

OMB Control No. 1625-0001

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)		<h2 style="margin: 0;">REPORT OF MARINE ACCIDENT, INJURY OR DEATH</h2>				RCS No. G-MOA MISLE NOTIFICATION NUMBER	
SECTION I. GENERAL INFORMATION							
1. Name of Vessel or Facility HERBERT C JACKSON		2. Official No. 278780	3. Nationality USA	4. Call Sign WL3972	5. USCG Certificate of Inspection issued at DETROIT, MI		
6. Type (Towing, Freight, Fish, Drill, etc.) BULK FREIGHT		7. Length 670'06	8. Gross Tons 12,292	9. Year Built 1959	10. Propulsion (Steam, diesel, gas, turbine...) STEAM		
11. Hull Material (Steel, Wood...) STEEL	12. Draft (Ft. - in.) FWD 25'10 AFT 25'08"		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) ABS		14. Date (of occurrence) 05/12/13	15. TIME (Local) 0212	
16. Location (See Instruction No. 10A) Rouge River, Mi milepost 1.10 Jefferson Street Bridge				17. Estimated Loss of Damage TO: VESSEL <u>\$5,000</u> CARGO <u>NONE</u> OTHER <u>NONE</u>			
18. Name, Address & Telephone No. of Operating Co. INTERLAKE STEAMSHIP COMPANY, 7300 Engle Rd. Middleburgh Heights, Ohio 44130 PH # 440-260-6900							
19. Name of Master or Person in Charge Russell C. Couture		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. Street Address (City, State, Zip Code) [REDACTED]		19b. Telephone Number [REDACTED]	20a. Street Address (City, State, Zip Code) [REDACTED]		20b. Telephone Number [REDACTED]		
21. Casualty Elements (Check as many as needed and explain in Block 44.)							
NO. OF PERSONS ON BOARD <u>24</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 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"/> LIFESAIVING 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) <u>Allision with bridge</u>		
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 type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input checked="" 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 mi.</u>	F. AIR TEMPERATURE <u>40 DEG (F)</u>	
					G. WIND SPEED & DIRECTION <u>230 17mph</u>	H. CURRENT SPEED & DIRECTION	
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>2.0 MPH</u>	24. Last Port Where Bound <u>Marquette, Mi</u>		24a. Time and Date of Departure	
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)	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				

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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) 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 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 - _____		34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) 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). While approaching the Jefferson Bridge draw at milepost 1.10 in the Rouge River the bridge, which had been in the fully open position, suddenly closed, without warning, in front of the ship's bow. We dropped the ship's stern anchor and backed full astern. We were unable to stop the ship's forward advance and hit the bridge. We immediately contacted USCG Sector Detroit.			
45. Witness (Name, Address, Telephone No.) Thomas W. Dawson Jr. [REDACTED]			
46. Witness (Name, Address, Telephone No.)			
SECTION V. PERSON MAKING THIS REPORT			
47. Name (PRINT) (Last, First, Middle) Russell C. Couture		47b. Address (City, State, Zip Code) [REDACTED]	
47a. Signature [REDACTED]		47c. Title MASTER	
		47d. Telephone No. [REDACTED]	
		47e. Date 05/02/2013	
FOR COAST GUARD USE ONLY		REPORTING OFFICE:	
MISLE Incident Investigation Activity Data Entry <input type="checkbox"/> NONE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> DATA COLLECTION <input type="checkbox"/> INFORMAL <input type="checkbox"/> FORMAL		MISLE Incident Investigation Activity Number (if applicable)	
Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No		INVESTIGATOR (Name)	DATE
		APPROVED BY (Name)	DATE