

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-2692 (REV. 06-04)

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

RCS No. G-MOA
MISLEINFORMATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility Andrew J. Barberi		2. Official No. 629314	3. Nationality USA	4. Call Sign WYR3370	5. USCG Certificate of Inspection issued at: New York, NY
6. Type (Towing, Freight, Fish, Drill, etc.) Passenger Ferry	7. Length 310	8. Gross Tons 3335	9. Year Built 1981	10. Propulsion (Steam, diesel, gas, turbine...) Diesel	
11. Hull Material (Steel, Wood...) Steel	12. Draft (Ft. - in.) FWD 12'06" AFT. 12'06"	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) May 8, 2010	15. TIME (Local) 0920
16. Location (See Instruction No. 10A) St George Terminal Staten Island NY - Slip #5				17. Estimated Loss of Damage TO: VESSEL 275,000 CARGO OTHER 25,000	
18. Name, Address & Telephone No. of Operating Co. NYCDOT Staten Island Ferry One Ferry Terminal Drive Staten Island, NY 10301		718-876-5026			
19. Name of Master or Person in Charge Donald Russell		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot Magbool Ahmed	
				USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO State License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code) [REDACTED]		19b. Telephone Number [REDACTED]		20a. Street Address (City, State, Zip Code) [REDACTED] Flushing NY	
				20b. Telephone Number [REDACTED]	

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

NO. OF PERSONS ON BOARD 262 266	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> DEATH - HOW MANY?	<input type="checkbox"/> CAPSIZING (with or without sinking)	<input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> MISSING - HOW MANY?	<input type="checkbox"/> FOUNDERING OR SINKING	<input type="checkbox"/> BLOW OUT (Petroleum exorption/production)
<input checked="" type="checkbox"/> INJURED - HOW MANY? 48	<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:	<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED	<input type="checkbox"/> COMMERCIAL DIVING CASUALTY	
<input checked="" 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 checked="" 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.)	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 checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles of visibility) 10+
				F. AIR TEMPERATURE (F) 60
				G. WIND SPEED & DIRECTION 14 Airs
				H. CURRENT SPEED & DIRECTION Ebb

23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED	<input checked="" type="checkbox"/> UNDERWAY OR DRIFTING	SPEED AND COURSE Var. SW Var.	24. Last Port Where Bound Whitehall	24a. Time and Date of Departure 0902 050810
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25. Towing Information

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
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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 BARGE CARGO OTHER			26k. Describe Damage to Barge [REDACTED]		

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) PLEASE SEE ATTACHED SHEETS FOR INJURED PASSENGERS/CREW 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			34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)	
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 -			_____	_____
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).

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, Address, Telephone No.) Captain Don Russell	
46. Witness (Name, Address, Telephone No.) A/C Maqbool Ahmed	

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle) Garvey, John J	47b. Address (City, State, Zip Code) One Ferry Terminal Drive Staten Island, NY 10301	47c. Title Dir. of Ferry Ops
47a. Signature		47d. Telephone No. 917-_____
		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)	
<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	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)
Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE

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  robert.furukawa@ntsb.gov

-----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 [<mailto:bwalsh@dot.nyc.gov>]

Sent: Thursday, June 03, 2010 12:26 PM

To: Furukawa Robert; Oravets, David

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

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

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>	RCS No. G-MOA MISLE NOTIFICATION NUMBER
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SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility Andrew J. Barberi		2. Official No. 629314	3. Nationality USA	4. Call Sign WYR3370	5. USCG Certificate of Inspection Issued at: New York, NY
6. Type (Towing, Freight, Fish, Drill, etc.) Passenger Ferry		7. Length 310	8. Gross Tons 3335	9. Year Built 1981	10. Propulsion (Steam, diesel, gas, turbine...) Diesel
11. Hull Material (Steel, Wood...) Steel	12. Draft (ft. - in.) FWD 12'06" AFT. 12'06"	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) May 8, 2010	15. TIME (Local) 0920
16. Location (See Instruction No. 10A) St George Terminal Staten Island NY - Slip #5				17. Estimated Loss of Damage TO:	
18. Name, Address & Telephone No. of Operating Co. NYCDOT Staten Island Ferry One Ferry Terminal Drive Staten Island, NY 10301 718-876-5026				VESSEL <u>275,000</u> CARGO _____ OTHER <u>25,000</u>	
19. Name of Master or Person in Charge Donald Russell		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot Maqbool Ahmed	
		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code) [REDACTED]		19b. Telephone Number [REDACTED]		20a. Street Address (City, State, Zip Code) [REDACTED]	
		[REDACTED]		20b. Telephone Number [REDACTED]	

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

NO. OF PERSONS ON BOARD <u>262</u> <input type="checkbox"/> DEATH - HOW MANY? <input type="checkbox"/> MISSING - HOW MANY? <input checked="" type="checkbox"/> INJURED - HOW MANY? <u>48</u> <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 checked="" 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.) <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____	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 checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
		E. DISTANCE (miles of visibility) <u>10+</u>	F. AIR TEMPERATURE (F) <u>60</u>
		G. WIND SPEED & DIRECTION <u>Lt Airs</u>	H. CURRENT SPEED & DIRECTION <u>Ebb</u>

23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING	SPEED <u>Var.</u> AND COURSE <u>SW Var.</u>	24. Last Port Where Bound <u>Whitehall</u>	24a. Time and Date of Departure <u>0902</u> <u>050810</u>
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25. Towing Information

FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED			25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	Length	Width	25d. (Describe in Block 44.)	
	Empty	Loaded	Total					<input type="checkbox"/> PUSHING AHEAD	<input type="checkbox"/> TOWING ASTERN

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 _____			[REDACTED]			

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) PLEASE SEE ATTACHED SHEETS FOR INJURED PASSENGERS/CREW 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			34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)	
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 -			YEAR(S) _____ _____ _____ _____	MONTH(S) _____ _____ _____ _____
			35. Was the Injured Person Incapacitated 72 Hours or More? <input type="checkbox"/>	
			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).

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, Address, Telephone No.)
 [Redacted]

46. Witness (Name, Address, Telephone No.)
 [Redacted]

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle) Garvey, John J		47b. Address (City, State, Zip Code) One Ferry Terminal Drive Staten Island, NY 10301		47c. Title Dir. of Ferry Ops	
47a. Signature [Signature]				47d. Telephone No. 917-[Redacted]	
				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)		
<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	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE	
Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No					