

**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 EL FARO		2. Official No. 561732	3. Nationality USA	4. Call Sign WFJK	5. USCG Certificate of Inspection issued at: SAN JUAN, PR						
6. Type (Towing, Freight, Fish, Drill, etc.) FREIGHT	7. Length 790 FT	8. Gross Tons 31,515	9. Year Built 1975	10. Propulsion (Steam, diesel, gas, turbine...) STEAM							
11. Hull Material (Steel, Wood...) STEEL	12. Draft (Ft. - in.) FWD 28 FT AFT 32 FT	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) 01 OCT 2015	15. TIME (Local) Unknown						
16. Location (See Instruction No. 10A) AT SEA (Last Known Pos - 0716) LAT 23-25.22N, LONG 073-52.68W				17. Estimated Loss of Damage TO:							
18. Name, Address & Telephone No. of Operating Co. TOTE SERVICES, INC. 10550 Deerwood Park Blvd, Suite 602 Jacksonville, FL 32256 (Tel# 904-248-4700)				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">VESSEL</td> <td style="width:50%; border-bottom: 1px solid black;">TOTAL LOSS</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CARGO</td> <td style="border-bottom: 1px solid black;">TOTAL LOSS</td> </tr> <tr> <td style="border-bottom: 1px solid black;">OTHER</td> <td style="border-bottom: 1px solid black;">TOTAL LOSS</td> </tr> </table>		VESSEL	TOTAL LOSS	CARGO	TOTAL LOSS	OTHER	TOTAL LOSS
VESSEL	TOTAL LOSS										
CARGO	TOTAL LOSS										
OTHER	TOTAL LOSS										
19. Name of Master or Person in Charge Michael C. Davidson		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot N/A							
				USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO							
				State License <input 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.)

NO. OF PERSONS ON BOARD <u>33</u> <input checked="" type="checkbox"/> DEATH - HOW MANY? <u>33</u> <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input checked="" type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED <i>(Identify Substance and amount in Block 44.)</i> <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input checked="" type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION <i>(Identify other vessel or object in Block 44.)</i> <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 checked="" 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 <i>(Describe in Block 44.)</i> <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT <i>(Describe in Block 44.)</i> <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____ _____ _____
---	---	--

22. Conditions

A. Sea or River Conditions (wave height, river stage, etc.) Per Capt. 12ft	B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input checked="" type="checkbox"/> OTHER (Specify) <u>Joaquin</u>	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 type="checkbox"/> POOR	E. DISTANCE (miles of visibility) <u>Unknown</u>	F. AIR TEMPERATURE (F) <u>Unknown</u>	G. WIND SPEED & DIRECTION <u>Unknown</u>	H. CURRENT SPEED & DIRECTION <u>Unknown</u>
--	---	--	--	--	---------------------------------------	--	---

23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING	SPEED AND COURSE <u>Unknown</u>	24. Last Port Where Bound <u>Jacksonville, FL</u> 24a. Time and Date of Departure <u>9/29/15 2148</u>
--	---------------------------------	--

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

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 checked="" type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) CREW INFORMATION PREVIOUSLY PROVIDED TO COAST GUARD 27b. Address (City, State, Zip Code)		27c. Status <input checked="" type="checkbox"/> Crew <input type="checkbox"/> Passenger <input checked="" 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 -			Shipping		
B. WITH THIS COMPANY -			35. Was the Injured Person Incapacitated 72 Hours or More?		
C. IN PRESENT JOB OR POSITION -			36. Date of Death		
D. ON PRESENT VESSEL/FACILITY -			10/1/15		
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -					
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>On September 29, 2015, the EL FARO commenced a voyage from Jacksonville, Florida to San Juan, Puerto Rico. Before departure and during the voyage, the Master monitored a tropical storm, which later developed into Hurricane Joaquin. On September 30, 2015, the Master emailed Tote Services that he had altered the vessel's course to account for the hurricane's expected track. On October 1, 2015, at approximately 0700, the Master called the mobile phone of the Designated Person Ashore, Capt. John Lawrence, and left a voice message that a scuttle had popped open allowing water into hold No. 3 and that the vessel was experiencing a list. On October 1, 2015, at approximately 0706, Capt. Lawrence and the Master spoke by phone and the Master further reported the ship had lost propulsion and that he would activate the vessel's emergency alarms. After receiving a text alert that the EL FARO's Ship Security Alert System had been activated, at approximately 0724 Captain Lawrence contacted the U.S. Coast Guard Rescue Coordination Center. No further contact was made with the vessel. A massive search and rescue effort was conducted; that effort was suspended on October 7, 2015. The vessel and her crew are presumed lost. (ID of HAZMAT cargo aboard available upon request).</p>					
45. Witness to Casualty (Name, Address, Telephone No.) None					
46. Witness to Casualty (Name, Address, Telephone No.) None					
SECTION V. PERSON MAKING THIS REPORT					
47. Name (PRINT) (Last, First, Middle) Peterson, Kenneth Lee			47c. Title Dir. Marine Service		
47a. Signature			47b. Address (City, State, Zip Code) 10550 Deerwood Park Blvd., Ste 602 Jacksonville, FL 32256		
			47d. Telephone No. [REDACTED]		
			47e. Date 10/26/15		
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					