							OME	B Control No. 1625-0001
U.S. DEPARTMENTIOF HOMELAND SECURITY	—	REPOR				,	R	CS No. G-MOA
HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)						,	MISLEINOT	IFICATION NUMBER
CG-2692 (Rev. 06-04)							<u> </u>	
4 Martin - Extended - English		<u></u>	ECTION I. GENE			Li Cali Sia		5. USCG Certificate of
1. Name of Vessel or Facility			2. Official No.	1	lationality	4. Call Sig		Inspection issued at:
Andrew J. Barberi	L	7 Longth	629314		SA 'ear Built	10 Propul		New York, NY diesel, gas, turbine)
6. Type (Towing, Freight, Fish, Drill, e Passenger Ferry	NC.)	7. Length 31.0	8. Gross Tons 3335		ear Built 981		sion (Steam esel	¦, Ølesel, gas, turinina…)
11. Hull Material (Steel, Wood)	12. Draft (Ft.		13. If Vessel Class				(of occurrence	e) 15. TIME (Local)
The material parent, ressard	FWD	AFT.	DNV, BV, etc.)	en by whom to	400, 110, 20,			<i>y</i>
Steel	12'06	12'06"	ABS			May	8, 201	.0 0920
16. Location (See Instruction No. 10A)		<u> </u>			<u></u>		ated Loss of D	<u> </u>
St George Terminal		Island	NY - Slip 4	#5	_			
18. Name, Address & Telephone No. of				· ·		VESS	EL _21	75,000
NYCDOT Staten Isla		У				CARG	;o	
One Ferry Termina:			719-9	76-5026		OTHE	R	25,000
Staten Island, NY								
19. Name of Master or Person in Charg	je.	USCG Licen	IS⊖	20. Name of	f Pílot		USCG Licens	
Donald Russell			_	Maqb	ool Ahmed		X YES	
10- Olivert Addama (City, State Zin)	<u></u>	X YES	NO NO		Address (City, Sta	to Tin Codel		Telephone Number
19a. Street Address (City, State, Zip C	3009)	19b. Telepho		203. 010017		Flushin		, Тегерпопе минист
21. Casualty Elements (Check as mai	anv as needed ar	nd explain in Blo	vik 44.]		·	L T T G II T II	.gm I	
NO. OF PERSONS ON BOAR	-							
DEATH - HOW MANY?	.D		FLOODING; SWAMF CAPSIZING (with or			FAILED C	DR INADEQU/	
MISSING - HOW MANY?			FOUNDERING OR S	+7	1	'	i <i>n Block 44.)</i> ING EQUIPMI	ENT FAILED OR
INJURED - HOW MANY?	48		HEAVY WEATHER I		ľ			be in Block 44.)
			FIRE		1	🗍 BLOW OL	JT (Petroleu	m exporation/production)
(Identify Substance and amount		100	EXPLOSIÓN				LINVOLVEMI	
(noticity opportune) and an entry	TH DILLON THY	□ <i>•</i>	COMMERCIAL DIVIN	NG CASUALTY			in Block 44.)	
🔲 OIL SPILL - ESTIMATE AMOU	UNT:	<u> </u>	ICE DAMAGE		1		VOLVEMENT	(Describe in Block 44.)
		<u>[</u>] ⊓	DAMAGE TO AIDS 1	TO NAVIGATION				
CARGO CONTAINER LOST/D	JAMAGED		STEERING FAILURE	3	l		(Specify)	
COLLISION (Identify other vessel or object i	- Diant 11							
	<u>(AKE DAMAGE</u>	<u>l </u> 5	STRUCTURAL FAILU	<u>URE</u>	"I			
22. Conditions	VEATHER	C T	IMÉ	D. VISIBILIT	~ FI	DISTANCE (m	ules 10+	
হি বি		<u></u>	DAYLIGHT		01	f visibility)		
(wave height, river stage,	RAIN		TWILIGHT				TURE 60	
etc.)	SNOW	П	NIGHT	POOR	1	(F)		
	FOG					WIND SPEED { DIRECTION	& Lt	Airs
	OTHER (Spe	жify)				CURRENT SPI		
					·	& DIRECTION		
23. Navigation Information			PEED Var.	24. L F	Last Port Whiteha	1 1		24a. Time and Date of Departure
		C(ND OURSE SW Va		Where Bound	· · · ·		0902
25. ANCHORED X UNDERWAY	OR DRIFTING		25b.	25c.		25d (Des	cribe in Block	050810
	Empty Loa	aded Total			Length Vidti			
			H.P. OF				VING ASTER	
TOWING VESSELS			TOWING	SIZE OF TOW				
ONLY TOWED				BOAT(\$)				E TOW-BOAT ON TOW
		ECTION II. E	BARGE INFORMA					e. USCG Certificate of
26. Name	26	a. Official Numb	ær	26b. Type	26c. Length	26d. Gross	Tons Ins	spection issued at:
26f. Year Built 26g. Sh	NGLE SKIN	Bh. Draft FWD	, AFT	26i. Operating Co	отрапу			-
				L	<u> </u>			
26j. Damage Amount		:	26k. Describe Dam	hage to Barge				
BARGE								
CARGO			ļ					7
		· · · · · · · · · · · · · · · · · · ·	1					

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PAGE 2:0F CG-2692 (R5M106-04)									
SECTION III. PERSONNEL ACCIDENT INFORMATION									
27. Person Involved	27a. Name (Last	; First, Middle Name)			27c. Status				
MALEDY [] FEMALE PLEASE SEE ATTACHED SHEETS FOR INJURED PASSENGERS/CREW CA									
🗌 DEAD 🗌 INJU	Passenger								
28. Birth Date	29. Telephone No.	30. Job Position			31. (Check here if off duty)				
32. Employer - (if different :	rom Block 18., fill in Name, A	ddress, Telephone No.)		. <u> </u>					
33. Person's Time		YEAR(S)	MONTH(\$)		(Towing, Fishing, Shipping,				
A. IN THIS INDU	A. IN THIS INDUSTRY -								
B. WITH THIS CO	B. WITH THIS COMPANY - 35. Was the Injured Person Incapacitated 72 Hours or								
	IOB OR POSITION -		, <i>v</i>	More?					
j.			_ _	· ····	<u>_</u>				
D, ON PRESENT	VESSEL/FACILITY -			36. Date of Death					
	JTY WHEN ACCIDENT	OCCURRED -							
37. Activity of Person at Tirr	e of Accident								
38. Specific Location of Acc	dent on Vessel/Facility								
39. Type of Accident (Fail,	Caucht hetween_otr.1		40 Resulting Infune 70	ut, Bruise, Fracture, Burn, etc.)					
			e e resoluignijory (o						
41. Part of Body Injured			42. Equipment Involved	in Accident					
43. Specific Object, Part of t	he Equipment in block 42., or t	Substance (Chemical, Solvent, etc.)	that directly produced the	e Injury.					
<u> </u>		SECTION IV. DESCRIPT							
44. Deseribe hour secident p	ourod damage information a	n alcohol/drug involvement and reco		io sofoti meesuree	instingen and attach additional				
The Master indicated that he thought that on approach to the slips in St George the vessel may have lost pitch command control resulting in a hard landing in slip #5. Passengers were disembarked via gangway on the main deck. Damage was sustained on both the NJ and Bklyn sides at the Staten Island end. Procedures were followed as prescribed in the Staten Island Ferry Safety Management System Emergency Procedures Manual. Captain Garvey (Director of Operations), the Chief Engineer, the USCG and the Ferry Terminal Supervisor at both the St George and Whitehall Terminals were notified. PA announcements									
and the danger signal were sounded prior to the allision. Please see attached sheets for information regarding injured passengers and crew. This list has been compiled from those shown on lists from USCG and NYPD.									
45. Witness (Name, Addres	s, Telephone No.)								
Captain Don 1									
46. Witness (Name, Addres									
A/C Maqbool A			-T	47. 14-					
47. Name (PRINT) (Last, Fi		47b. Address (City, State.		47c. Title	-f. Dr				
• • • •		47b. Address [City, State,	Zip (509)		. of Ferry Ops				
Garvey, John J One Ferry Terminal Drive 47d Telephone No.									
47a. Signature Staten Island, NY 10301									
47e. Date 05/13/10									
// FOR-COAST GUARD USE ONLY REPORTING OFFICE:									
MISLE Incident Investigation Activity Data Entry: MISLE Incident Investigation Activity Number (if applicable)									
NONE PRELIMINARY DATA COLLECTION DINFORMAL FORMAL									
		TOR (Name)	DATE	APPROVED BY (Name)	DATE				
Serious Marine Incident Major Marine Casualty	Yes No								
			i						

From: Furukawa Robert
Sent: Thu 6/3/2010 7:24 PM
To: Stolzenberg Eric; Bowling Larry; Curtis Brian; Karr Michael; Williams Terry
Subject: Re: CountWise: Please Confirm Total# onboard AJB: Passengers, Crew, Concessionaires, Matron, NYPD, etc.

Per the amended CG-2692 of 17-May-2010, please revise figures to 266 persons onboard the Andrew J. Barberi.

Breakdown is: 244 passengers (CountWise); 18 crew; 2 concessionaires; and 2 NYPD officers.

R. Jon Furukawa N w <u>robert.furukawa@ntsb.gov</u>

-----Original Message-----From: Brian Walsh To: R. Jon Furukawa To: Capt David Oravets Cc: Mr. Eric Stolzenberg Cc: James J. Gillette Sent: Jun 3, 2010 13:40 Subject: RE: CountWise: Please Confirm Total# onboard AJB: Passengers, Crew, Concessionaires, Matron, NYPD, etc.

Sorry - my email should have read 2 NYPD Officers.

From: Furukawa Robert [mailto:robert.furukawa@ntsb.gov]

Sent: Thursday, June 03, 2010 12:35 PM

To: Walsh, Brian; Oravets, David

Cc: Stolzenberg Eric; james.j.gillette@uscg.mil

Subject: RE: CountWise: Please Confirm Total# onboard AJB: Passengers, Crew, Concessionaires, Matron, NYPD, etc.

Ok, but this would make it 268 total persons onboard?:

244 pax

18 crew

2 concessionaires

4 NYPD

From: Walsh, Brian [<u>mailto:bwalsh@dot.nyc.gov</u>] Sent: Thursday, June 03, 2010 12:26 PM To: Furukawa Robert; Oravets, David Cc: Stolzenberg Eric; <u>james.j.gillette@uscg.mil</u> Subject: RE: CountWise: Please Confirm Total# onboard AJB: Passengers, Crew, Concessionaires, Matron, NYPD, etc.

Jon,

The USCG 2692 was amended and re-submitted to USCG by John Garvey on 17-May-10. The amended 2692 added 4 NYPD Officers and 2 concession workers to the previous total of 262. This made the total personnel onboard to be 266. I have attached the amended 2692 that was submitted.

r/Brian

								(-	trol No. 1625-00
U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)			T OF MA			ENT,		MISLE		D. G-MOA
		S	ECTION I. GENE	RAL INFO	RMATION					
1. Name of Vessel or Facility			2. Official No.		3. Nationality		4. Call Sig	n	5. USC	CG Certificate of tion issued at:
Andrew J. Barberi			629314		USA		WYR3	370		V York, N
6. Type (Towing, Freight, Fish, Drill,	etc.)	7. Length	8. Gross Tons		9. Year Built		10. Propu	sion (St	team, diese	l, gas, turbine)
Passenger Ferry		310	3335		1981		Die	esel		
11. Hull Material (Steel, Wood)	12. Draft (Ft. FWD	- in.) AFT.	13. If Vessel Class DNV, BV, etc.)	sed, By Whor	m: (AB <mark>S</mark> , LLO	YDS,	14. Date	(of occurr	rence)	15. TIME (Loca
Steel	12'06	12'06"	ABS				Мау	8, 2	2010	0920
16. Location (See Instruction No. 10/	1. Contract (1997)						17. Estima	ated Loss	of Damage	TO:
St George Termina		Island	NY - Slip	#5			1			
18. Name, Address & Telephone No.	50 T						VESS	EL	275,0	00
NYCDOT Staten Isl		У					CARC	90		
One Ferry Termina Staten Island, NY			718-8	76-5026	5		OTHE	R	25,0	00
				10.00						
19. Name of Master or Person in Cha	rge	USCG Lice	nse	20. Na	me of Pilot		1	USCG Li	1	State License
Donald Russell			_	Ma	aqbool A	hmed		X	YES	YES
	0.41	X YES	NO				Tin Cardal		NO	X NO
19a. Street Address (City, State, Zip	C00e)	1 19b. Teleph	one Number 1	20a. S	treet Address	Ully, State,	2/p 0008)		20b. Telepi	hone Number
1 Cosualty Elements (Check	001/ 35 00	nd explain in Blo	ck 44 1							
1. Casualty Elements (Check as m	_	1								
NO. OF PERSONS ON BOA	RD _2620		FLOODING; SWAM				FIREFIGH FAILED C			NCY EQUIPME
DEATH - HOW MANY?			CAPSIZING (with o		ting)		(Describe			
MISSING - HOW MANY?	48		FOUNDERING OR S	0000000000000					IPMENT F. scribe in Bi	
INJURED - HOW MANY?			HEAVY WEATHER	DAMAGE			BLOW OF	IT (Date		
HAZARDOUS MATERIAL RELEASED OR INVOLVEI			FIRE				BLOW OUT (Petroleum exporation/production)			
(Identify Substance and amou	nt in Block 44.)				TV		ALCOHO (Describe			
			COMMERCIAL DIVING CASUALTY			and the second		all summer	cribe in Block 44.	
OIL SPILL - ESTIMATE AMOUNT:			DAMAGE TO AIDS TO NAVIGATION				· · · · · · · · · · · · · · · · · · ·			
CARGO CONTAINER LOST/DAMAGED			STEERING FAILURE				OTHER	(Specify)		
			MACHINERY OR EQUIPMENT FAILURE					(
(Identify other vessel or object	t in Block 44.)		ELECTRICAL FAILURE							
	VAKE DAMAGE	-	STRUCTURAL FAIL							24-2010-000
22. Conditions										
В. \	WEATHER	C. T	IME	D. VISI	BILITY	E. DIS	TANCE (m	niles 1	.0+	
A. Sea or River Conditions	CLEAR	X	DAYLIGHT	XG	GOOD	of vi	sibility)			
(wave height, river stage,] RAIN		TWILIGHT	F	AIR	F. AIR	TEMPERA	TURE 6	50	
	SNOW		NIGHT	P	OOR	(F)			0.00	
	FOG						ECTION	• <u> </u>	st Air	s
	OTHER (Spe	ecify)				H. CU	RRENT SPI	EED T	Ebb	
23. Navigation Information		-			24. Last	. &[DIRECTION		100	24a. Time and
-			ND Var,		Port Wh	itehal	1			Date of Departur
ANCHORED, DOCKED OR FIX		0	OURSE SW Va	r.	Where Bound					0902 050810
25. 25a.	I ON DRIFTING		25b.	25c.			25d. (Des	cribe in E	Block 44.)	020010
NUMBER	Empty Lo	aded Total	TOTAL	MAXIMU	JM Length	Width	-	HING AH	FAD	
FOR OF		1010	H.P. OF	SIZE OF T			12	/ING AST		
TOWING VESSELS			TOWING	WITH TO	1000 C				NGSIDE	
ONLY TOWED			UNITS	BOAT(5455 C		1			-BOAT ON TOW
	S	ECTION II. E	ARGE INFORM						T	G Certificate of
6. Name	26	a. Official Numb	ber	26b. Type	26c. L	ength	26d. Gross	Tons		n Issued at:
									-	
		ih. Draft FWD	AFT	26i. Operati	ing Company					0
26j. Damage Amount			26k. Describe Dan	hage to Barge	3					
BARGE										
CARGO										11.1
OTHER										-/

PREVIOUS EDITION IS	OBSOLETE
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PAGE/2:0F CG-2692 (REV: 06-04)								
			CCIDENT INFORM	ATION				
27. Person Involved	27a. Name (Last, First, Middle Na	ame)			27c. Status			
MALE or FEMALE	Crew							
DEAD INJURED	Passenger							
					Other			
the second se	lephone No.	30. Job Position	1		31. (Check here if off duty)			
32. Employer - (if different from Bloc	ck 18., fill in Name, Address, Telepho	ne No.)						
33. Person's Time		YEAR(S)	MONTH(S)	34. Industry of Employer Crew Supply, Drilling, etc	(Towing, Fishing, Shipping, c.)			
A. IN THIS INDUSTRY -								
B. WITH THIS COMPANY - 35. Was the Injured Person Incapacitated 72 Hours or More?								
C. IN PRESENT JOB OF								
D. ON PRESENT VESSE	EL/FACILITY -	-		36. Date of Death				
	HEN ACCIDENT OCCURRED							
37. Activity of Person at Time of Acc	ident							
38. Specific Location of Accident on V	Vessel/Facility							
39. Type of Accident (Fall, Caught b	etween, etc.)		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)				
41. Part of Body Injured			42. Equipment Involve	d in Accident				
43. Specific Object, Part of the Equip	ment in block 42., or Substance (Che	mical, Solvent, etc.)	that directly produced t	he Injury.				
	SECTION	IV. DESCRIPT	ON OF CASUALTY					
44. Describe how accident occured, or sheets if necessary).	lamage, information on alcohol/drug ir	volvement and reco	mmendations for correc	tive safety measures. (See insi	tructions and attach additional			
The Master indic	ated that he though	t that on	approach to	the slips in St (Seorge the			
	lost pitch command							
	disembarked via gan							
	sides at the State							
	land Ferry Safety M							
	of Operations), th							
	th the St George an							
and the danger s	ignal were sounded	prior to t	he allision.					
					and second management			
	ned sheets for info				nd crew. This			
list has been compiled from those shown on lists from USCG and NYPD.								
45. Witness (Name, Address, Teleph	none No.)							
46. Witness (Name, Address, Teleph	ione No.)							
	SECTION V. PERSON MAKI		CIVIL CONTRACTOR OF CONTRA	47c. Title				
47. Name (PRINT) (Last, First, Middl	47b. Ac	dress (City, State,	Zip Code)		. of Ferry Ops			
Garvey, John J One Ferry Terminal Drive								
47a. Signature Staten Island, NY 10301 917-								
47e. Date 05/13/10								
/ FOR-COAST GUARD USE ONLY REPORTING OFFICE:								
MISLE Incident Investigation Ac	tivity Data Entry:	MISLE	ncident Investigation	n Activity Number (if applica	able)			
	INVESTIGATOR (Name)		DATE	APPROVED BY (Name)	DATE			
Serious Marine Incident Yes								
Major Marine Casualty Yes	NO							