REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT

APPROVED OMB NO. 1625-0001 Expiration Date: 08/31/2008

USCG MISLE ACTIVITY NUMBER

1. Name of vessel			1-VE	OLL III		TION	1				
Donald Russell	zi	2. Official Number D629314		3. Call Sign WYR3370		4. Nationality USA					
 Vessel Type (Freight, Towing, Fishin Passenger Ferry 	ng, MODU, etc.)						7. Gross T 3335	7. Gross Tons			Built
9. Operating Company				10. Mas	ter or Person	in Charge	2233	-	- 1	1981	
Name: New York City	Dept. of Tr	anspor	tation	Na	me: Dona	ld Russ	sell				
Address: 1 Bay Street				No.	dress:						
Staten Island,	NY 10301			Au	u(635)						
Telephone Number: 718-447-	5176			Tel	ephone Numb	er:					
The same of the sa	and the second s				NFORMA	NOITA					
11. Type of Serious Marine Incident (CI		x(es). (See			The state of the s				5.00		
☐ a. Death (Append to I	-orm CG-2692)		1.1		ess of uning 00 gross to					or over	
b. Injury requiring me											9
(Append to Form Co	3-2092)			☐ f. Dis	scharge of	OII OT 10,0	ou gallons	or m	ore in	to U.S	. waters
C. Property damage in		,000	4 / 2 /	□ - s:			bla areas			(2000)	
(Append to Form CG	-2692)				scharge of ubstance in			ty of h	nazard	ious	
d. Loss of inspected v	essel (Append	to		2550		5.51.51.67(1)11.4	7575(5)				
Form CG-2692)	0. 5.5%				elease of a to U.S. env		quantity	of haz	ardou	ıs sub	stance
12. Date of Incident 13. Time (local	al) of Incident	14. Location	n of Incider		and Longitude		(Milepost)				
5/09/2010 0930	i de Francis nan K				l, Slip						
05/08/20101 5	SECTION III-	-PERS	SONNE	EL / TES	STING IN	FORMA	NOITA				
Personnel Directly Involved In Se					and Alcohol 7						
5a. Name (Last, First, Middle Initial)	15b. Licen	sing/Certifi	ication		Test Urine provided	16b. Alco	n provided	5-322	cohol T cimen S		Alcoho
	(Check Ap	propriate E	Box(es))	within 32		within 2 h				T	Test Results
	USCG	USCG				1		1 5	1 8	765	
		27-27-2		VES	NO	VES	NO	ali	8	3res	
Puggell Pengld	License	MMD	Neither	YES	NO	YES	NO	Saliva	Blood	Breath	0.00
	License	X		X		×		X			0.00
Ahmed, Maqbool	License	X		X		X		X			0.00
Ahmed, Maqbool Mulgrew, Kaitlin	License	X		X	000	X		X	000		0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden	License	X X	0000	X	0000	X	0000	X	0000	0000	0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro	License License License License	X	00000	X X	0000	X X X	00000	X	00000	00000	0.00 0.00 0.00 0.00
Russell, Donald Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro	License License License License License	X	00000	X X X X X	0000	X X X X ting blood a	00000	X	00000	00000	0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory	License License Conducting Chemi	X X X X cal Drug T	00000	X X X X 18. Labor or breath	atory conduct	X X X ting blood a	00000	X	00000	00000	0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory	License License Conducting Chemi	X X X X cal Drug T	00000	X X X X X	atory conduc	X X X ting blood a	00000	X	00000	00000	0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic	License License Conducting Chemi	X X X X cal Drug T	00000	X X X X 18. Labor or breath	atory conduct	X X X ting blood a	00000	X	00000	00000	0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic	License License Conducting Chemics - Philade	X X X X cal Drug T	00000	X X X X X X X X X X X X X X X X X X X	atory conduct	X X X ting blood a	00000	X	00000	00000	0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic Address: 400 Egypt Road Norristown, PA	License Lic	X X X X cal Drug T	00000	18. Labor or breath Name:	atory conduct	X X X ting blood a	00000	X	00000	00000	0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic Address: 400 Egypt Road Norristown, PA	License Lic	X X X X cal Drug T	00000	18. Labor or breath Name:	atory conductalcohol test(s	X X X ting blood a	00000	X	00000	00000	0.00 0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic Address: 400 Egypt Road Norristown, PA 1	License Lic	X X X Cal Drug T	00000	18. Labor or breath Name: Address:	atory conductalcohol test(s	X X X ting blood a	00000	X	00000	conduc	0.00 0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic Address: 400 Egypt Road Norristown, PA	License Lic	X X X Cal Drug T	ests	18. Labor or breath Name: Address:	atory conductalcohol test(s	X X X ting blood a	00000	X	00000	conduc	0.00 0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic Address: 400 Egypt Road Norristown, PA Telephone Number: 800-877-74 19. Person Making This Report (Plea	License Lic	X X X Cal Drug T	ests	18. Labor or breath Name: Address:	atory conductalcohol test(s	X X X ting blood a	00000	X	00000	conduc	0.00 0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic Address: 400 Egypt Road Norristown, PA Telephone Number: 800-877-74 19. Person Making This Report (Plea	License Lic	X X X Cal Drug T	ests	18. Labor or breath Name: Address:	atory conductalcohol test(s	X X X ting blood a	00000	X	00000	conduc	0.00 0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic Address: 400 Egypt Road Norristown, PA 19. Person Making This Report (Plea	License Lic	X X X Cal Drug T	ests	18. Labor or breath Name: Address: Telephon: 20. Signa	atory conductalcohol test(s	X X X ting blood a	00000	X	00000	conduct	0.00 0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 17. SAMHSA Accredited Laboratory Name: Quest Diagnostic Address: 400 Egypt Road Norristown, PA 1 Telephone Number: 800-877-74 19. Person Making This Report (Plea	License License License License License License License License	X X X X Cal Drug T	ests	18. Labor or breath Name: Address: Telephon. 20. Signa	atory conductalcohol test(state of the Number lure)	X X X X X X X X X X X X X X X X X X X	clochol test(s	X X X X Or ind	O O O	21. D	0.00 0.00 0.00 0.00 0.00
Ahmed, Maqbool Mulgrew, Kaitlin Codling, Alden Ramirez, Pedro 7. SAMHSA Accredited Laboratory Mame: Quest Diagnostic Address: 400 Egypt Road Norristown, PA Telephone Number: 800-877-74 9. Person Making This Report (Plea	License License License License License License License License License	CG "sei	ests	18. Labor or breath Name: Address: Telephon: 20. Signa	atory conductalcohol test(state of the state	ting blood a	accide	X X X X X X X X X X X X X X X X X X X	ividual	conduction 21. D	0.00 0.00 0.00 0.00 0.00

REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT

APPROVED OMB NO. 1625-0001 Expiration Date: 08/31/2008

USCG MISLE ACTIVITY NUMBER

	SE	CTION	-VES	SEL IN	FORMAT	TION					
1. Name of vessel Donald Russell	BARBE	Ri	2. Official Number D629314		3. Call Sign WYR3370			4. Nationality USA			
 Vessel Type (Freight, Towing, Fishing, MC Passenger Ferry 	ODU, etc.)		THE PERSON		6. Length		7. Gross T 3335				Built
9. Operating Company			-3	10. Mas	ter or Person i	n Charge	3333	-	1-	1901	
Name: New York City Dep	t. of T	ranspor	tation	Na	me: Dona	ld Russ	ell				
Address: 1 Bay Street					dress:		207-19-03-03				
Staten Island, NY	10301			Telephon							
Telephone Number: 718-447-517	76										
	SEC	TION II	-INCI	DENT I	NFORMA	TION		- 64			191
11. Type of Serious Marine Incident (Check)			315			40.00					da :
a. Death (Append to Form	1 CG-2692)	1000	1 100		oss of unins 00 gross tor					t over	
b. Injury requiring medica		nt		_					A 44.00		
(Append to Form CG-26	92)		The State of	☐ f. Dis	scharge of o	oil of 10,0	00 gallons	or me	ore in	to U.S.	waters
C. Property damage in exc		00,000	crise e			1.15.34					
(Append to Form CG-269	(2)				scharge of			y of h	azard	ous	
d. Loss of inspected vess	el (Append	d to	Qigi ma	_				Sec. Vol.	nose e	e un c	
Form CG-2692)			elease of a r		quantity	of haz	ardou	is sub	stance		
2. Date of Incident 13. Time (local) of	Incident	14. Location	n of Incider		and Longitude		Milepost)	7			
5/09/2010 0930		and the same of the same of			l, Slip						
The second secon	TION II	No.	SONNE	A STATE OF THE PARTY OF THE PAR	STING IN	-		office			
 Personnél Directly Involved In Serious Name (Last, First, Middle Initial) 		dent ensing/Certifi	cation		and Alcohol T Test Urine	16b. Alco			cohol T	est	Alcoho
HAUSE CONSIST BUT OF THE FIRE	(0) 1.4	nad inte	19/1 1/2		provided		Specimen provided		cimen S	ource	Test
	USCG	oppropriate E USCG	sox(es))	within 32 hours?		within 2 hours?		Saliva Blood Breath		Breath	Results
	License	MMD	Neither	YES	NO	YES	NO	Sa	8	B	
Cassim, Tuan				×		X		X			0.00
Sylvester, Daniel				X		X		X			0.00
Mitchell, Kenneth				X		X		X			0.00
Barbour, John				X		×		X			0.00
Carroll, Peter				X		X		X			0.00
17. SAMHSA Accredited Laboratory Cond	ducting Cher	nical Drug T	ests		atory conduct alcohol test(s		lcohol test(s) or ind	ividual	conduc	ting saliva
of home, as shown they	HORE CO.			or bream							
Name: Quest Diagnostics	- Phila	delphia		Name:	Dale Her	derson					
Address: 400 Egypt Road				Address:							
Norristown, PA 194	03										
Telephone Number: 800-877-7484			Jen w	Telephon	6						
19. Person Making This Report (Please P.			olinfig.	20. Signa		The same	23 11 -11 -111	DO IN	III)	21. D	ate
			CH DITTO			1	and with	٨		7.75	
Name: John Angelillo											
Name: John Angelillo											
Service in the service of the servic											
Service in the service of the servic										05/	105/201
Name: John Angelillo Address: Telephone Number			Ka s	Title: Po) rt Mate		117 m =			05/1	04/201

requirements. On 05/09/2010 @ 0930, while making its approach, the Ferry Boat Andrew J. Barberi lost backing power which resulted in a "Hard Landing" causing several injuries

REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT

APPROVED OMB NO. 1625-0001 Expiration Date: 08/31/2008

USCG MISLE ACTIVITY NUMBER

1. Name of vessel	=1- 1		- 0		2. Official I		3. Call Sig			4. Natio	onality	
Donald Russell 5. Vessel Type (Freight, Towing, Fishing, I	F/B AN	BREW J	. DAR	2BER!	D629314	1	WYR337		_	USA 8. Year	Duilt	
Passenger Ferry	mobo, etc.)				310'		3335	Olis		1981	Duit	
9. Operating Company		100 7 5 000	-	10. Mast	er or Person i	n Charge			111.77	Vi. 123		
Name: New York City De	ept. of T	ransport	cation	Nan	ne: Dona	ld Russ	ell			7		
Address: 1 Bay Street				Add	ress:							
Staten Island, N	NY 10301			and the same of th								
Telephone Number: 718-447-53					phon							
er es et et wilde de zeus fan i		CTION II-				TION	AU MONTH					
 Type of Serious Marine Incident (Chec a. Death (Append to For 			e) ss of unins	nected e	elf_nronel	lad va	eeal n	of over				
(<i>pp</i>	WHO THE	1 50 60	1000		0 gross to					n ove.		
b. Injury requiring medical treatment				□ f Die	charge of	oil of 10 O	00 gallons	0F m	oro in	10116	wotore	
(Append to Form CG-2	2032)		and the latest	1. DIS	charge of	011 01 10,01	oo ganons	OI III		0.3	. waters	
c. Property damage in ex		00,000		□ a. Dis	scharge of	a reportal	nle quantit	ty of h	azard	lous		
(Append to Form CG-26	092)				bstance in			., 0	uzui	ous		
d. Loss of inspected ves	sel (Appen	d to	T] h Pa	lease of a	ronortable	auantit.	of ba-	ardo.	ie euk	netanna	
Form CG-2692)	Form CG-2692)					ironment	quantity	OI Haz	aruot	io out	Jatance	
12. Date of Incident 13. Time (local)	of Incident				nd Longitude		Milepost)			-		
0930 0930	CTION II	THE RESERVE OF THE PARTY OF THE	The same of the sa	Name and Address of the Owner, where the Owner, which is th	, slip :		TION	-	-		-	
05/08/2010 SE 15. Personnel Directly Involved In Serio			ONNE		and Alcohol T					-	-	
10.1 Discillion Discouly mitorice in Conic									terse!			
15a. Name (Last, First, Middle Initial)	15b. Lice	ensing/Certific	cation	16a. Drug	Test Urine	16b. Alco	hol Test	Ale	cohol 7		Alcoh	
15a. Name (Last, First, Middle Initial)		ensing/Certific			Test Urine provided	16b. Alco	hol Test n provided	Spec	cohol 7 cimen S	Source	Test	
15a. Name (Last, First, Middle Initial)				16a. Drug Specimen within 32 h	Test Urine provided nours?	16b. Alco Specimer within 2 h	hol Test n provided lours?	Spec	cohol 7 cimen S	Source	Test	
Maring and the second re-	(Check A	Appropriate Books USCG MMD	ox(es)) Neither	16a. Drug Specimen within 32 h YES	Test Urine provided nours?	16b. Alco Specimer within 2 h	hol Test n provided lours?	Special Specia	cohol 7	Bource	Test Result	
Lewis, George	(Check A	Appropriate Be USCG MMD	ox(es)) Neither	16a. Drug Specimen within 32 I YES	Test Urine provided nours?	16b. Alco Specimer within 2 h YES	hol Test n provided lours?	Saliva Saliva	cohol 7	Bource	Test Result	
Lewis, George Cloak, Mike	(Check A	Appropriate Be USCG MMD	ox(es)) Neither	16a. Drug Specimen within 32 I	Test Urine provided nours?	16b. Alco Specimer within 2 h YES	hol Test n provided lours? NO	Special Saliva	cohol 7	Breath	0.00 0.00	
Cloak, Mike Herman, Mark *a	(Check A USCG License	Appropriate Bound of MMD	ox(es)) Neither	16a. Drug Specimen within 32 I YES	Test Urine provided nours?	16b. Alco Specimer within 2 h YES	hol Test n provided lours? NO	Special Saliva	cohol 1 cimen S	Breath Breath	0.00 0.00 0.00	
Lewis, George Cloak, Mike	(Check A	Appropriate Bound	Neither	16a. Drug Specimen within 32 l	Test Urine provided nours? NO	16b. Alco Specimer within 2 h YES	hol Test n provided lours? NO	Special Saliva	cohol 1 cimen S	Breath	0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance	(Check A USCG License	Appropriate Bound MMD	Neither	16a. Drug Specimen within 32 I	Test Urine provided nours? NO	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Specific	pool 1	Breath	0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance	(Check A USCG License	Appropriate Bound MMD	Neither	16a. Drug Specimen within 32 I	Test Urine provided nours? NO	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Specific	pool 1	Breath	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 if YES	Test Urine provided nours? NO State of the	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Specific	pool 1	Breath	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 I YES X 18. Labora or breath a Name:	Test Urine provided nours? NO State of the provided nours?	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Specific	pool 1	Breath	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance 17. SAMHSA Accredited Laboratory Co	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 if YES	Test Urine provided nours? NO State of the	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Specific	pool 1	Breath	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance 17. SAMHSA Accredited Laboratory Co Name: Quest Diagnostics Address: 400 Egypt Road Norristown, PA 19	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 I YES X II II 18. Labora or breath a Name: Address:	Test Urine provided nours? NO Atory conduct alcohol test(s	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Specific	pool 1	Breath	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance 17. SAMHSA Accredited Laboratory Co Name: Quest Diagnostics Address: 400 Egypt Road Norristown, PA 19 Telephone Number: 800-877-748	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 I YES X 18. Labora or breath a Name:	Test Urine provided nours? NO Atory conduct alcohol test(s	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Specific	pool 1	Breath	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance 17. SAMHSA Accredited Laboratory Co Name: Quest Diagnostics Address: 400 Egypt Road Norristown, PA 19 Telephone Number: 800-877-748 19. Person Making This Report (Please	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 i YES X II 18. Labora or breath a Name: Address:	Test Urine provided nours? NO Atory conduct alcohol test(s	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Specific	pool 1	Source Feed and the conduction of the conductio	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance 17. SAMHSA Accredited Laboratory Co Name: Quest Diagnostics Address: 400 Egypt Road Norristown, PA 19 Telephone Number: 800-877-748 19. Person Making This Report (Please	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 i YES X II 18. Labora or breath a Name: Address:	Test Urine provided nours? NO Atory conduct alcohol test(s	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Spec	pool 1	Source Feed and the conduction of the conductio	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance 17. SAMHSA Accredited Laboratory Co Name: Quest Diagnostics Address: 400 Egypt Road	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 i YES X II 18. Labora or breath a Name: Address:	Test Urine provided nours? NO Atory conduct alcohol test(s	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Spec	pool 1	Source Feed and the conduction of the conductio	0.00 0.00 0.00 0.00	
Lewis, George Cloak, Mike Herman, Mark *a Williams, Constance 17. SAMHSA Accredited Laboratory Co Name: Quest Diagnostics Address: 400 Egypt Road Norristown, PA 19 Telephone Number: 800-877-748 19. Person Making This Report (Please Name: John Angelillo	(Check A USCG License	Appropriate Bound of the Control of	Neither	16a. Drug Specimen within 32 i YES X II 18. Labora or breath a Name: Address:	Test Urine provided nours? NO Atory conduct alcohol test(s	16b. Alco Specimer within 2 h YES	hol Test n provided ours? NO	All Spec	pool 1	Conduction	0.00 0.00 0.00 0.00	

Barberi lost backing power which resulted in a "Hard Landing" causing several injuries

REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT

APPROVED OMB NO. 1625-0001 Expiration Date: 08/31/2008

USCG MISLE ACTIVITY NUMBER

CG-2692B (04-06)	FOLLOW			ns on reverse		JIDEI41					
	SE	CTION	-VES	SEL INF	ORMA	TION					
Name of vessel Donald Russell	3 ANDRE	J.	BARR	ER!	2. Official I D629314		3. Call Sign WYR337	0		4. Natio	nality
5. Vessel Type (Freight, Towing, Fishing, I				2,2,	6. Length	100	7. Gross T			8. Year 981	Built
Passenger Ferry O. Operating Company	_			10. Maste	r or Person i	n Charge	3335	_		.981	
Name: New York City De	ent. of Tr	ransport	tation			ld Russ	sell				
		- unopos	0000000			20 11001					
Address: 1 Bay Street Staten Island, N	IY 10301			Addi	ress:						
Telephone Number: 718-447-51				Tele	phon						
	SEC	TION II-	-INCII	DENT IN	FORM/	TION					
1. Type of Serious Marine Incident (Check	(C) (C)		Instruction								
a. Death (Append to Form CG-2692)							self-propell nd to Form			fover	
b. Injury requiring medical treatment (Append to Form CG-2692)							00 gallons		0024-080	0115	waters
		20200				01 10,0	os ganons	J. 1111			Water 5
C. Property damage in ex (Append to Form CG-26	I		charge of ostance in		ble quantit	y of h	azard	ous			
d. Loss of inspected ves	1	h. Release of a reportable quantity of hazardous substance into U.S. environment									
2. Date of Incident 13. Time (local)	of Incident			t (Latitude an			d Milepost)				
5/ 09/ 2010 0930 SE	OTIONIU		The state of the s	erminal			ATION		12		
5. Personnel Directly Involved In Serior	CTION III	The second secon	ONNE	L / TES		-	e Instructions		/	_	
5a. Name (Last, First, Middle Initial)	15b. Licer	nsing/Certific	cation	16a. Drug	And the second second second	The same of the sa	ohol Test	the state of the s	cohol T	est	Alcoho
are, may jet to to see with			-	Specimen	provided		n provided	Spec	imen S	ource	Test
	USCG	ppropriate B USCG	ox(es))	within 32 h	ours?	within 2 f	nours?	Saliva	Blood	Breath	Result
	License	MMD	Neither	YES	NO	YES	NO	Sa	8	B.	
Hosmer, Wayne				X		×		×			0.00
Nowacka, Alicia	X	×		X		×		X			0.00
Defonce, Christopher	×	X		×		×		X			0.00
Hild, Hunter	×	×		X		×		X			0.00
Spadaro, Dennis		₹]		X		×		X			0.00
SAMHSA Accredited Laboratory Cor	nducting Chem	ical Drug Te	ests		tory conduct lcohol test(s		ilcohol test(s)	or ind	ividual	conduc	ting saliva
Name: Quest Diagnostics	Philad	alphia	The state of	31.5	Dale Her						
lame: Quest Diagnostics	- FIIIIau	erbura	000	Name: 1	Date ner	ider son					
ddress: 400 Egypt Road				Address:							
Norristown, PA 19	403		3 40								
elephone Number: 800-877-748				Telephor							
9. Person Making This Report (Please	Print)			20. Signa.						21. D	ate
Jame: John Angelillo											
ddress:										-	
										05/	08/20
975 CA1			nn n	Title: Don	t Mate					05/4	9/201
elephone				THIC. FUL	C + 100 C C						
elephone 2. Remarks (See Instructions on R	everse)			Title. FOI	C FACE						
	as per US			arine i	ncident						