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

| ILLI | | AUUALII | • | | cel/Escility Information | i, oi oco-ixela | TILD CASCALII | | |
|---|--|--|------------------------|----------------------------|-----------------------------------|-------------------------------|--|--|--|
| 1 Vessel er | Eggility Nama | | 2. Vessel Officia | | sel/Facility Information | 3. Vessel Flag | | | |
| JEANETI | Facility Name | | 565986 | ii ivuilibei oi ii | vio Number | US | | | |
| | | | 5. Vessel Gross | Tone | | 6. Vessel Propulsion Type | | | |
| 4. Vessel Length 228 X Feet Meters | | | 1498 | | | | Twin Diesel | | |
| 7. Vessel or | Facility Type | | 8. Vessel or Fac | cility Service o | r Occupation | | | | |
| Purse S | | | Hi-Seas 5 | Tuna Fis | shing | | | | |
|). | 9a. Arrangement: | 9b. Number of Ve | essels Towed: | 9c. Maximum | Size of Tow/Tow-Boat(s): | | ne barges in the tow cause or | | |
| FOR TOWING | Pushing Ahead | Empty _ | | Length feet | | | sustain damage in the marine casualty? Yes No | | |
| ONLY | Towing Astern | Loaded | | Widtl | | | (If Yes complete and attach one or more | | |
| | Towing Alongside | Total _ | | VVIGU | feet | CG-2692A forms to t | | | |
| | | Section | II - Reason for S | Submitting t | this Report (Check all tha | at apply) | | | |
| 10. The | above vessel was involved | d in a Marine Ca | sualty consisting | in (46 CFR | 4.05-1 and 4.05-10): | | | | |
| | 1. Unintended grounding or a | ın unintended strik | e of (allision with) a | bridge | | | | | |
| | 9 | nded strike of a bri | idge that created a h | nazard to navi | gation, the environment or the | safety of the vessel, or that | meets any of the | | |
| | criteria in 3 through 8 below | rimary stooring or | any associated com | anonont or cor | atral system that reduces the n | aanauvorahility of the vossal | | | |
| | 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 | adversely affected | Title vessels seawo | 7 tilline 33 Or ilti | less for service of route | | | | |
| | | sional medical treat | tment (treatment bev | yond first aid) | and, if the person is engaged | or employed on board a ves | sel 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 | | | | | | | | |
| | Occurrence involving signification | | | | | | | | |
| 11. The | • | is involved in a C | Commercial Diving | g Casualty ir | nvolving (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 | | | | | | | | |
| | above facility or vessel wa 1. Death | s involved in an | OCS Facility Cas | ualty Result | ing in (33 CFR 146.30 and | 146.35): | | | |
| | | in a single incider | nt. | | | | | | |
| | 2. Injury to 5 or more persons3. Injury causing any person | _ | | ouro | | | | | |
| \vdash | OCS Facility only - Damag | • | | | efiahtina equinment | | | | |
| | | • | | • | collision by a vessel with the fa | cility | | | |
| | 6. OCS Facility only - Damag | • | • | • | omotors by a voccor was allo la | Oility | | | |
| | , , , | | | | rmation (Fill all fields tha | nt apply) | | | |
| 13. Name of Owner | | | Teleph | one | 14. Name of Operator or | Manager | Telephone | | |
| C&F Fis | shing Ltd. | | | | Sardinha & Celi | u Mgmt. Co. | | | |
| Address | | | Email a | address | Address | | Email address | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | f Master or Person-In-Charg | ge <i>(Last, First, Mi</i> | ddle) Teleph | ione | 16. Name of Agent (Last | , | Telephone | | |
| Italo (| | | Fil a | | K.S. Shipping A | Agency | Empil address | | |
| Addres | S | | Email a | address | Address | | Email address | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 17. Name of Dive Supervisor (Last, First, Middle) | | | Teleph | ione | 18. Name of Pilot (Last, I | First Middle) | Telephone | | |
| | | | ТСЮРП | 0110 | 10. Ivallic of Filot (Last, 1 | iist, ividaloj | Тоюрноно | | |
| Address | | | Email a | address | Address | | Email address | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Section | n IV - Casua | alty Information | | 1 | | |
| | | | 20. Location-Nam | River Mile Marker: | | | | | |
| 12/05/18 - 11:30 | | Pago Pago I | Hbr., Ar | ner. Samoa _{Long} | jitude: | OR | | | |
| 21. Property Damage Estimated Damage Cost(s) to: | | | Describe the Exte | | | | | | |
| Vessel: \$14 Mil. Cargo: \$1.75 Mil. | | | Total loss | of vess | sel, net and car | go (1330-MT Tur | na) | | |
| — Facility: \$ | Other: \$ | | | | | | | | |
| | | ====================================== | l, dead or missina pe | ersons comple | ete and attach one or more CG | -2692C forms to this Report |) | | |
| | • | • | | • | Doad: Nil Mi | • | | | |

| Section IV - Casualty Information (continued) | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|
| 23. Was This Casualty a Serious Marine Incident (SMI) as Defin | ed in 46 CFR 4.03-2? | | | | | | | | | |
| X Yes No Not at this Time, But is Likely | to Become an SMI (If Yes | or Is Likely to Becor | ne an SMI col | mplete/attach one | e or more CG-2692B forms to this report) | | | | | |
| 24a. Is there any evidence of alcohol or drug use by or intoxicati involved in the casualty? | on of individuals directly | • | of a timely che | | alty refuse to submit to, or cooperate in, directed by a law enforcement officer or by | | | | | |
| Yes X No (If Yes, identify those individuals for been obtained and specify the mether evidence in block 24c) | | Yes [| No (If) | Yes, note the indiv | vidual(s) who refused in block 24c) | | | | | |
| 24c. Individuals with evidence of drug or alcohol use, evidence 25c) | of intoxication, or who refu | sed to submit/cooper | ate in a timely | chemical test (if | more space is needed, continue in block | | | | | |
| | | | | | | | | | | |
| 24d. Is there evidence that alcohol use contributed to this casualty? | | | | | | | | | | |
| Yes X No (If Yes, discuss in block 25b) | | | | | | | | | | |
| 25. Nature and Circumstance of the Casualty: | | | | | | | | | | |
| 25a. Activity or Operation Being Conducted at the Time of Vessel alongside main dock wharf, | | to unload | fish at | t cannery | | | | | | |
| 25b. Description of the Casualty (casualty events and the casualty. Attach additional sheets if necessary.): Hot work on wet deck overhead bea accommodations. Crew attempted to crew off vessel. Local fire dept remove vessel from the port while capsized and sunk at 14033.98'S/1 noted by attending tug. | ms ignited dry o extinguish f o efforts inef e still on fire | stores location of the | cker din Local fi d Port A Lowed of | rectly abo ire dept. Auth/USCG, ffshore an | ove, which spread to arrived and ordered /EPA ordered tugs to nd eventually | | | | | |
| 25c. Any other comments, including with respect to use of Local fire dept. needs better trained port facility container fires Airport fire responders were prof | ining and equi | pment, espe me in view gualified, k | of prox | ximity to | fire was very poor.I | | | | | |
| 24. Name (PRINT) (Last, First, Middle) Italo Cileu | 25. Signature: | | | | 26. Date 12/07/2018 | | | | | |
| 27. Title Manager | 28. Address | | | | | | | | | |
| 29. Telephone No. 30. Email | | | | | | | | | | |
| | | | | | | | | | | |

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INSTRUCTIONS FOR COMPLETION OF FORM CG-2692 REPORT OF MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, OR OCS-RELATED CASUALTY

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 1 hour. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-INV), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

WHEN TO USE THIS FORM

- 1. This form satisfies the requirement for written reports of casualties and accidents found in the Code of Federal Regulations for vessels, commercial diving operations, and Outer Continental Shelf (OCS) facilities. Depending on the circumstances surrounding an incident, a written report may be required if it meets one or more of the conditions described in instructions 2 4.
- 2. VESSELS. If you are the owner, agent, master, operator, or person in charge of a vessel, other than a public vessel or an uninspected recreational or state-numbered vessel, you must submit a report if your vessel:
 - A. is involved in a marine casualty or accident that occurs upon the navigable waters of the United States, its territories or possessions and meets any of the criteria in block 10, or
 - B. is a United States vessel involved in a marine casualty or accident, wherever such casualty or accident occurs, that meets any of the criteria in block 10, or
 - C. is a foreign vessel engaged in OCS activities as defined in 33 CFR 140.10 and is involved in a marine casualty or accident that meets any of the criteria in block 10, or
 - D. is a foreign tank vessel operating in waters subject to the jurisdiction of the United States, including the Exclusive Economic Zone (EEZ), which involves significant harm to the environment or material damage affecting the seaworthiness or efficiency of the vessel.

3 DIVING

- A. Commercial Diving. If you are the master or person in charge of a vessel or facility from which a commercial diving operation is conducted: (1) at any deepwater port or the safety zone thereof as defined in 33 CFR Part 150; (2) from any artificial island, installation, or other device on the Outer Continental Shelf (OCS) and the waters adjacent thereto as defined in 33 CFR Part 147 or otherwise related to activities on the OCS; (3) from any vessel required to have a certificate of inspection issued by the Coast Guard, including mobile offshore drilling units, regardless of their geographic location; or (4) from any vessel connected with a deepwater port or within the deepwater port safety zone or from any vessel engaged in activities related to the OCS, you must submit a report if there is a diving casualty meeting the criteria in block 11, except if the diving operation is:
 - 1. performed solely for marine scientific research and development purposes by educational institutions,
 - 2. performed solely for research and development for the advancement of diving equipment and technology, or
 - 3. performed solely for search and rescue or related public safety purposes by or under the control of a governmental agency.
- B: All Other Diving. Any occurrence of injury or loss of life to any person while diving from a vessel subject to instruction 2 and using underwater breathing apparatus must be reported under instruction 2.
- 4. OUTER CONTINENTAL SHELF (OCS) FACILITIES. If you are the owner, operator, or person in charge of an OCS facility engaged in OCS activities as defined in 33 CFR 140.10, you must submit a report if your facility is involved in a casualty or accident that meets any of the criteria in block 12.

COMPLETION OF THIS FORM

- 5. In accordance with 46 CFR §4.05-10, 46 CFR §197.486, and 33 CFR §146.35, this form shall be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a block is not applicable, the abbreviation "NA" should be entered in that space. If the answer is unknown and cannot be obtained before the report has to be submitted (i.e. within 5 days of the accident), the abbreviation "UNK" should be entered in that block. If "NONE" is the correct response, enter it in the block.
- 6. Once completed, deliver, email, or fax this form within 5 days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port. http://www.uscg.mil/top/units/
- 7. Tugs or towboats with tows under their control shall complete blocks 9a through 9d and, if one or more barges in their tow causes or sustains damage or meets any other reporting criteria, use the "Barge Addendum," CG-2692A to report information on the barge(s) involved.
- 8. If an incident involves multiple barges suffering or causing damage while moored or anchored (such as in a fleeting area), or breaking away from their moorage and causing or sustaining damage, enter the location of the moorage in Block 1 of the CG-2692 and complete the form except for blocks 2-8. Details for the barges will be entered on the CG-2692A. If a single barge is involved in a marine casualty while moored or anchored, it shall be documented as any other vessel using the CG-2692.
- 9. If the casualty meets the criteria for a serious marine incident as defined in 46 CFR §4.03, use the "Chemical Drug and Alcohol Testing Addendum," CG-2692B to report information on required drug and alcohol testing following a serious marine incident.
- 10. If one or more persons on the vessel or facility were injured, killed, or missing as a result of the casualty, use the "Personnel Casualty" Addendum," CG-2692C to report information on the extent of all personnel casualties.
- 11. For facilities and vessels engaged in OCS activities who are reporting a casualty in accordance with 33 CFR §146.35 or 33 CFR §146.303, use the "Involved Persons and Witnesses Addendum," CG-2692D to provide a list of all involved persons and witnesses to the casualty being reported. The CG-2692D may also be used to provide data on persons involved or witnessing a marine casualty or commercial diving casualty.
- 12. Block 20 "Location": Always identify the body of water or waterway. Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In those cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible.

Privacy Act Notice

(CG-2692, CG-2692A, CG-2692B, CG-2692C and CG-2692D)

Authority: Title 46, United States Code (U.S.C.) §6301, Title 46, Code of Federal Regulations (CFR), Parts 4 and 197, and Title 33, CFR Part 146 authorizes the collection of this information. Specifically, 46 CFR §4.05-10 mandates that vessel owners, agents, masters, operators, or persons in charge file a written report of any marine casualty required to be reported under 46 CFR §4.05-1, 46 CFR §197.486 mandates that persons in charge of any diving casualty required to be reported under 33 CFR §197.484, and 46 CFR §146.35 mandates that owners, operators, or persons in charge of an OCS facility or vessel engaged in OCS activities file a report of any OCS-related casualty required to be reported under 33 CFR §146.30. For marine casualties when the diving installation is on a vessel, and The written report must be provided on Form CG-2692 (Report of Marine Casualty, Commercial Diving Casualty, or OCS-Related Casualty) supplemented as necessary by appended Forms CG-2692A (Barge Addendum), CG-2692B (Chemical Drug and Alcohol Testing Addendum), CG-2692D (Involved Persons and Witnesses Addendum). The forms may be used for diving casualties when the diving installation is on a facility or for OCS-related casualties that are not also marine casualties under 46 CFR Part 4.

Purpose: The Coast Guard uses this information in gathering facts to determine causes surrounding reportable marine casualties. This information assists in promoting the safety of life, property, and the protection of the marine environment through preventing the reoccurrence of accidents.

Routine Uses: Reportable marine casualty information is needed for Coast Guard investigations of vessel casualties involving injury, death, property damage, environmental damage and dangerous conditions and for preparation and submission of data reports mandated by Congress (see 46 U.S.C. 6301). Information gathered is also used to determine whether new or revised safety laws, regulations, and policies are necessary. Additionally, chemical testing information is needed to improve Coast Guard detection and reduction of drug use by mariners. The information contained on forms CG-2692B, CG-2692B, CG-2692D may be disclosed under the Freedom of Information Act (FOIA) in response to a written FOIA request.

Disclosure: Furnishing this information is mandatory per 46 CFR §4.05-10. Failure to furnish the requested information for occurrences that are reportable marine casualties, diving casualties, or OCS-related casualties may result in civil penalty sanctions as outlined in 33 CFR Part 1. Coast Guard credentialed mariners may be subject to administrative adjudication per 46 CFR Part 5 for reporting failures. Some of the casualty information collected on this form may be made available for public inspection; however, information collected is protected from use in civil litigation per 46 U.S.C. §6308. Personal privacy information will not be disclosed routinely. Social Security numbers are not mandated on this form.

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