

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No: 1625-0001
Exp. Date: 07/31/2022

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

Section I - Reporting Vessel/Facility Information

1. Vessel or Facility Name GRANDE COSTA D'AVORIO		2. Vessel Official Number or IMO Number 9465382		3. Vessel Flag Italy	
4. Vessel Length 210.92 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Meters		5. Vessel Gross Tons 47,232		6. Vessel Propulsion Type Main diesel engine	
7. Vessel or Facility Type Ro-Ro		8. Vessel or Facility Service or Occupation Cargo Ship			
9. FOR TOWING ONLY	9a. Arrangement:	9b. Number of Vessels Towed:		9c. Maximum Size of Tow/Tow-Boat(s):	
	<input type="checkbox"/> Pushing Ahead	Empty _____		Length _____ feet	
	<input type="checkbox"/> Towing Astern	Loaded _____		Width _____ feet	
<input type="checkbox"/> Towing Alongside	Total _____		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>		

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 \$75,000
 - 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 Grimaldi Deep Sea Spa		Telephone +39081496111		14. Name of Operator or Manager Grimaldi Deep Sea Spa		Telephone +39081496111	
Address Via Marchese Campodisola 13, 80133 Naples NA, Italy.		Email address switchboard@grimaldi.napoli.it		Address Via Marchese Campodisola 13, 80133 Naples NA, Italy.		Email address switchboard@grimaldi.napoli.it	
15. Name of Master or Person-in-Charge (Last, First, Middle) Moretti, Alessandro		Telephone +39081496111		16. Name of Agent (Last, First, Middle) Norton Lilly		Telephone 908-353-8400	
Address Via Marchese Campodisola 13, 80133 Naples NA, Italy.		Email address switchboard@grimaldi.napoli.it		Address 26 Papetti Plaza, 2nd Floor Elizabeth New Jersey 07206		Email address nynjobs@nortonlilly.com	
17. Name of Dive Supervisor (Last, First, Middle) NA		Telephone NA		18. Name of Pilot (Last, First, Middle) NA		Telephone NA	
Address NA		Email address NA		Address NA		Email address NA	

Section IV - Casualty Information

19. Date/Time (local) of Occurrence 7/5/2023 / about 9 pm		20. Location-Name of Body of Water or Waterway: Latitude: NA FAPS Car Carrier Terminal Longitude: NA		River Mile Marker: OR	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$UNK Cargo: \$UNK Facility: \$NA Other: \$UNK		Describe the Extent of Property Damage Fire and heat damage to the vessel and cargo			
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: 28 Injured: NA Dead: NA Missing: NA					

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)

NONE

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:

At time of incident, only cargo operations were being conducted on the vessel at the berth.


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.):

On July 5, 2023 at about 9 pm, fire in cargo space. Crew immediately fought fire. Fire, heat, and smoke spread in cargo spaces. Shore-based fire fighters responded on board. Two fire fighters collapsed. Fire fighters stopped fire fighting, recovered the collapsed fire fighters, and disembarked. Later, crew ordered to stop active fire fighting and disembark at about 6:40 am on July 6, 2023. Captain, Chief Officer, Chief Engineer, and Second Engineer remained on board to maintain water from hoses and running fire pumps. Salvors responded alongside the vessel at about 7:30 am on July 6, 2023. Vessel officers stayed alongside the vessel to support Salvors. Fire was extinguished by Salvors on July 10, 2023.

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

NA

Section V - Personnel

24. Name (PRINT) (Last, First, Middle) Moretti, Alessandro	25. Signature: 	26. Date 7/14/2023
27. Title Captain	28. Address Via Marchese Campodisola 80133 Naples NA, Italy	
29. Telephone No. +39081496111	30. Email switchboard@grimaldi.napoli.it	

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. <https://www.uscg.mil/Units/Organization/>
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 vessels or facilities file a report 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, diving 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-2692C (Personnel Casualty Addendum), and 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-2692, CG-2692A, CG-2692B, CG-2692C, and 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.

REPORT OF MANDATORY CHEMICAL TESTING FOLLOWING A SERIOUS MARINE INCIDENT INVOLVING VESSELS IN COMMERCIAL SERVICE

Note: This form shall be used to report data on persons directly involved in a serious marine incident involving a vessel in commercial service and the mandatory chemical drug and alcohol testing.

Section I - Reporting Vessel Information - Casualty Date/Time

1. Vessel Name GRANDE COSTA D'AVORIO	2. Vessel Official Number or IMO Number 9465382	3. Date/Time (local) of Occurrence 7/5/2023 / about 9 pm
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Section II - Reason for Submitting this Report (Check all that apply)

4. The above vessel is in commercial service and was involved in a Serious Marine Incident that resulted in (46 CFR 4.03-2):

- One or more deaths
- An injury to a crewmember, passenger, or other person that requires professional medical treatment beyond first aid, and, in the case of a person employed on board a vessel in commercial service, which renders the individual unfit to perform routine vessel duties
- Damage to property in excess of \$200,000
- Actual or constructive total loss of any vessel subject to inspection under 46 USC 3301
- Actual or constructive total loss of any self-propelled vessel, not subject to inspection under 46 USC 3301, of 100 gross tons or more
- A discharge of oil of 10,000 gallons or more into the navigable waters of the United States, as defined in 33 USC 1321
- A discharge of a reportable quantity of a hazardous substance into the navigable waters of the United States
- A release of a reportable quantity of a hazardous substance into the environment United States

Section III - Personnel and Testing Information

5. Individuals Directly Involved in Serious Marine Incident	6. Drug and Alcohol Testing				
5a. Name (Last, First, Middle)	5b. USCG Credentialed?	6a. Drug Test Urine Sample Provided Within 32 Hours?	6b. Alcohol Test Specimen Provided within 2 Hours?	6c. Type of Alcohol Test Specimen Provided	6d. Alcohol Test Results
MORETTI, ALESSANDRO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	[REDACTED]
LA FAUCI, BENITO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
DIBENEDETTO, SEBASTIANO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
LEQUIGAN, NICHOLAO RAE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
CIUMALA, MARIAN IONUT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
CRIVELLI, FEDERICO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
DESALVO, GABRIEL ANDREA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
GALLUCCIO, LORENZO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
PUA, ABELARDO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
CALANOY, RICHARD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	

7. Explanation of why test samples were not collected within required timeframes or not at all and/or why testing was not conducted (Required for each "No" checked in columns 6a or 6b)

As the incident was ongoing, the safety of those on board was the primary concern. There was no evidence to indicate drug or alcohol use.

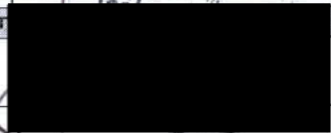
8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests

Name: American Medical Review Officer
Address: 4237 Salisbury Road, Suite 312, Jacksonville, FL 32213
Telephone: 904-332-0472
Email: info@americanmedicalreviewofficer.com

9. Laboratory or Individual Conducting Alcohol Tests

Name: Brian Walsh of EMSA
Address: 2417 Welsh Road, Philadelphia, PA 19114
Telephone: 215-669-2360
Email: bwalrley308@aol.com

Section IV - Personnel

10. Name (PRINT) (Last, First, Middle) Moretti, Alessandro	11. Signature 	12. Date 7/20/2023
13. Title Captain	14. Address Via Marchese Campodisola 13, 80133 Naples NA, Italy	
15. Telephone No. +39081496111	16. Email switchboard@grimaldi.napoli.it	

INSTRUCTIONS FOR COMPLETION OF FORM CG-2692B
Report of Chemical Testing Following a Serious Marine Incident Involving a Commercial Vessel

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 .5 hours. 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, when submitted in conjunction with a CG-2692 or submitted alone, satisfies the requirement found in the Code of Federal Regulations for written reports of chemical drug and alcohol testing of individuals engaged or employed on board a commercial vessel who are identified as being directly involved in serious marine incidents consisting of one or more of the occurrences lists in block 4. Alcohol tests are to be conducted not later than 2 hours (unless there are safety concerns directly related to the casualty that need to be addressed by the individual(s)) and drug test specimens collected not later than 32 hours after a serious marine incident.

INDIVIDUAL DIRECTLY INVOLVED IN A SERIOUS MARINE INCIDENT

2. The term "individual Directly Involved in a Serious Marine Incident" means an individual whose order, action, or failure to act is determined to be, or cannot be ruled out as, a causative factor in the events leading to or causing a serious marine incident.

COMPLETION OF THIS FORM

3. In accordance with 46 CFR Subpart 4.06 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.

4. If more than 10 individuals are directly involved in the Serious Marine Incident additional CG-2692Bs should be completed.

5. Once completed, deliver, email, or fax this form with a corresponding CG-2692 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. <https://www.uscg.mil/Units/Organization>

6. Upon receipt of a report of chemical test results. The marine employer shall submit a copy of the test results for each person listed in block 5a of this form to the Coast Guard Officer in Charge, Marine Inspection where the CG-2692B was submitted in accordance with 46 CFR §4.06-60(d).

7. Block 6d - Alcohol Test Result: When the alcohol test results are available, the alcohol concentration shall be expressed numerically in percent by weight (i.e. 0.04, 0.10, etc.); otherwise indicate positive for alcohol being present or negative for no alcohol present.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

REPORT OF MANDATORY CHEMICAL TESTING FOLLOWING A SERIOUS MARINE INCIDENT INVOLVING VESSELS IN COMMERCIAL SERVICE

Note: This form shall be used to report data on persons directly involved in a serious marine incident involving a vessel in commercial service and the mandatory chemical drug and alcohol testing.

Section I - Reporting Vessel Information - Casualty Date/Time

1. Vessel Name GRANDE COSTA D'AVORIO	2. Vessel Official Number or IMO Number 9465382	3. Date/Time (local) of Occurrence 7/5/2023 / about 9 pm
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Section II - Reason for Submitting this Report (Check all that apply)

4. The above vessel is in commercial service and was involved in a Serious Marine Incident that resulted in (46 CFR 4.03-2):

- One or more deaths
- An injury to a crewmember, passenger, or other person that requires professional medical treatment beyond first aid, and, in the case of a person employed on board a vessel in commercial service, which renders the individual unfit to perform routine vessel duties
- Damage to property in excess of \$200,000
- Actual or constructive total loss of any vessel subject to inspection under 46 USC 3301
- Actual or constructive total loss of any self-propelled vessel, not subject to inspection under 46 USC 3301, of 100 gross tons or more
- A discharge of oil of 10,000 gallons or more into the navigable waters of the United States, as defined in 33 USC 1321
- A discharge of a reportable quantity of a hazardous substance into the navigable waters of the United States
- A release of a reportable quantity of a hazardous substance into the environment United States

Section III - Personnel and Testing Information

5. Individuals Directly Involved in Serious Marine Incident 6. Drug and Alcohol Testing

5a. Name (Last, First, Middle)	5b. USCG Credentialed?	6a. Drug Test Urine Sample Provided Within 32 Hours?	6b. Alcohol Test Specimen Provided within 2 Hours?	6c. Type of Alcohol Test Specimen Provided	6d. Alcohol Test Results
LUMAYOG, RUSSEL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
MANAS, JASON	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
BACLAY, REY VIRGIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
LINAO, LYMWELL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
PADASAY, LOGIE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
TALATALA, FRANCIS REY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
STAMATE, CONSTANTIN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
MANDAPAT, RENATO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
ORPEZA, MILLA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
CLAMANO, REYSAN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	

7. Explanation of why test samples were not collected within required timeframes or not at all and/or why testing was not conducted (Required for each "No" checked in columns 6a or 6b)

As the incident was ongoing, the safety of those on board was the primary concern. There was no evidence to indicate drug or alcohol use.

8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests

Name: American Medical Review Officer
Address: 4237 Salisbury Road, Suite 312, Jacksonville, FL 32213
Telephone: 904-332-0472
Email: info@americanmedicalreviewofficer.com

9. Laboratory or Individual Conducting Alcohol Tests

Name: Brian Walsh of EMSA
Address: 2417 Welsh Road, Philadelphia, PA 19114
Telephone: 215-565-0360
Email: bwalley308@aol.com

Section IV - Person Making Report

10. Name (PRINT) (Last, First, Middle) Moretti, Alessandro	11. Signature 	12. Date 7/20/2023
13. Title Captain	14. Address Via Marchese Campodisola 13, 80133 Naples NA, Italy	
15. Telephone No. +39081496111	16. Email switchboard@grimaldi.napoli.it	

INSTRUCTIONS FOR COMPLETION OF FORM CG-2692B
Report of Chemical Testing Following a Serious Marine Incident Involving a Commercial Vessel

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 .5 hours. 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, when submitted in conjunction with a CG-2692 or submitted alone, satisfies the requirement found in the Code of Federal Regulations for written reports of chemical drug and alcohol testing of individuals engaged or employed on board a commercial vessel who are identified as being directly involved in serious marine incidents consisting of one or more of the occurrences lists in block 4. Alcohol tests are to be conducted not later than 2 hours (unless there are safety concerns directly related to the casualty that need to be addressed by the individual(s)) and drug test specimens collected not later than 32 hours after a serious marine incident.

INDIVIDUAL DIRECTLY INVOLVED IN A SERIOUS MARINE INCIDENT

2. The term "individual Directly Involved in a Serious Marine Incident" means an individual whose order, action, or failure to act is determined to be, or cannot be ruled out as, a causative factor in the events leading to or causing a serious marine incident.

COMPLETION OF THIS FORM

3. In accordance with 46 CFR Subpart 4.06 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.

4. If more than 10 individuals are directly involved in the Serious Marine Incident additional CG-2692Bs should be completed.

5. Once completed, deliver, email, or fax this form with a corresponding CG-2692 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. <https://www.uscg.mil/Units/Organization>

6. Upon receipt of a report of chemical test results. The marine employer shall submit a copy of the test results for each person listed in block 5a of this form to the Coast Guard Officer in Charge, Marine Inspection where the CG-2692B was submitted in accordance with 46 CFR §4.06-60(d).

7. Block 6d - Alcohol Test Result: When the alcohol test results are available, the alcohol concentration shall be expressed numerically in percent by weight (i.e. 0.04, 0.10, etc.); otherwise indicate positive for alcohol being present or negative for no alcohol present.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

REPORT OF MANDATORY CHEMICAL TESTING FOLLOWING A SERIOUS MARINE INCIDENT INVOLVING VESSELS IN COMMERCIAL SERVICE

Note: This form shall be used to report data on persons directly involved in a serious marine incident involving a vessel in commercial service and the mandatory chemical drug and alcohol testing.

Section I - Reporting Vessel Information - Casualty Date/Time

1. Vessel Name GRANDE COSTA D'AVORIO	2. Vessel Official Number or IMO Number 9465382	3. Date/Time (local) of Occurrence 7/5/2023 / about 9 pm
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Section II - Reason for Submitting this Report (Check all that apply)

4. The above vessel is in commercial service and was involved in a Serious Marine Incident that resulted in (46 CFR 4.03-2):

- One or more deaths
- An injury to a crewmember, passenger, or other person that requires professional medical treatment beyond first aid, and, in the case of a person employed on board a vessel in commercial service, which renders the individual unfit to perform routine vessel duties
- Damage to property in excess of \$200,000
- Actual or constructive total loss of any vessel subject to inspection under 46 USC 3301
- Actual or constructive total loss of any self-propelled vessel, not subject to inspection under 46 USC 3301, of 100 gross tons or more
- A discharge of oil of 10,000 gallons or more into the navigable waters of the United States, as defined in 33 USC 1321
- A discharge of a reportable quantity of a hazardous substance into the navigable waters of the United States
- A release of a reportable quantity of a hazardous substance into the environment United States

Section III - Personnel and Testing Information

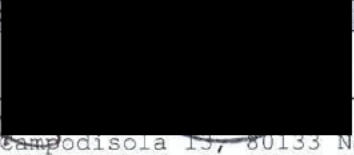
5. Individuals Directly Involved in Serious Marine Incident		6. Drug and Alcohol Testing			
5a. Name (Last, First, Middle)	5b. USCG Credentialed?	6a. Drug Test Urine Sample Provided Within 32 Hours?	6b. Alcohol Test Specimen Provided within 2 Hours?	6c. Type of Alcohol Test Specimen Provided	6d. Alcohol Test Results
CABALOD, CHRISTIAN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
MAMOGAY, GIRALD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
LATERRA, BELLINA SAMUEL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
CABUNGCAL, DARME	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
VILLANUEVA, BRENNAN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
ALDIANO, DALEMARK	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
CERON, CHARLES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
SACCO, FRANCESCO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	

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8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: American Medical Review Officer Address: 4237 Salisbury Road, Suite 312, Jacksonville, FL 32213 Telephone: 904-332-0472 Email: info@americanmedicalreviewofficer.com	9. Laboratory or Individual Conducting Alcohol Tests Name: Brian Walsh of EMSA Address: 2417 Welsh Road, Philadelphia, PA 19114 Telephone: 215-908-0360 Email: bwalsh308@hol.com
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Section IV - Personnel

10. Name (PRINT) (Last, First, Middle) Moretti, Alessandro	11. Signature 	12. Date 7/20/2023
13. Title Captain	14. Address Via Marchese Campodisola 13, 80133 Naples NA, Italy	
15. Telephone No. +39081496111	16. Email switchboard@grimaldi.napoli.it	

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