

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
REPORT OF MARINE CASUALTY

OMB No. 1625-0001
Expires: 01/31/2016

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility CLYDE S. VANDERKORT		2. Official No. 1232691	3. Nationality US	4. Call Sign WDJ4194	5. USCG Certificate of Inspection Issued at: NVDC
6. Type (Towing, Freight, Fish, Drill, etc.) TOWING	7. Length 129.9	8. Gross Tons 1250	9. Year Built 2011	10. Propulsion (Steam, diesel, gas, turbine...) DIESEL	
11. Hull Material (Steel, Wood...) STEEL	12. Draft (Ft. - in.) FWD 19 AFT 21	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) 4-3-18	15. TIME (Local) 0020
16. Location (See Instruction No. 10A) LAKE MICHIGAN NEAR CALUMET HARBOR				17. Estimated Loss of Damage TO: VESSEL <u>0</u> CARGO <u>0</u> OTHER <u>0</u>	
18. Name, Address & Telephone No. of Operating Co. MOM ERIE TRADER LLC 132 WATER ST 3RD FLOOR S. NORWALK, CT 06854					
19. Name of Master or Person in Charge MARK MATHER		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot N/A	
				USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO	
				State License <input type="checkbox"/> YES <input type="checkbox"/> NO	
19a. Home or Work Street Address (City, State, Zip Code)		19b. Home or Work Telephone No.		20a. Home or Work Street Address (City, State, Zip Code)	
				20b. Home or Work Telephone No.	

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

NO. OF PERSONS ON BOARD <u>14</u>	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING	<input type="checkbox"/> FIRE FIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> DEATH - HOW MANY? <u>0</u>	<input type="checkbox"/> CAPSIZING (with or without sinking)	<input type="checkbox"/> LIFESAIVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> MISSING - HOW MANY? <u>0</u>	<input type="checkbox"/> FOUNDERING OR SINKING	<input type="checkbox"/> BLOW OUT (Petroleum exporation/production)
<input type="checkbox"/> INJURED - HOW MANY? <u>0</u>	<input type="checkbox"/> HEAVY WEATHER DAMAGE	<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"/> FIRE	<input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.)
<input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: <u>0</u>	<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED	<input type="checkbox"/> COMMERCIAL DIVING CASUALTY	
<input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.)	<input type="checkbox"/> ICE DAMAGE	
<input type="checkbox"/> GROUNDING	<input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION	
<input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> STEERING FAILURE	
	<input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE	
	<input type="checkbox"/> ELECTRICAL FAILURE	
	<input type="checkbox"/> STRUCTURAL FAILURE	

22. Conditions

A. Sea or River Conditions (wave height, river stage, etc.) 1-3'	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 type="checkbox"/> TWILIGHT <input checked="" type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles of visibility) <u>12+</u>
				F. AIR TEMPERATURE (F) <u>41°</u>
				G. WIND SPEED & DIRECTION <u>E 10-20</u>
				H. CURRENT SPEED & DIRECTION <u>E 2/ 1 mph</u>

23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED	SPEED AND COURSE <u>12.2 mph 165°T</u>	24. Last Port Where Bound DULUTH, MN INDIANA HBR	24a. Time and Date of Departure 1200 3/30/18
<input checked="" type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING			

25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED	Empty	Loaded	Total	25b. TOTAL H.P. OF TOWING UNITS 10,800hp	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S) Length 740' Width 78'	25d. (Describe in Block 44.) <input checked="" type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW
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SECTION II. BARGE INFORMATION

26. Name ERIE TRADER	26a. Official Number 1238380	26b. Type STEEL	26c. Length 740	26d. Gross Tons 16552	26e. USCG Certificate of Inspection Issued at: NVDC
26f. Year Built 2012	26g. <input type="checkbox"/> SINGLE SKIN <input checked="" type="checkbox"/> DOUBLE	26h. Draft FWD 27'	AFT 27'	26i. Operating Company MOM ERIE TRADER LLC	
26j. Damage Amount BARGE <u>> \$10,000</u> CARGO _____ OTHER _____			26k. Describe Damage to Barge LOST FLUKES ON STARBOARD ANCHOR		

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) 27b. Address (City, State, Zip Code)	27c. Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other
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 A. IN THIS INDUSTRY - _____ B. WITH THIS COMPANY - _____ C. IN PRESENT JOB OR POSITION - _____ D. ON PRESENT VESSEL/FACILITY - _____ E. HOURS ON DUTY WHEN ACCIDENT OCCURRED - _____		34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)
		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).

STARBOARD ANCHOR WAS NOT SECURED PROPERLY AND RELEASED WITHOUT ANYONE'S KNOWLEDGE AT AN UNKNOWN PLACE AND TIME

45. Witness to Casualty (Name, Address, Telephone No.)
 THOMAS PREVO [REDACTED]

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

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle) MARK W. MATHEN	47b. Address (City, State, Zip Code) [REDACTED]	47c. Title MASTER
47a. Signature [REDACTED]	47d. Telephone No. [REDACTED]	47e. Date 4/6/18

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