

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 M/T ATINA | 2. Vessel Official Number or IMO Number 9593000 | 3. Date/Time (local) of Occurrence 10/17/2020 appx 0442 |
|-----------------------------|--|--|

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 |
|--------------------------------|--|---|---|---|--------------------------|
| Fuat Onur Hurmuzlu | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| Bertan Pisirici | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| Salih Andac | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| Selim Durmak | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| Serkan Bicen | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| Okan Yuksel | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| Kenan Bayar | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| Suleyman Oztekin | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| Zeki Altun | <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 checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath | Neg. |
| | <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 | |

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)

Alcohol testing performed on vessel by vessel medical officer on 17 October 2020 after the incident. (Copy attached). All Alcohol Test Results were Negative. Because of the vessel's location, sea conditions and the weekend, a third party testing company could not be arranged until Sunday. Central Health Care collected the specimens for the Drug and Alcohol Testing on Sunday, 18 October 2020 and 19 October 19 2020. A copy of the Central Health Care results also are attached. All Drug & Alcohol Test Results Negative.

8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests

Name: Alere Toxicology Services (ABBOTT)

Address: 1111 Newton St, Gretna, LA 70053

Telephone: [REDACTED]

Email: [REDACTED]

9. Laboratory or Individual Conducting Alcohol Tests

Name: Matthew Lynch


Address: DISA Gulf Coast Center, 200 Hickory Ave. Harahan, LA 70123

Telephone: [REDACTED]

Email: [REDACTED].com

Section IV - Person Making this Report

| | | |
|--|--------------------------------|------------------------|
| 10. Name (PRINT) (Last, First, Middle) Fuat Onur Hurmuzlu | 11. Signature [REDACTED] | 12. Date 10/23/2020 |
| 13. Title Master | 14. Address [REDACTED]urkey | |
| 15. Telephone No. [REDACTED] | 16. Email [REDACTED].com | |

| | | |
|---|---|---|
|  | BEŞİKTAŞ LİKİD TAŞIMACILIK DENİZCİLİK TİCARET ANONİM ŞİRKETİ M5 - CHECK LISTS, POSTERS & FORMS | Form No : CR.14 Revision : 02 Date : Oct 2014 Approved : DPA |
|---|---|---|

ONBOARD RANDOM ALCOHOL CHECK LOG
GEMİDE HABERSİZ YAPILAN ALKOL KONTROL KAYITLARI

Vessel / : M/T ATINA
Gemi / :

Date / Tarih : 17/10/2020

Place / Yer : SW PASS / USA

Time / Saat : 0505 CT

| Name & Surname Adı & Soyadı | Rank Görevi | BrAC % Nefesteki Alkol | Comments Yorumlar | Tested Kişisi | Checked by Kontrol eden |
|--------------------------------|----------------|---------------------------|----------------------|------------------|----------------------------|
| FUAT ONUR HÜRMÜZLÜ | MASTER | 0 | SATISFACTORY | [REDACTED] | C/O [REDACTED] |
| ZERTAN PISIRICI | 2ND OFFICER | 0 | SATISFACTORY | [REDACTED] | [REDACTED] |
| SALİH ANDAC | CHIEF ENGINEER | 0 | SATISFACTORY | [REDACTED] | MASTER - C/O |
| SELİM DURMAK | 2ND ENGINEER | 0 | SATISFACTORY | [REDACTED] | MASTER - C/O |
| SERKAN BİCEN | ELECTRICIAN | 0 | SATISFACTORY | [REDACTED] | MASTER - C/O |
| OKAN YUKSEL | BOSUN | 0 | SATISFACTORY | [REDACTED] | MASTER - C/O |
| ZEKİ ALTUN | ABLE SEAMAN | 0 | SATISFACTORY | [REDACTED] | MASTER - C/O |
| KENAN BAYAR | ABLE SEAMAN | 0 | SATISFACTORY | [REDACTED] | MASTER - C/O |
| SULEYMAN ÖZTEKİN | ABLE SEAMAN | 0 | SATISFACTORY | [REDACTED] | MASTER - C/O |

* BrAL: Breath Alcohol Content – Nefesteki Alkol Miktarı

Master / Kapitän FUAT ONUR HÜRMÜZLÜ

DRINKING: The Company's alcohol policy clearly states the requirements and must be followed at all times. A crew member deemed to be in breach of the company's alcohol policy renders him liable for immediate dismissal.

İÇKİ İÇMEK. Şirketin alkol politikası, bu konu hakkındaki gereklilikleri açıkça belirtmiştir ve daima bu kurallara uyulmalıdır. Eğer personelden biri şirketin alkol politikasına karşı suç işlemişse bu durum o kişinin acilen işten çıkarılmasına sebep teşkil eder. Note: These test will be carried out with breath sample. Form should be filed onboard and sent to company end of each time with Master verification. / Bu test nefes numunesi alınarak yapılacaktır. Bu form Kaptan onayıyla beraber gemide dosyalanacak ve her yapıldığında şirkete gönderilecektir.

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 M/T ATINA | | 2. Vessel Official Number or IMO Number 9593000 | | 3. Vessel Flag Malta | |
| 4. Vessel Length 273.7 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Meters | | 5. Vessel Gross Tons 83,377 | | 6. Vessel Propulsion Type Motor | |
| 7. Vessel or Facility Type Oil Tanker | | | 8. Vessel or Facility Service or Occupation | | |
| 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 <u>0</u> | Length _____ feet | | 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"/> Towing Astern | Loaded <u>0</u> | Width _____ feet | | |
| <input type="checkbox"/> Towing Alongside | Total <u>0</u> | | | | |

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 HANZOU 1 LTD | | Telephone | 14. Name of Operator or Manager Besiktas Likid Tasimacilik | | Telephone |
| Address Mithat Ulu Unlu Sokak 3, Esentepe Mah, Sisli, 34394, ISTANBUL | | Email address | Address Kat 15, Blok A, Piyale Pasa Bulvari Memorial Centre, | | Email address |
| 15. Name of Master or Person-in-Charge (Last, First, Middle) Fuat Onur Hurmuzlu | | Telephone | 16. Name of Agent (Last, First, Middle) | | Telephone |
| Address Razc Yasam Anaiehiz Sitesi C4D4, Gigci Izma, Istanbul, TURKEY | | Email address | Address | | Email address |
| 17. Name of Dive Supervisor (Last, First, Middle) | | Telephone | 18. Name of Pilot (Last, First, Middle) N/A | | Telephone |
| Address | | Email address | Address | | Email address |

Section IV - Casualty Information

| | | | | |
|--|--|--|--|--------------------------|
| 19. Date/Time (local) of Occurrence October 17, 2020 | | 20. Location-Name of Body of Water or Waterway: Latitude: Southwest Pass Anchorage | | River Mile Marker: OR |
| 21. Property Damage Estimated Damage Cost(s) to: Vessel: \$500,000 Cargo: \$ _____ Facility: \$UNK Other: \$ _____ | | Describe the Extent of Property Damage Some damage to the starboard side of the ATINA | | |
| 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: <u>21</u> Injured: _____ Dead: _____ Missing: _____ | | | | |

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)

N/A

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:

Vessel was safely anchoring in Southwest Pass Anchorage when instructed by Pilot Station to shift anchor position

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.):

After initially anchoring the ATINA, Master received a call over VHF from Pilot Station instructing that we reanchor four (4) miles east of Southwest Pass Bouy. While in the process of heaving the anchor, heavy winds and current set the vessel into a fixed platform -- SP 57-B. The impact was slight. The ship then moved to a new anchorage position approximately 4.6 miles east of Southwest Pass Buoy as per Pilot Station instructions.

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) Fuat Onur Hurmuzlu | 25. Signature: [Redacted] | 26. Date 23/10/2020 |
| 27. Title Master | 28. Address [Redacted] Turkey | |
| 29. Telephone No. [Redacted] | 30. E-mail [Redacted]@m | |

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 M/T ATINA | 2. Vessel Official Number or IMO Number 9593000 | 3. Date/Time (local) of Occurrence 10/17/2020 appx 0442 |
|-----------------------------|--|--|

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 |
|--------------------------------|---|--|--|---|--------------------------|
| Fuat Onur Hurmuzlu | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Serhan Atac | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Bertan Pisirici | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Oktay Iscan | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Salih Andac | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Selim Durmak | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Abdurrezzak Bulut | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Serkan Bicen | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Okan Yuksel | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Ersin Keskin | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |

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)

Alcohol testing performed on vessel by vessel medical officer on 17 October 2020 after the incident. (Copy attached). All Alcohol Test Results were Negative. Because of the vessel's location, sea conditions and the weekend, a third party testing company could not be arranged until Sunday. Central Health Care collected the specimens for the Drug and Alcohol Testing on Sunday, 18 October 2020 and 19 October 19 2020. A copy of the Central Health Care results also are attached. All Drug & Alcohol Test Results Negative.

8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests
 Name: Alere Toxicology Services (ABBOTT)
 Address: 1111 Newton St, Gretna, LA 70053
 Telephone: 504-361-8989
 Email:

9. Laboratory or Individual Conducting Alcohol Tests
 Name: Matthew Lynch
 Address: DISA Gulf Coast Center, 200 Hickory Ave. Harahan, LA 70123
 Telephone: [REDACTED]
 Email: [REDACTED] com

Section IV - Person Making this Report

| | | |
|--|----------------------------------|------------------------|
| 10. Name (PRINT) (Last, First, Middle) Fuat Onur Hurmuzlu | 11. Signature [REDACTED] | 12. Date 10/23/2020 |
| 13. Title Master | 14. Address [REDACTED] Turkey | |
| 15. Telephone No. [REDACTED] | 16. Email [REDACTED] com | |

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 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

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|--------------------------------|---|--|--|---|--------------------------|
| Kenan Bayar | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Suleyman Oztekin | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Zeki Altun | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Ergun Berber | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Ismail Ender Yayla | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Erdem Akbulut | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Musa Topuz | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Ugur Ceylan | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Can Akinci | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| Osman Kula | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |

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)

Alcohol testing performed on vessel by vessel medical officer on 17 October 2020 after the incident. (Copy attached). All Alcohol Test Results were Negative. Because of the vessel's location, sea conditions and the weekend, a third party testing company could not be arranged until Sunday. Central Health Care collected the specimens for the Drug and Alcohol Testing on Sunday, 18 October 2020 and 19 October 19 2020. A copy of the Central Health Care results also are attached. All Drug & Alcohol Test Results Negative.

8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests

Name: Alere Toxicology Services (ABBOTT)

Address: 1111 Newton St, Gretna, LA 70053

Telephone: 504-361-8989

Email:

9. Laboratory or Individual Conducting Alcohol Tests


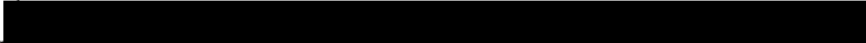
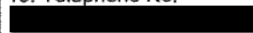

Name: Matthew Lynch

Address: DISA Gulf Coast Center, 200 Hickory Ave. Harahan, LA 70123

Telephone: 504-620-0070

Email: harahan_callout@disa.com

Section IV - Person Making this Report

| | | |
|---|---|----------|
| 10. Name (PRINT) (Last, First, Middle) Fuat Onur Hurmuzlu | 11. Signature  | 12. Date |
| 13. Title Master | 14. Address  urkey | |
| 15. Telephone No.  | 16. Email  com | |

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 M/T ATINA | 2. Vessel Official Number or IMO Number 9593000 | 3. Date/Time (local) of Occurrence 10/17/2020 appx 0442 |
|-----------------------------|--|--|

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 |
|--------------------------------|---|--|--|---|--------------------------|
| Serdar Kaya | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath | Neg. |
| | <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 | |
| | <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 | |
| | <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 | |
| | <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 | |
| | <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 | |

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)
 Alcohol testing performed on vessel by vessel medical officer on 17 October 2020 after the incident. (Copy attached). All Alcohol Test Results were Negative. Because of the vessel's location, sea conditions and the weekend, a third party testing company could not be arranged until Sunday. Central Health Care collected the specimens for the Drug and Alcohol Testing on Sunday, 18 October 2020 and 19 October 19 2020. A copy of the Central Health Care results also are attached. All Drug & Alcohol Test Results Negative.

| | |
|---|--|
| 8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: Alere Toxicology Services (ABBOTT) Address: 1111 Newton St, Gretna, LA 70053 Telephone: [REDACTED] Email: [REDACTED] | 9. Laboratory or Individual Conducting Alcohol Tests Name: Matthew Lynch Address: DISA Gulf Coast Center, 200 Hickory Ave. Harahan, LA 70123 Telephone: [REDACTED] Email: [REDACTED]@com |
|---|--|

Section IV - Person Making this Report

| | | |
|--|----------------------------------|----------|
| 10. Name (PRINT) (Last, First, Middle) Fuat Onur Hurmuzlu | 11. Signature [REDACTED] | 12. Date |
| 13. Title Master | 14. Address [REDACTED] Turkey | |
| 15. Telephone No. [REDACTED] | 16. Email [REDACTED] | |

| | | |
|---|--|-----------------|
|  | BEŞİKTAŞ LİKİD TAŞIMACILIK | Form No : CR.14 |
| | DENİZCİLİK TİCARET ANONİM ŞİRKETİ | Revision : 02 |
| | M5 - CHECK LISTS, POSTERS & FORMS | Date : Oct 2014 |
| | | Approved : DPA |

ONBOARD RANDOM ALCOHOL CHECK LOG
GEMİDE HABERSİZ YAPILAN ALKOL KONTROL KAYITLARI

Vessel / : M/T ATINA

Date / Tarih : 17/10/2020

Geni.

Place / Yer : SW PASS / USA

Time / Saat : 1030 LT

| Name & Surname Adı & Soyadı | Rank Görevi | BrAC % Nefesteki Alkol | Comments Yorumlar | Tested person | Checked by Kontrol eden |
|--------------------------------|----------------|---------------------------|----------------------|------------------|----------------------------|
| FUAT ONUR HÜRMÜZLÜ | MASTER | 1.0 | SATISFACTORY | | |
| SERHAN ATAC | CHIEF OFFICER | 1.0 | SATISFACTORY | | |
| BERTAN PISIRICI | 2ND OFFICER | 1.0 | SATISFACTORY | | |
| OKTAY ISCAN | 3RD OFFICER | 1.0 | SATISFACTORY | | |
| SALIH ANDAC | CHP ENGINEER | 1.0 | SATISFACTORY | | |
| SELİM DURMAK | 2ND ENGINEER | 1.0 | SATISFACTORY | | |
| ABDÜRREZZAK BULUT | 3RD ENGINEER | 1.0 | SATISFACTORY | | |
| SERKAN DİKER | ELECTRICIAN | 1.0 | SATISFACTORY | | |
| OKAN YÜKSEL | BOSUN | 1.0 | SATISFACTORY | | |
| ERŞİN KESKİN | PUMPMAN | 1.0 | SATISFACTORY | | |
| MENAN BAYAR | ABLE SEAMAN | 1.0 | SATISFACTORY | | |
| SULEYMAN ÖZTEKİN | ABLE SEAMAN | 1.0 | SATISFACTORY | | |
| ZEKİ ALTUN | ABLE SEAMAN | 1.0 | SATISFACTORY | | |
| ERGÜN BERBER | ABLE SEAMAN | 1.0 | SATISFACTORY | | |
| İSMAİL ENDER YAYLA | DONKEYMAN | 1.0 | SATISFACTORY | | |
| ERDEM AKBULUT | FITTER | 1.0 | SATISFACTORY | | |
| MUSA TOPUZ | OILER | 1.0 | SATISFACTORY | | |
| UGUR CEYLAN | OILER | 1.0 | SATISFACTORY | | |
| CAN AKINCI | OILER | 1.0 | SATISFACTORY | | |
| OSMAN KULA | COOK | 1.0 | SATISFACTORY | | |
| SERDAR KAYA | STEWARD | 1.0 | SATISFACTORY | | |

* BrAC: Breath Alcohol Content – Nefesteki Alkol Miktarı

Master / Kaptan: FUAT ONUR HÜRMÜZLÜ

DRINKING: The Company's alcohol policy clearly states the requirements and must be followed at all times. A crew member deemed to be in breach of the company's alcohol policy renders him liable for immediate dismissal.

İÇKİ İÇMEK. Şirketin alkol politikası, bu konu hakkındaki gereklilikleri açıkça belirtmiştir ve daima bu kurallara uyulmalıdır. Eğer personelden biri şirketin alkol politikasına karşı suç işlemişse bu durum o kişinin acilen işten çıkarılmasına sebep teşkil eder. Note: These test will be carried out with breath sample. Form should be filed onboard and sent to company end of each time with Master verification. /Bu test nefes numunesi alınarak yapılacaktır. Bu form Kaptan onayıyla beraber gemide dosyalanacak ve her yapıldığında şirkete gönderilecektir.

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
INVOLVED PERSONS AND WITNESSES ADDENDUM

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

Note: This form shall be used to report data on persons involved or witnessing an OCS-related 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 M/T ATINA | 2. Date/Time (local) of Occurrence 10/17/2020 @ 0448 |
|---|---|

Section II - Involved Persons and Witnesses Details

| | | |
|--|--|--|
| 3a. Name (Last, First, Middle) Fuat Onur Hurmuzlu | 3b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Master</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 3c. Status <input checked="" type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 4a. Name (Last, First, Middle) Bertan Pisirici | 4b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>2nd Officer</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 4c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness |
| 5a. Name (Last, First, Middle) Zeki Altun | 5b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>AB</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 5c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness |
| 6a. Name (Last, First, Middle) Okan Yuksel | 6b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Bosun</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 6c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 7a. Name (Last, First, Middle) Selim Durmak | 7b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>2nd Engineer</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 7c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness |
| 8a. Name (Last, First, Middle) Salih Andac | 8b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Ch. Engineer</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 8c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness |
| 9a. Name (Last, First, Middle) Kenan Bayar | 9b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>AB</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 9c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness |
| 10a. Name (Last, First, Middle) Suleyman Ozekin | 10b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>AB</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 10c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness |

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
INVOLVED PERSONS AND WITNESSES ADDENDUM

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

Note: This form shall be used to report data on persons involved or witnessing an OCS-related 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 M/T ATINA | 2. Date/Time (local) of Occurrence 10/17/2020 @ 0448 |
|---|---|

Section II - Involved Persons and Witnesses Details

| | | |
|--|---|---|
| 3a. Name (Last, First, Middle) Serkan Bicen | 3b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Electrician</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 3c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness |
| 3d. Address c/o Besiktas Likid Tasimacilik | | |
| 3e. Telephone | 3f. Email address | |
| 4a. Name (Last, First, Middle) | 4b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 4c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 4d. Address | | |
| 4e. Telephone | 4f. Email address | |
| 5a. Name (Last, First, Middle) | 5b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 5c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 5d. Address | | |
| 5e. Telephone | 5f. Email address | |
| 6a. Name (Last, First, Middle) | 6b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 6c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 6d. Address | | |
| 6e. Telephone | 6f. Email address | |
| 7a. Name (Last, First, Middle) | 7b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 7c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 7d. Address | | |
| 7e. Telephone | 7f. Email address | |
| 8a. Name (Last, First, Middle) | 8b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 8c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 8d. Address | | |
| 8e. Telephone | 8f. Email address | |
| 9a. Name (Last, First, Middle) | 9b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 9c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 9d. Address | | |
| 9e. Telephone | 9f. Email address | |
| 10a. Name (Last, First, Middle) | 10b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____ | 10c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness |
| 10d. Address | | |
| 10e. Telephone | 10f. Email address | |