

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 TAHOE QUEEN	2. Date/Time (local) of Occurrence 08/16/2016-0740am
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Section II - Injured, Dead, and Missing Person Details

3a. Name (Last, First, Middle) Aranda, Jose, Luis		3b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other - Describe: Painter- Contractor		3c. Status <input checked="" type="checkbox"/> Injured <input type="checkbox"/> Dead <input type="checkbox"/> Missing
3d. Address [REDACTED]		3e. Telephone [REDACTED]		3f. Email Address n/a
3g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3h. Date of Birth Unknown	3i. Date of Death N/A	

3j. Activity of Person at Time of Casualty: Painting 3rd deck of the boat

3k. Location on Vessel or Facility Where Casualty Occurred: Moored at Zephyr Cove, NV

3l. Extent of Injuries to Person (Parts of Body and Type of Injuries): Back sprain, Dr. recommended 2 weeks of light duty.

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

4j. Activity of Person at Time of Casualty: Welding steel plates on 3rd deck.

4k. Location on Vessel or Facility Where Casualty Occurred: Moored at Zephyr Cove NV

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

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):