

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA MISLE NOTIFICATION NUMBER					
SECTION I. GENERAL INFORMATION											
1. Name of Vessel or Facility MV Malaspina		2. Official No. 290288		3. Nationality USA		4. Call Sign WI6803					
5. USCG Certificate of Inspection issued at: JUNEAU, AK		6. Type (Towing, Freight, Fish, Drill, etc.) RORO - PASSENGER FERRY		7. Length 370.17		8. Gross Tons 2928					
9. Year Built 1963		10. Propulsion (Steam, diesel, gas, turbine...) DIESEL		11. Hull Material (Steel, Wood...) STEEL		12. Draft (Ft. - in.) FWD NA AFT NA					
13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) 2/7/12		15. TIME (Local) 1150							
16. Location (See Instruction No. 10A) Ketchikan, AK - @ ASD - DRYDOCK				17. Estimated Loss of Damage TO: VESSEL <u>499,000 -est</u> CARGO _____ OTHER _____							
18. Name, Address & Telephone No. of Operating Co. State of Alaska, AMHS - 7559 N Tongass Rd., Ketchikan, AK 99901											
19. Name of Master or Person in Charge Christian S. Biagi		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot		USCG License State License <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO					
19a. Street Address (City, State, Zip Code) [REDACTED]		19b. Telephone Number [REDACTED]		20a. Street Address (City, State, Zip Code)		20b. Telephone Number					
21. Casualty Elements (Check as many as needed and explain in Block 44.)											
NO. OF PERSONS ON BOARD <u>12</u> <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 checked="" 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 (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <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.) na-in drydock		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"/> DAYLIGHT <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) <u>10+</u> F. AIR TEMPERATURE (F) <u>45</u> G. WIND SPEED & DIRECTION <u>minimal</u> H. CURRENT SPEED & DIRECTION <u>na</u>					
23. Navigation Information <input checked="" type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING				SPEED AND COURSE <u>na</u>		24. Last Port <u>na</u> Where Bound					
24a. Time and Date of Departure na											
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)					
		Empty Loaded Total				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 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)		27c. Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	
		27b. Address (City, State, Zip Code)			
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 -			YEAR(S)	MONTH(S)	
B. WITH THIS COMPANY -			_____	_____	
C. IN PRESENT JOB OR POSITION -			_____	_____	
D. ON PRESENT VESSEL/FACILITY -			_____	_____	
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -			_____	_____	
			35. Was the Injured Person Incapacitated 72 Hours or More?		
			36. Date of Death		
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).

Fire in MSD Room, See attached timeline. - No known injuries.

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

Christian Biagi, [REDACTED]

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

Eric Downer, 5 [REDACTED]

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47c. Title	
Biagi, Christian Sebastian				Master	
47a. Signature				47d. Telephone No.	
				[REDACTED]	
				47e. Date 2/9/12	

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry:

MISLE Incident Investigation Activity Number (if applicable)

☐ NONE ☐ PRELIMINARY ☐ DATA COLLECTION ☐ INFORMAL ☐ FORMAL

Serious Marine Incident ☐ Yes ☐ No

INVESTIGATOR (Name)

DATE

APPROVED BY (Name)

DATE

Major Marine Casualty ☐ Yes ☐ No