

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No: 1625-0001
Exp. Date: 03/31/2019

REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY

Section I - Reporting Vessel/Facility Information

1. Vessel or Facility Name DESTINATION		2. Vessel Official Number or IMO Number ON 632374		3. Vessel Flag USA	
4. Vessel Length 110 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 252		6. Vessel Propulsion Type single screw/diesel	
7. Vessel or Facility Type fishing vessel		8. Vessel or Facility Service or Occupation commercial fishing vessel			
9. FOR TOWING ONLY	9a. Arrangement:	9b. Number of Vessels Towed:	9c. Maximum Size of Tow/Tow-Boat(s):		9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes complete and attach one or more CG-2692A forms to this report)</i>
	<input type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside		Empty _____ Loaded _____ Total _____	Length _____ feet Width _____ feet	

Section II - Reason for Submitting this Report (Check all that apply)

10. The above vessel was involved in a Marine Casualty consisting in (46 CFR 4.05-1 and 4.05-10):

- 1. Unintended grounding or an unintended strike of (allision with) a bridge
- 2. Intended grounding or intended strike of a bridge that created a hazard to navigation, the environment or the safety of the vessel, or that meets any of the criteria in 3 through 8 below
- 3. Loss of main propulsion, primary steering, or any associated component or control system that reduces the maneuverability of the vessel
- 4. Occurrence materially and adversely affected the vessel's seaworthiness or fitness for service or route
- 5. Loss of life
- 6. Injury that requires professional medical treatment (treatment beyond first aid) and, if the person is engaged or employed on board a vessel in commercial service, that renders the individual unfit to perform his or her routine duties
- 7. Occurrence causing property damage in excess of \$25,000
- 8. Occurrence involving significant harm to the environment

11. The above facility or vessel was involved in a Commercial Diving Casualty involving (46 CFR 197.484):

- 1. Loss of life
- 2. Diving-related injury to any person causing incapacitation for more than 72 hours
- 3. Diving-related injury to any person requiring hospitalization for more than 24 hours

12. The above facility or vessel was involved in an OCS Facility Casualty Resulting in (33 CFR 146.30 and 146.35):

- 1. Death
- 2. Injury to 5 or more persons in a single incident
- 3. Injury causing any person to be incapacitated for more than 72 hours
- 4. OCS Facility only - Damage affecting the usefulness of primary lifesaving or firefighting equipment
- 5. OCS Facility only - Damage to the facility exceeding \$25,000 resulting from a collision by a vessel with the facility
- 6. OCS Facility only - Damage to a floating OCS facility exceeding \$25,000

Section III - Associated Parties Information (Fill all fields that apply)

13. Name of Owner E/V DESTINATION INC.		Telephone	14. Name of Operator or Manager David Wilson / Manager		Telephone
Address		Email address	Address		Email address
15. Name of Master or Person-In-Charge (Last, First, Middle) Hathaway, Jeff		Telephone	16. Name of Agent (Last, First, Middle)		Telephone
Address		Email address	Address		Email address
17. Name of Dive Supervisor (Last, First, Middle)		Telephone	18. Name of Pilot (Last, First, Middle)		Telephone
Address		Email address	Address		Email address

Section IV - Casualty Information

19. Date/Time (local) of Occurrence 2/11/17 0615hrs		20. Location-Name of Body of Water or Waterway: Latitude: 56.40.26N Bering Sea Longitude: 169.51.39W		River Mile Marker: OR
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$2.5 mln Cargo: \$ Facility: \$ Other: \$		Describe the Extent of Property Damage total loss of the vessel		
22. Status of Involved Persons (If there are 1 or more injured, dead or missing persons complete and attach one or more CG-2692C forms to this Report)				
Total Number of Persons: On Board the Vessel: 6 Injured: Dead: Missing: 6				

Section IV - Casualty Information (continued)

23. Was This Casualty a Serious Marine Incident (SMI) as Defined in 46 CFR 4.03-2?

Yes No Not at this Time, But is Likely to Become an SMI (If Yes or Is Likely to Become an SMI complete/attach one or more CG-2692B forms to this report)

24a. Is there any evidence of alcohol or drug use by or intoxication of individuals directly involved in the casualty?

Yes No (If Yes, identify those individuals for whom evidence has been obtained and specify the method to obtain such evidence in block 24c)

24b. Did any individual directly involved in a casualty refuse to submit to, or cooperate in, the administration of a timely chemical test, when directed by a law enforcement officer or by the marine employer?

Yes No (If Yes, note the individual(s) who refused in block 24c)

24c. Individuals with evidence of drug or alcohol use, evidence of intoxication, or who refused to submit/cooperate in a timely chemical test (if more space is needed, continue in block 25c)

24d. Is there evidence that alcohol use contributed to this casualty?

Yes No (If Yes, discuss in block 25b)

25. Nature and Circumstance of the Casualty:

25a. Activity or Operation Being Conducted at the Time of the Casualty:

On the way from Dutch Harbor, Alaska to Saint Paul Island, Alaska

25b. Description of the Casualty (casualty events and the conditions and actions that were believed to be causal factors as well as any hazards created as a result of the casualty. Attach additional sheets if necessary.):

Vessel was on the way from Dutch Harbor, Alaska to Saint Paul Island, Alaska. Vessel's EPIRB sent a signal at approximately 0615hrs local time. At the time the vessel was near the St. George Island. What happened is unknown. The USCG, Good Samaritan vessels and local residents of St. George Island conducted search and rescue operations. The vessel was not located. No survivors were located.

25c. Any other comments, including with respect to use of or need for emergency response equipment:

Section V - Person Making this Report

24. Name (PRINT) (Last, First, Middle) David Wilson	25. [Redacted]	26. Date 2-14-17
27. Title manager	28. Address [Redacted]	
29. Telephone No. [Redacted]	30. Email [Redacted]	

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
PERSONNEL CASUALTY ADDENDUM

OMB No: 1625-0001
Exp. Date: 03/31/2019

Note: This form shall be used to report data on persons who were injured, killed, or are missing as a result of the marine casualty described on form CG-2692. This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information - Casualty Date/Time

1. Vessel or Facility Name DESTINATION	2. Date/Time (local) of Occurrence 02/11/2017 0615hrs
---	--

Section II - Injured, Dead, and Missing Person Details

3a. Name (Last, First, Middle) Hamik, Kai		3b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: deckhand		3c. Status <input type="checkbox"/> Injured <input checked="" type="checkbox"/> Dead <input type="checkbox"/> Missing	
3d. Address [REDACTED]		3e. Telephone [REDACTED]		3f. Email Address [REDACTED]	
		3g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		3h. Date of Birth [REDACTED]	
				3i. Date of Death 0 [REDACTED]	

3j. Activity of Person at Time of Casualty: unknown

3k. Location on Vessel or Facility Where Casualty Occurred: Bering Sea

3l. Extent of Injuries to Person (Parts of Body and Type of Injuries): missing - presumed dead

4a. Name (Last, First, Middle)		4b. Relationship to Vessel or Facility		4c. Status	
4d. Address		<input type="checkbox"/> Crew - Position: _____		<input type="checkbox"/> Injured	
		<input type="checkbox"/> Passenger		<input type="checkbox"/> Dead	
		<input type="checkbox"/> Other - Describe: _____		<input type="checkbox"/> Missing	
4e. Telephone		4f. Email Address		4g. For Crew - On Duty at Time?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				4h. Date of Birth	
				4i. Date of Death	

4j. Activity of Person at Time of Casualty:

4k. Location on Vessel or Facility Where Casualty Occurred:

4l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

5a. Name (Last, First, Middle)		5b. Relationship to Vessel or Facility		5c. Status	
5d. Address		<input type="checkbox"/> Crew - Position: _____		<input type="checkbox"/> Injured	
		<input type="checkbox"/> Passenger		<input type="checkbox"/> Dead	
		<input type="checkbox"/> Other - Describe: _____		<input type="checkbox"/> Missing	
5e. Telephone		5f. Email Address		5g. For Crew - On Duty at Time?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				5h. Date of Birth	
				5i. Date of Death	

5j. Activity of Person at Time of Casualty:

5k. Location on Vessel or Facility Where Casualty Occurred:

5l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

6a. Name (Last, First, Middle)		6b. Relationship to Vessel or Facility		6c. Status	
6d. Address		<input type="checkbox"/> Crew - Position: _____		<input type="checkbox"/> Injured	
		<input type="checkbox"/> Passenger		<input type="checkbox"/> Dead	
		<input type="checkbox"/> Other - Describe: _____		<input type="checkbox"/> Missing	
6e. Telephone		6f. Email Address		6g. For Crew - On Duty at Time?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				6h. Date of Birth	
				6i. Date of Death	

6j. Activity of Person at Time of Casualty:

6k. Location on Vessel or Facility Where Casualty Occurred:

6l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

7a. Name (Last, First, Middle)		7b. Relationship to Vessel or Facility		7c. Status	
7d. Address		<input type="checkbox"/> Crew - Position: _____		<input type="checkbox"/> Injured	
		<input type="checkbox"/> Passenger		<input type="checkbox"/> Dead	
		<input type="checkbox"/> Other - Describe: _____		<input type="checkbox"/> Missing	
7e. Telephone		7f. Email Address		7g. For Crew - On Duty at Time?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				7h. Date of Birth	
				7i. Date of Death	

7j. Activity of Person at Time of Casualty:

7k. Location on Vessel or Facility Where Casualty Occurred:

7l. Extent of Injuries to Person (Parts of Body and Type of Injuries):

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
PERSONNEL CASUALTY ADDENDUM

OMB No: 1625-0001
Exp. Date: 03/31/2019

Note: This form shall be used to report data on persons who were injured, killed, or are missing as a result of the marine casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information - Casualty Date/Time

1. Vessel or Facility Name DESTINATION	2. Date/Time (local) of Occurrence 02/11/2017 0615hrs
---	--

Section II - Injured, Dead, and Missing Person Details

3a. Name (Last, First, Middle) Hathaway, Jeff		3b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: captain <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____		3c. Status <input type="checkbox"/> Injured <input checked="" type="checkbox"/> Dead <input type="checkbox"/> Missing
3d. Address ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████		3g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		3h. Date of Birth 10/02/1956
3e. Telephone ██████████	3f. Email Address ██████████	3i. Date of Death 02/11/2017		

3j. Activity of Person at Time of Casualty: unknown

3k. Location on Vessel or Facility Where Casualty Occurred: Bering Sea

3l. Extent of Injuries to Person (Parts of Body and Type of Injuries): missing - presumed dead

4a. Name (Last, First, Middle) Jones, Glen		4b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: deckhand/engineer <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____		4c. Status <input type="checkbox"/> Injured <input checked="" type="checkbox"/> Dead <input type="checkbox"/> Missing
4d. Address ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████		4g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		4h. Date of Birth ██████████
4e. Telephone ██████████	4f. Email Address ██████████	4i. Date of Death 0 ██████████		

4j. Activity of Person at Time of Casualty: unknown

4k. Location on Vessel or Facility Where Casualty Occurred: Bering Sea

4l. Extent of Injuries to Person (Parts of Body and Type of Injuries): missing - presumed dead

5a. Name (Last, First, Middle) Vincler, Ray		5b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: deckhand <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____		5c. Status <input type="checkbox"/> Injured <input checked="" type="checkbox"/> Dead <input type="checkbox"/> Missing
5d. Address ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████		5g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		5h. Date of Birth ██████████
5e. Telephone ██████████	5f. Email Address ██████████	5i. Date of Death ██████████		

5j. Activity of Person at Time of Casualty: unknown

5k. Location on Vessel or Facility Where Casualty Occurred: Bering Sea

5l. Extent of Injuries to Person (Parts of Body and Type of Injuries): missing - presumed dead

6a. Name (Last, First, Middle) Seibold, Darrik		6b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: deckhand <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____		6c. Status <input type="checkbox"/> Injured <input checked="" type="checkbox"/> Dead <input type="checkbox"/> Missing
6d. Address ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████		6g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		6h. Date of Birth 0 ██████████
6e. Telephone ██████████	6f. Email Address ██████████	6i. Date of Death 0 ██████████		

6j. Activity of Person at Time of Casualty: unknown

6k. Location on Vessel or Facility Where Casualty Occurred: Bering Sea

6l. Extent of Injuries to Person (Parts of Body and Type of Injuries): missing - presumed dead

7a. Name (Last, First, Middle) ██████████ ██████████		7b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: deckhand <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____		7c. Status <input type="checkbox"/> Injured <input checked="" type="checkbox"/> Dead <input type="checkbox"/> Missing
7d. Address ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████		7g. For Crew - On Duty at Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		7h. Date of Birth ██████████
7e. Telephone ██████████	7f. Email Address ██████████	7i. Date of Death ██████████		

7j. Activity of Person at Time of Casualty: unknown

7k. Location on Vessel or Facility Where Casualty Occurred: Bering Sea

7l. Extent of Injuries to Person (Parts of Body and Type of Injuries): missing - presumed dead