

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

**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

(See Instructions on reverse)

SECTION I—VESSEL INFORMATION

1. Name of vessel Donald Russell <i>R/B Andrew J. Barberi</i>		2. Official Number D629314	3. Call Sign WYR3370	4. Nationality USA
5. Vessel Type (Freight, Towing, Fishing, MODU, etc.) Passenger Ferry		6. Length 310'	7. Gross Tons 3335	8. Year Built 1981
9. Operating Company Name: New York City Dept. of Transportation Address: 1 Bay Street Staten Island, NY 10301 Telephone Number: 718-447-5176		10. Master or Person in Charge Name: Donald Russell Address: [REDACTED] Telephone Number: [REDACTED]		

SECTION II—INCIDENT INFORMATION

11. Type of Serious Marine Incident (Check Appropriate Box(es). (See Instructions on Reverse)

<input type="checkbox"/> a. Death (Append to Form CG-2692)	<input type="checkbox"/> e. Loss of uninspected, self-propelled vessel of over 100 gross tons (Append to Form CG-2692)
<input checked="" type="checkbox"/> b. Injury requiring medical treatment (Append to Form CG-2692)	<input type="checkbox"/> f. Discharge of oil of 10,000 gallons or more into U.S. waters
<input type="checkbox"/> c. Property damage in excess of \$100,000 (Append to Form CG-2692)	<input type="checkbox"/> g. Discharge of a reportable quantity of hazardous substance into U.S. waters
<input type="checkbox"/> d. Loss of inspected vessel (Append to Form CG-2692)	<input type="checkbox"/> h. Release of a reportable quantity of hazardous substance into U.S. environment

12. Date of Incident: 05/09/2010
13. Time (local) of Incident: 0930
14. Location of Incident (Latitude and Longitude or River and Milepost): St. George Terminal, Slip # 5.

SECTION III—PERSONNEL / TESTING INFORMATION

15. Personnel Directly Involved in Serious Marine Incident				16. Drug and Alcohol Testing (See Instructions on reverse)							
15a. Name (Last, First, Middle Initial)	15b. Licensing/Certification			16a. Drug Test Urine Specimen provided within 32 hours?		16b. Alcohol Test Specimen provided within 2 hours?		Alcohol Test Specimen Source			Alcohol Test Results
	USCG License	USCG MMD	Neither	YES	NO	YES	NO	Saliva	Blood	Breath	
Russell, Donald	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Ahmed, Maqbool	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Mulgrew, Kaitlin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Codling, Alden	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Ramirez, Pedro	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00

17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: Quest Diagnostics - Philadelphia Address: 400 Egypt Road Norristown, PA 19403 Telephone Number: 800-877-7484	18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s) Name: Dale Henderson Address: [REDACTED] Telephone Number: [REDACTED]
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19. Person Making This Report (Please Print) Name: John Angelillo Address: [REDACTED] Telephone Number: [REDACTED]	20. Signature [REDACTED] Title: Port Mate	21. Date 05/09/2010
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22. Remarks (See Instructions on Reverse)
All testing was done as per USCG "serious marine incident," post accident drug testing 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

SECTION I—VESSEL INFORMATION

<p>1. Name of vessel Donald Russell <i>F/B Andrew J. Barberi</i></p> <p>5. Vessel Type (Freight, Towing, Fishing, MODU, etc.) Passenger Ferry</p> <p>9. Operating Company Name: New York City Dept. of Transportation Address: 1 Bay Street Staten Island, NY 10301 Telephone Number: 718-447-5176</p>	<p>2. Official Number D629314</p> <p>6. Length 310'</p> <p>10. Master or Person in Charge Name: Donald Russell Address: [REDACTED] Telephone: [REDACTED]</p> <p>3. Call Sign WYR3370</p> <p>7. Gross Tons 3335</p> <p>4. Nationality USA</p> <p>8. Year Built 1981</p>
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SECTION II—INCIDENT INFORMATION

11. Type of Serious Marine Incident (Check Appropriate Box(es). (See Instructions on Reverse)

<p><input type="checkbox"/> a. Death (Append to Form CG-2692)</p> <p><input checked="" type="checkbox"/> b. Injury requiring medical treatment (Append to Form CG-2692)</p> <p><input type="checkbox"/> c. Property damage in excess of \$100,000 (Append to Form CG-2692)</p> <p><input type="checkbox"/> d. Loss of inspected vessel (Append to Form CG-2692)</p>	<p><input type="checkbox"/> e. Loss of uninspected, self-propelled vessel of over 100 gross tons (Append to Form CG-2692)</p> <p><input type="checkbox"/> f. Discharge of oil of 10,000 gallons or more into U.S. waters</p> <p><input type="checkbox"/> g. Discharge of a reportable quantity of hazardous substance into U.S. waters</p> <p><input type="checkbox"/> h. Release of a reportable quantity of hazardous substance into U.S. environment</p>
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12. Date of Incident: **05/09/2010** 13. Time (local) of Incident: **0930** 14. Location of Incident (Latitude and Longitude or River and Milepost): **St. George Terminal, Slip # 5.**

SECTION III—PERSONNEL / TESTING INFORMATION

15. Personnel Directly Involved In Serious Marine Incident				16. Drug and Alcohol Testing (See Instructions on reverse)					Alcohol Test Results		
15a. Name (Last, First, Middle Initial)	15b. Licensing/Certification (Check Appropriate Box(es))			16a. Drug Test Urine Specimen provided within 32 hours?		16b. Alcohol Test Specimen provided within 2 hours?		Alcohol Test Specimen Source			
	USCG License	USCG MMD	Neither	YES	NO	YES	NO	Saliva	Blood	Breath	
Cassim, Tuan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Sylvester, Daniel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Mitchell, Kenneth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Barbour, John	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Carroll, Peter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00

<p>17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: Quest Diagnostics - Philadelphia Address: 400 Egypt Road Norristown, PA 19403 Telephone Number: 800-877-7484</p>	<p>18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s) Name: Dale Henderson Address: [REDACTED] Telephone: [REDACTED]</p>
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<p>19. Person Making This Report (Please Print) Name: John Angelillo Address: [REDACTED] Telephone Number: [REDACTED]</p>	<p>20. Signature [REDACTED] Title: Port Mate</p>	<p>21. Date 05/09/2010</p>
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22. Remarks (See Instructions on reverse)
All testing was done as per USCG "serious marine incident," post accident drug testing 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

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SECTION I—VESSEL INFORMATION

1. Name of vessel Donald Russell F/B ANDREW J. BARBERI		2. Official Number D629314	3. Call Sign WYR3370	4. Nationality USA
5. Vessel Type (Freight, Towing, Fishing, MODU, etc.) Passenger Ferry		6. Length 310'	7. Gross Tons 3335	8. Year Built 1981
9. Operating Company Name: New York City Dept. of Transportation Address: 1 Bay Street Staten Island, NY 10301 Telephone Number: 718-447-5176		10. Master or Person in Charge Name: Donald Russell Address: [REDACTED] Telephone: [REDACTED]		

SECTION II—INCIDENT INFORMATION

11. Type of Serious Marine Incident (Check Appropriate Box(es). (See Instructions on Reverse)

<input type="checkbox"/> a. Death (Append to Form CG-2692)	<input type="checkbox"/> e. Loss of uninspected, self-propelled vessel of over 100 gross tons (Append to Form CG-2692)
<input checked="" type="checkbox"/> b. Injury requiring medical treatment (Append to Form CG-2692)	<input type="checkbox"/> f. Discharge of oil of 10,000 gallons or more into U.S. waters
<input type="checkbox"/> c. Property damage in excess of \$100,000 (Append to Form CG-2692)	<input type="checkbox"/> g. Discharge of a reportable quantity of hazardous substance into U.S. waters
<input type="checkbox"/> d. Loss of inspected vessel (Append to Form CG-2692)	<input type="checkbox"/> h. Release of a reportable quantity of hazardous substance into U.S. environment

12. Date of Incident: 05/09/2010
13. Time (local) of Incident: 0930
14. Location of Incident (Latitude and Longitude or River and Milepost): St. George Terminal, Slip # 5.

SECTION III—PERSONNEL / TESTING INFORMATION

15. Personnel Directly Involved In Serious Marine Incident

15a. Name (Last, First, Middle Initial)	15b. Licensing/Certification			16a. Drug Test Urine Specimen provided within 32 hours?		16b. Alcohol Test Specimen provided within 2 hours?		16c. Alcohol Test Specimen Source			Alcohol Test Results
	USCG License	USCG MMD	Neither	YES	NO	YES	NO	Saliva	Blood	Breath	
Lewis, George		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Cloak, Mike		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Herman, Mark *a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.00
Williams, Constance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00

17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests
Name: Quest Diagnostics - Philadelphia
Address: 400 Egypt Road
Norristown, PA 19403
Telephone Number: 800-877-7484

18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s)
Name: Dale Henderson
Address: [REDACTED]
Telephone: [REDACTED]

19. Person Making This Report (Please Print)
Name: John Angelillo
Address: [REDACTED]
Telephone Number: [REDACTED]

20. Signature: [REDACTED]
Title: Port Mate

21. Date: 05/09/2010

22. Remarks (See Instructions on Reverse)
All testing was done as per USCG "serious marine incident," post accident drug testing 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

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15. Personnel Directly Involved in Serious Marine Incident				16. Drug and Alcohol Testing (See Instructions on reverse)					
15a. Name (Last, First, Middle Initial)	15b. Licensing/Certification (Check Appropriate Box(es)) USCG License USCG MMD Neither			16a. Drug Test Urine Specimen provided within 32 hours?	16b. Alcohol Test Specimen provided within 2 hours?	Alcohol Test Specimen Source			Alcohol Test Results
				YES NO	YES NO	Saliva	Blood	Breath	
Hosmer, Wayne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Nowacka, Alicia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Defonce, Christopher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Hild, Hunter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
Spadaro, Dennis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00

17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: Quest Diagnostics - Philadelphia Address: 400 Egypt Road Norristown, PA 19403 Telephone Number: 800-877-7484		18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s) Name: Dale Henderson Address: [REDACTED] Telephone: [REDACTED]	
19. Person Making This Report (Please Print) Name: John Angelillo Address: [REDACTED] Telephone: [REDACTED]		20. Signature [REDACTED] Title: Port Mate	
		21. Date 05/08/2010 05/09/2010	

22. Remarks (See Instructions on Reverse)
All testing was done as per USCG "serious marine incident," post accident drug testing 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