

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

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

R.C.S. No. G-MOA
MISLE NOTIFICATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility: S.S. EL FARO		2. Official No. 561732	3. Nationality USA	4. Call Sign WFJK	5. Certificate of Inspection Issued at: SAN JUAN, PR.
6. Type (Towing, Freight, Fish, Drill, etc.) FREIGHT SHIP	7. Length 736.8	8. Gross Tons 17,527	9. Year Built 1975	10 Propulsion (Steam, diesel, gas, turbine...) STEAM	
11. Hull Material (Steel, Wood...) STEEL	12. Draft (Ft. - in) FWD 26-00 AFT 29-00	13. If Vessel Classified, By Whom (ABS, LLOYDS, DNV, BV, etc) ABS		14 Date (of occurrence) 03/14/15	15. TIME (local) 0824
16. Location Latitude: 18-28.5 N / Longitude: 066-07 W				17. Estimated Loss of Damage To:	
18. Name, Address & Telephone No. of Operating Co. TOTE SERVICES INC. 10550 Deerwood Park Blvd., Suite 600 Jacksonville, FL 32256 (856) 770-1600				VESSEL _____	
				CARGO _____	
				OTHER _____	
19. Name of Master or Person in Charge Bror Eric Axelsson	USCG License YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20. Name of Pilot N/A		USCG License YES <input type="checkbox"/> NO <input type="checkbox"/>	State License YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. Telephone No. [REDACTED]		20a. Street Address City, State, Zip Code)		20b. Telephone No.	

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

<input checked="" type="checkbox"/> NO. OF PERSONS ON BOARD 25 <input type="checkbox"/> DEATH - HOW MANY? <input type="checkbox"/> MISSING - HOW MANY? <input type="checkbox"/> INJURED - HOW MANY? <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 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 type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE
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FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44).
 LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44).
 BLOW OUT (Petroleum exaporation/production)
 ALCOHOL INVOLVEMENT (Describe in Block 44).
 DRUG INVOLVEMENT (Describe in Block 44).
 OTHER (Specify).

 Loss of Lube Oil Pressure

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"/> DAY <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) 20.0		F. AIR TEMPERATURE (F) 80.0	
G. WIND SPEED & DIRECTION 18 kts E		H. CURRENT SPEED & DIRECTION .5 kts W	

23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED	SPEED AND COURSE 8.5 kts 000 T	24. Last Port San Juan, PR.	24a. Time and Date of Departure 0912 03/14/15
<input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING		Where Bound Jacksonville, FL.	

25. FOR TOWING ONLY

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

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) <hr/> 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 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)	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc) <hr/> 35. Was the Injured Person Incapacitated 72 hours or more? <hr/> 36. Date of Death
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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.)

Upon debarking the San Juan pilot, The Bridge was notified the oiler in lieu of opening the Salt Water Cooling Water to the Main Engine Lube Oil Coolers, the oiler closed the lube oil outlet valve on the cooler. Not knowing the oiler changed any valves, the Engineers changed over the discharge strainer figuring that was the issue with no flow. While having the shaft stopped the oiler secured the lube outlet valve dumping the gravity tank. The Engineer opened the valves, filled the gravity tank restoring lube oil pressure. Lube oil pressure back to normal, Continued underway.

45. Witness (Name, Address, Telephone No.)
 James M. Robinson, C/P 38 Spruce Street, East Millinocket, ME 04430 (207) 447-8755

46. Witness (Name, Address, Telephone No.)

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINTED) (Last, First, Middle) Bro Eric Axelsson	47b. Address (City, State, Zip Code) [REDACTED]	47c. Title Master
		47d. Telephone No. [REDACTED]
		47e. Date 03/14/15

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry:		MISLE Incident Investigation Activity Number (If applicable):	
<input type="checkbox"/> PRELIMINARY	<input type="checkbox"/> DATA COLLECTION	<input type="checkbox"/> INFORMAL	<input type="checkbox"/> FORMAL
See Name Injured?	<input type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATOR (Name)	DATE
Mar. Person Casually?	<input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED BY (Name)	DATE