

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 MV CONTI PERIDOT		2. Official No. 92092		3. Nationality LIBERIA		4. Call Sign A8WR7		5. USCG Certificate of Inspection issued at:	
6. Type (Towing, Freight, Fish, Drill, etc.) BULK CARRIER		7. Length 189		8. Gross Tons 33,036 GT		9. Year Built 2011		10. Propulsion (Steam, diesel, gas, turbine...) DIESEL	
11. Hull Material (Steel, Wood...) STEEL		12. Draft (Ft. - in.) FWD 8.80 AFT 9.40		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) 09-MAR-2015		15. TIME (Local) 1235H	
16. Location (See Instruction No. 10A) SOUTH OF MORGANS PT. BETWEEN BUOYS 87 & 89						17. Estimated Loss of Damage TO: VESSEL _____ CARGO _____ OTHER _____			
18. Name, Address & Telephone No. of Operating Co. BAEMER BEREDERUNGS GmbH & Co. KG. BAHNHOFSTR 28-31. 28195 BREMEN, GERMANY									
19. Name of Master or Person in Charge CAPT. LUIS B. CORNELIO		USCG License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. Name of Pilot CAPT. G.C. REESER JR.		USCG License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		State License <input checked="" 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.)

<input type="checkbox"/> NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <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/DAMAGED _____ <input checked="" type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE		<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input 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 exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____	
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22. Conditions

A. Sea or River Conditions (wave height, river stage, etc.) LOW		B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input checked="" type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR		E. DISTANCE (miles of visibility) 200 METERS F. AIR TEMPERATURE (F) 57°F G. WIND SPEED & DIRECTION 12 KTS ELY H. CURRENT SPEED & DIRECTION FLOOD TIDE	
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23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING		SPEED AND COURSE 8.0 KTS VARIOUS		24. Last Port Where Bound MANZANILLO, MEXICO HOUSTON, TX		24a. Time and Date of Departure 1235H 09-MAR-15	
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25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		Empty		Loaded		Total		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)		Length		Width		25d. (Describe in Block 44.)	
																		<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW	

SECTION II. BARGE INFORMATION

26. Name		26a. Official Number		26b. Type		26c. Length		26d. Gross Tons		26e. USCG Certificate of Inspection issued at:	
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft FWD AFT		26i. Operating Company					
26j. Damage Amount				26k. Describe Damage to Barge							
BARGE _____											
CARGO _____											
OTHER _____											

SECTION III. PERSONNEL ACCIDENT INFORMATION				
27. Person Involved <input type="checkbox"/> MALE <input type="checkbox"/> OR FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) <hr/> 27b. Address (City, State, Zip Code) <hr/>		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 - _____ YEAR(S) MONTH(S) 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.) <hr/> 35. Was the Injured Person Incapacitated 72 Hours or More? <hr/> 36. Date of Death <hr/>	
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). <p style="font-family: cursive;">DURING INBOUND PASSAGE FOR HOUSTON MY VESSEL UNEXPECTEDLY ENCOUNTERED HEAVY FOG, AT APPROXIMATELY 1225 HRS. WE MET FIRST AN OUTBOUND CAR CARRIER WITHOUT INCIDENT AT APPROXIMATELY 1225HRS. APPROXIMATELY 10 MINUTES LATER, WE MET ANOTHER OUTBOUND SHIP A TANKER BY THE NAME CARLA MAERSK, WE WERE STILL IN HEAVY FOG, WE ARE EXPECTING A PORT-TO-PORT MEETING WITH THAT VESSEL BASED ON OUR PILOTS ADVISE. WE COULD NOT AVOID COLLISION WITH THAT VESSEL. COLLISION TOOK PLACE AT APPROXIMATELY 1235 HRS. LT.</p>				
45. Witness to Casualty (Name, Address, Telephone No.) TEL: [REDACTED]				
46. Witness to Casualty (Name, Address, Telephone No.) [REDACTED]				
SECTION V. PERSON MAKING THIS REPORT				
47. Name (PRINT) (Last, First, Middle) CAPT. LUIS B. CORNELIO			47c. Title MASTER	
47a. Signature [REDACTED]			47b. Address (City, State, Zip Code) [REDACTED]	
47d. Telephone No. [REDACTED]			47e. Date [REDACTED]	
FOR COAST GUARD USE ONLY			REPORTING OFFICE:	
MISLE Incident Investigation Activity Data Entry: <input type="checkbox"/> NONE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> DATA COLLECTION			MISLE Incident Investigation Activity Number (if applicable) <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