

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)	<h2 style="margin:0;">REPORT OF MARINE ACCIDENT, INJURY OR DEATH</h2>	RSC No. G-MOA  MISLE NOTIFICATION NUMBER
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**SECTION 1. GENERAL INFORMATION**

1. Name of Vessel or Facility <b>CARNIVAL LIBERTY</b>		2. Official No. <b>9278181</b>	3. Nationality <b>PANAMA</b>	4. Call Sign <b>HPYE</b>	5. U.S.C.G. Certificate of Inspection issued at: <b>PORT CANAVERAL</b>
6. Type (Towing, Freight, Fish, Drill, etc) <b>PASSENGER SHIP</b>	7. Length <b>290.2 M</b>	8. Gross Tons <b>110,320 TONS</b>	9. Year Built <b>2005</b>	10. Propulsion (steam, diesel, gas, turbine...) <b>DIESEL/ELECTRIC</b>	
11. Hull Material (Steel, Wood) <b>STEEL</b>	12. Draft (Ft-In) FWD <b>8.09 M</b> AFT <b>8.25 M</b>	13. If Vessel Classed, By Whom : ( ABS, LLOYDS, DNV, BV, etc.) <b>LLOYDS REGISTER</b>		14. Date (of occurrence) <b>09/07/2015</b>	15. Time (Local) <b>11:33</b>
16. Location (See Instruction No. 10A) <b>St. Thomas, USVI</b>				17. Estimated Loss of Damage TO: VESSEL _____ CARGO _____ OTHER _____	
18. Name, Address, & Telephone No. of Operating Co. <b>CARNIVAL CRUISE LINES, 3365 N.W. 87<sup>TH</sup> AVE. MIAMI, FLORIDA, 33178-2428 TEL# (305) 599-2600</b>					
19. Name of Master or Person in Charge: _____		USCG License <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20. Name of Pilot <b>N/A</b>	USCG License <input type="checkbox"/> Yes <input type="checkbox"/> No	State License <input type="checkbox"/> Yes <input type="checkbox"/> No
19.a Street Address (City, State, Zip code) <b>SAME AS ABOVE</b>		19b. Telephone Number <b>SAME AS ABOVE</b>		20a. Street Address (City, State, Zip Code) <b>N/A</b>	
				20b. Telephone Number <b>N/A</b>	

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

NO. OF PERSON ON BOARD <b>4393</b> <input type="checkbox"/> DEATH- HOW MANY? _____ <input type="checkbox"/> MISSING HOW MANY? <b>N/A</b> <input type="checkbox"/> INJURED- HOW MANY? <b>N/A</b> <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/DAMAGE <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, SWAPPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input checked="" 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 exportation/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Described in Block 44) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify)
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22. Condition

Sea or River Condition (wave height, river stage etc.)  <input type="checkbox"/> OTHER (Specify) _____	B. WEATHER <input checked="" type="checkbox"/> <b>CLEAR</b> <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG	C. TIME <input checked="" type="checkbox"/> <b>DAYLIGHT</b> <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> <b>GOOD</b> <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles <b>10 nm</b> of visibility) F. AIR TEMPERATURE <b>30° C</b> G. WIND SPEED & <b>10 Kts SE</b> DIRECTION H. CURRENT SPEED & DIRECTION
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23. Navigational Information <input checked="" type="checkbox"/> MOORED, DOCKED OR FIXED    SPEED AND COURSE <input type="checkbox"/> ANCHORED, <input type="checkbox"/> UNDERWAY OR DRIFTING	24. Last Port Where <b>SAN JUAN, PR</b> <b>BARBADOS</b>	24a. Time and Date of departure <b>10:10 PM</b> <b>09/06/2015</b>
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25. FOR TOWING ONLY	25a. NUMBER OF VESSEL TOWED	Empty	Loaded	Total	25b. TOTAL HP OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT (S)	Length	Width	25d. (Described in Block 44) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONG SIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW
		N/A	N/A	N/A			N/A	N/A	

**SECTION 11. BARGE INFORMATION**

26. Name					26a. Official Number	26b. Type	26c. Length	26d. Gross Tons	26.e U.S.C.G. Certificate of Inspection issued at:
26f. Year Built	26.g <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE SKIN		26h. Draft FWD	AFT	26i. Operating Company				
26j. Damage Amount BARGE <b>N/A</b> CARGO <b>N/A</b> OTHER <b>N/A</b>					26.K 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)  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)																			
32. Employer - (If different from Block 18, fill in Name, Address, Telephone No.)																						
33. Person's Time  <table style="width:100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">YEAR (S)</td> <td style="width: 20%; text-align: center;">MONTHS (S)</td> </tr> <tr> <td>A. IN THIS INDUSTRY</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>B. WITH THIS COMPANY</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>C. IN PRESENT JOB OR POSITION</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>D. ON PRESENT VESSEL/FACILITY-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>E. HOURS ON DUTY WHEN ACCIDENT OCCURRED-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>			YEAR (S)	MONTHS (S)	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:		
	YEAR (S)	MONTHS (S)																				
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-	_____	_____																				
37. Activity of Person at Time of Accident:																						
38. Specific Location of Accident on Vessel/Facility:																						
39. Type of Accident (Fall, Caught between, etc.) <b>NA</b>		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc): <b>NA</b>																				
41. Part of Body Injured: <b>NA</b>		42. Equipment Involved in the Accident: <b>NA</b>																				
43. Specific Object, Part of the Equipment in block 42, or Substance (Chemical, Solvent, etc.) that directly produced the Injury. <b>NA</b>																						
SECTION IV. DESCRIPTION OF CASUALTY																						
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instruction and attach additional sheets if necessary).																						
<p>While alongside in St. Thomas WICO pier, at around 11:33am, Diesel Generator # 4, located in the ship's aft engine room, suffered a fire by cylinder piston 2A. The vessel's Emergency Response Plan quickly was activated and the fire was extinguished using the ship's Hi-Fog and fixed CO2 fire suppression systems. The incident causes and extent of damage currently are under investigation. Guests were evacuated to the pier as a precaution and returned onboard later in the evening. No injuries or casualties occurred.</p>																						
45. Witness (Name, Address, Telephone No.)																						
46. Witness (Name, Address, Telephone No.)																						
<b>MAKING THIS REPORT</b> 47b. Address (City, State, Zip Code) <b>CARNIVAL CRUISE LINES,</b> <b>3365 N.W. 87<sup>TH</sup> AVE. MIAMI, FLORIDA,</b> <b>305 331-78-2428</b> <b>TEL# (305) 599-2600</b>		47c. Title: <b>MASTER</b>																				
		47d. Telephone No. <b>(305) 599-2600</b>																				
		47e. Date: <b>09/09/2015</b>																				
USE ONLY		REPORTING OFFICE:																				
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 Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATOR (Name)	Date	APPROVED BY (Name)	DATE																		