,000
- 8. Occurrence involving significant harm to the environment

11. The above facility or vessel was involved in a Commercial Diving Casualty involving (46 CFR 197.484):

- 1. Loss of life
- 2. Diving-related injury to any person causing incapacitation for more than 72 hours
- 3. Diving-related injury to any person requiring hospitalization for more than 24 hours

12. The above facility or vessel was involved in an OCS Facility Casualty Resulting in (33 CFR 146.30 and 146.35):

- 1. Death
- 2. Injury to 5 or more persons in a single incident
- 3. Injury causing any person to be incapacitated for more than 72 hours
- 4. OCS Facility only - Damage affecting the usefulness of primary lifesaving or firefighting equipment
- 5. OCS Facility only - Damage to the facility exceeding \$25,000 resulting from a collision by a vessel with the facility
- 6. OCS Facility only - Damage to a floating OCS facility exceeding \$25,000

Section III - Associated Parties Information (Fill all fields that apply)

13. Name of Owner BAJA FERRIES SA DE SV		Telephone 52612123-6600		14. Name of Operator or Manager BAJA FERRIES SA DE SV		Telephone 787-832-4800	
Address ALLENDE 1025, ESQ. MARCELO RUBIO COL. CENTRO, LA PAZ, B.C.S. MEXICO 23000		Email address gustavo.abaroa@bajaferreries.com.mx		Address ALLENDE 1025, ESQ. MARCELO RUBIO COL. CENTRO, LA PAZ, B.C.S. ME		Email address gustavo.abaroa@bajaferreries.com.mx	
15. Name of Master or Person-In-Charge (Last, First, Middle) JACQUES CASABIANCA		Telephone [REDACTED]		16. Name of Agent (Last, First, Middle) PRIORITY RORO, INC.		Telephone (787) 833-6666	
Address [REDACTED]		Email address [REDACTED]		Address CALLE CONCORDIA #249, MAYAGUEZ, PUERTO RICO		Email address foliveras@priorityroro.com	
17. Name of Dive Supervisor (Last, First, Middle)		Telephone		18. Name of Pilot (Last, First, Middle) APPROACHING PILOT STATION		Telephone	
Address		Email address		Address SAN JUAN BAY PILOTS		Email address	

Section IV - Casualty Information

19. Date/Time (local) of Occurrence 17 AUGUST 2016/0724 HRS.		20. Location-Name of Body of Water or Waterway: Latitude: INBOUND SAN JUAN, PUERTO RICO		River Mile Marker: OR	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$UNKNOWN Cargo: \$UNKNOWN Facility: \$N/A Other: \$UNKNOWN		Describe the Extent of Property Damage FIRE ON BOARD VESSEL- ENGINE ROOM.			
22. Status of Involved Persons (If there are 1 or more injured, dead or missing persons complete and attach one or more CG-2692C forms to this Report) Total Number of Persons: On Board the Vessel: 511 Injured: UNKWN Dead: NONE Missing: NONE					

Section IV - Casualty Information (continued)

23. Was This Casualty a Serious Marine Incident (SMI) as Defined in 46 CFR 4.03-2?

Yes No Not at this Time, But is Likely to Become an SMI (If Yes or Is Likely to Become an SMI complete/attach one or more CG-2692B forms to this report)

24a. Is there any evidence of alcohol or drug use by or intoxication of individuals directly involved in the casualty?

Yes No (If Yes, identify those individuals for whom evidence has been obtained and specify the method to obtain such evidence in block 24c)

24b. Did any individual directly involved in a casualty refuse to submit to, or cooperate in, the administration of a timely chemical test, when directed by a law enforcement officer or by the marine employer?

Yes No (If Yes, note the individual(s) who refused in block 24c)

24c. Individuals with evidence of drug or alcohol use, evidence of intoxication, or who refused to submit/cooperate in a timely chemical test (if more space is needed, continue in block 25c)

DRUG TESTS WERE CONDUCTED ON 20 AUGUST 2016, PENDING RESULTS. ALCOHOL TESTS NOT CONDUCTED DUE TO PRIORITY GIVEN TO LIFESAVING AND FIREFIGHTING EFFORTS.

24d. Is there evidence that alcohol use contributed to this casualty?

Yes No (If Yes, discuss in block 25b)

25. Nature and Circumstance of the Casualty:

25a. Activity or Operation Being Conducted at the Time of the Casualty:

VESSEL PREPARING FOR ENTRANCE TO SAN JUAN, PUERTO RICO, PANAMERICAN BERTH NO. 2. VESSEL WAS READY TO EMBARK PILOT.

25b. Description of the Casualty (casualty events and the conditions and actions that were believed to be causal factors as well as any hazards created as a result of the casualty. Attach additional sheets if necessary.):

SEE ATTACHED SHEET.

25c. Any other comments, including with respect to use of or need for emergency response equipment:

Section	
24. Name (PRINT) (Last, First, Middle) CASABIANCA JACQUES	25. Signature [Redacted] 21 AUGUST 2016
27. Title CAPTAIN	28. Address [Redacted]
29. Telephone No [Redacted]	30. Email [Redacted]

25B. (Cont.) DESCRIPTION:

The vessel departed the Dominican Republic inbounds to SJU, Puerto Rico on 16 August 2016 at about 19:00 hrs, all conditions normal. On 17 August 2016, 06:45 hrs, I was on the bridge preparing the ship for entrance. Conditions: fair weather, speed approximately 16 knots, seas and wind easterly moderate. All conditions were normal, with no alarms. At 07:24 hrs, Bridge calls Engine Room for slow down. At this time, Chief Engineer reported a leak in the Engine Room. Immediately after, he called back stating "fire in the engine room". I altered course from southeast to north, wheel hard to port and immediately stop the engine. At 07:26 hrs, I sent the alarm "Mr. Skylight" [fire code alarm], and informed the Pilot and MRCC San Juan fire on board. At 07:28, fire alarm in the bridge panel. I doubled with the PA announcement to muster the fire response team. I called the reception desk and ordered all the hotel crew to gather and prepare the passengers for evacuation. In the meantime, the Staff Captain reported high flames in the Engine Room. After investigation and confirmation that nobody was remaining in the engine room, at approximately 07:38 hrs I ordered the Staff Captain to activate the CO2 extinguishing system and to close the dampers together with stopping ventilation from the bridge. I also ordered to start drenchers from garage b in order to cool down the maindeck. I alerted my top management to proceed with the vessel response plan. At approximately 07:50 hrs, I ordered the activation of evacuation equipment for immediate evacuation and abandon. In the meantime, rescue vessels approached the vessel to provide assistance.

(Note: At the time of this report, I did not have access to the vessel's log books and documents. All times are local time.)

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692B (04-06)	REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT <i>(See Instructions on reverse)</i>	APPROVED OMB NO. 1625-0001 Expiration Date: 08/31/2008 USCG MISLE ACTIVITY NUMBER
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SECTION I—VESSEL INFORMATION

1. Name of vessel CARIBBEAN FANTASY	2. Official Number 8814623	3. Call Sign 3FEP4	4. Nationality PANAMA
5. Vessel Type (Freight, Towing, Fishing, MODU, etc.) RORO PAX	6. Length 187.13 meters	7. Gross Tons 28,112.0	8. Year Built 1988
9. Operating Company Name: BAJA FERRIES SA DE SV Address: ALLENDE 1025, ESQ. MARCELO RUBIO COL. CENTRO, LA PAZ, B.C.S. ME Telephone Number: 52612123-6600		10. Master or Person in Charge Name: JACQUES CASABIANCA Address: Telephone:	

SECTION II—INCIDENT INFORMATION

11. Type of Serious Marine Incident (Check Appropriate Box(es). (See Instructions on Reverse))			
<input type="checkbox"/> a. Death (Append to Form CG-2692) <input type="checkbox"/> b. Injury requiring medical treatment (Append to Form CG-2692) <input checked="" type="checkbox"/> c. Property damage in excess of \$100,000 (Append to Form CG-2692) <input type="checkbox"/> d. Loss of inspected vessel (Append to Form CG-2692)	<input type="checkbox"/> e. Loss of uninspected, self-propelled vessel of over 100 gross tons (Append to Form CG-2692) <input type="checkbox"/> f. Discharge of oil of 10,000 gallons or more into U.S. waters <input type="checkbox"/> g. Discharge of a reportable quantity of hazardous substance into U.S. waters <input type="checkbox"/> h. Release of a reportable quantity of hazardous substance into U.S. environment		
12. Date of Incident 17 AUG 2016	13. Time (local) of Incident 0724 HRS.	14. Location of Incident (Latitude and Longitude or River and Milepost) INBOUND SAN JUAN, PUERTO RICO	

SECTION III—PERSONNEL / TESTING INFORMATION

15. Personnel Directly Involved In Serious Marine Incident				16. Drug and Alcohol Testing (See Instructions on reverse)								
15a. Name (Last, First, Middle Initial)	15b. Licensing/Certification			16a. Drug Test Urine Specimen provided within 32 hours?		16b. Alcohol Test Specimen provided within 2 hours?		Alcohol Test Specimen Source			Alcohol Test Results	
	(Check Appropriate Box(es))	USCG License	USCG MMD	Neither	YES	NO	YES	NO	Saliva	Blood		Breath
JACQUES CASABIANCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TADEUSZ ADAM STEPIEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PAVOL SLADKOVIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
KESTER WENDELL DENNY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
LUIS ALMENDAREZ ANTUNE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: LABORATORIO LAS LOMAS Address: 1700 AVE. JESUS T. PINEIRO #32, SAN JUAN PR 00921 Telephone Number: 787-792-6350	18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s) Name: Address: Telephone:	
19. Person Making This Report (Please Print) Name: Address: Telephone:	20. Signature Title: CAPTAIN	21. Date 21/08/2016

22. Remarks (See Instructions on Reverse) SEE ATTACHED SHEET
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22. (CONT.) REMARKS:

Name and Positions:

Jacques Casabianca	Captain
Tadeusz Adam Stepien	CHENG
Pavol Sladkovic	Third Eng.
Kester Wendell Denny	Motorman
Luis Almendarez Antunez	Wiper

Other Tested:

Iakovos Davris	Staff Captain
Ricardo X. Campbell Ruiz	Officer on Duty
Bruno Jonathan	Cadet on Duty
Rene Altamarino Velasquez	AB Helmsman

Note:

The alcohol tests were not conducted because of the evacuation and abandon operation. As to the drug tests, they were conducted on August 20, 2016 and are currently awaiting MRO reports.