

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
PERSONNEL CASUALTY ADDENDUM

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

Note: This form shall be used to report data on persons who were injured, killed, or are missing as a result of the marine casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information - Casualty Date/Time

1. Vessel or Facility Name CARIBBEAN FANTASY	2. Date/Time (local) of Occurrence 17 AUGUST 2016
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Section II - Injured, Dead, and Missing Person Details

3a. Name (Last, First, Middle) SEE ATTACHED PAX/CREW MEDICAL ASSISTANCE LIST	3b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	3c. Status <input checked="" type="checkbox"/> Injured <input type="checkbox"/> Dead <input type="checkbox"/> Missing
3d. Address AND PASSENGER MANIFEST		
3e. Telephone	3f. Email Address	3g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
		3h. Date of Birth
3i. Date of Death		

3j. Activity of Person at Time of Casualty:

3k. Location on Vessel or Facility Where Casualty Occurred:

3l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

4a. Name (Last, First, Middle)	4b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	4c. Status <input type="checkbox"/> Injured <input type="checkbox"/> Dead <input type="checkbox"/> Missing
4d. Address		
4e. Telephone	4f. Email Address	4g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
		4h. Date of Birth
4i. Date of Death		

4j. Activity of Person at Time of Casualty:

4k. Location on Vessel or Facility Where Casualty Occurred:

4l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

5a. Name (Last, First, Middle)	5b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	5c. Status <input type="checkbox"/> Injured <input type="checkbox"/> Dead <input type="checkbox"/> Missing
5d. Address		
5e. Telephone	5f. Email Address	5g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
		5h. Date of Birth
5i. Date of Death		

5j. Activity of Person at Time of Casualty:

5k. Location on Vessel or Facility Where Casualty Occurred:

5l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

6a. Name (Last, First, Middle)	6b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	6c. Status <input type="checkbox"/> Injured <input type="checkbox"/> Dead <input type="checkbox"/> Missing
6d. Address		
6e. Telephone	6f. Email Address	6g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
		6h. Date of Birth
6i. Date of Death		

6j. Activity of Person at Time of Casualty:

6k. Location on Vessel or Facility Where Casualty Occurred:

6l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

7a. Name (Last, First, Middle)	7b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	7c. Status <input type="checkbox"/> Injured <input type="checkbox"/> Dead <input type="checkbox"/> Missing
7d. Address		
7e. Telephone	7f. Email Address	7g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
		7h. Date of Birth
7i. Date of Death		

7j. Activity of Person at Time of Casualty:

7k. Location on Vessel or Facility Where Casualty Occurred:

7l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

**INSTRUCTIONS FOR COMPLETION OF FORM CG-2692C
PERSONNEL CASUALTY ADDENDUM**

Note: This form shall be used to report data on persons who were injured, killed, or missing as a result of the marine casualty described on form CG-2692. This form may only be used in addition to form CG-2692, never alone.

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 .5 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-INV), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

WHEN TO USE THIS FORM

1. This form, when submitted in conjunction with a CG-2692, satisfies the requirement for written reports of casualties found in the Code of Federal Regulations for vessels. Specifically, it provides information on one or more persons who were injured, dead or missing as a result of their involvement in a reportable marine casualty, commercial diving casualty, or an OCS-related casualty. This form may only be used in addition to form CG-2692, never alone.

DEFINITIONS

2. Loss of Life - a life is considered lost when the person is known to be deceased (e.g. the body has been recovered), the person has been categorized as "presumed lost/dead" by agencies leading search and rescue efforts, or the circumstances of the occurrence make recovery of the person alive unlikely.

3. Injury - defined as damage or harm caused to the structure or function of the body as a result of an outside physical agent. Damage or harm caused exclusively by animal/insect bites/scratches is excluded. Pursuant to the Occupational Safety and Health Administration's (OSHA) definition of "injury or illness" in 29 CFR 1904.46, the Coast Guard considers injuries and illnesses as separate types of occurrences. As such, damage or harm caused by illness, including but not limited to: communicable illness (i.e. colds, flu, etc.), food poisoning, heart attack, stroke, or other pre-existing medical condition is not considered an injury and does not fall under this criterion.

COMPLETION OF THIS FORM

4. In accordance with 46 CFR §4.05-10, 46 CFR §197.486, and 33 CFR §146.35 this form shall be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of casualty that has occurred. If a block is not applicable, the abbreviation "NA" should be entered in that space. If the answer is unknown and cannot be obtained before the report has to be submitted (i.e. within 5 days of the accident), the abbreviation "UNK" should be entered in that block. If "NONE" is the correct response, enter it in the block.

5. If more than 5 individuals were injured, dead, or missing as a result of the marine casualty additional CG2692Cs should be completed.

6. Once completed, deliver, email, or fax this form with a corresponding CG-2692 within 5 days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port. <http://www.uscg.mil/top/units/>

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.