

(This form located in RLM-260, Annex 10.1 Form RLM-109, Report of Vessel Casualty or Accident.



OFFICE OF THE DEPUTY COMMISSIONER OF MARITIME AFFAIRS, R.L. LISCR, LLC

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REPORT OF VESSEL CASUALTY OR ACCIDENT

INSTRUCTIONS

- 1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.
2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N.A."
3. Dates should be filled in as yyyy/mm/dd.
4. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.
5. Attach crew list to this form. Attach separate Form 109-1 to this report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

I. PARTICULARS OF VESSEL

Form section I containing fields for Vessel Name (BUNUN QUEEN), Official Number (21319), Year built (2022), Gross Tonnage (23,759), Net Tonnage (11,966), Type of Vessel (BULK CARRIER), Propulsion (DIESEL), Place Built (SAIKI-JAPAN), Name of Owner (UNICORN PESCADORES S.A), Managing Agent (WISDOM MARINE INTERNATIONAL INC.), Class Society (NK), Master Name (DAO TRONG CUONG), Citizenship (VIETNAMESE), Date of Birth, License Grade (MASTER/13TH DEC 2021).

II. PARTICULARS OF CASUALTY

Form section II containing fields for Date of Casualty (23RD JUL 2022), Time (1314LT), Zone Description (EWBK 958), Time of Day (Day checked), Geographical Location (28-00.56N/090-20.66W), Body of Water (EAST-WEST GULF OF MEXICO FAIRWAY), Port of Departure (HOUSTON), Date of Departure (22ND JUL 2022), Port to Which Bound (NEW ORLEANS), Nature of Cargo (NO CARGO ON BOARD), Amount Dry Cargo (NIL), Amount Bulk Liquid (NIL), Amount Deck Cargo (NIL), Speed (15.3KN), True Course (083), Draft Forward (5.10M), Draft Aft (6.22M), Atmospheric Conditions (Partly Cloudy checked), Distance of visibility (Over 5 Miles checked), Wind (Light checked), Sea (Smooth to Slight checked), Wind Direction (ESE), Direction of Sea (ESE), Direction of Swell (SSE), Navigation Equipment (Radar checked, VDR/S-VDR checked), Communications Equipment (Radiotelephone checked, CW checked), Auto Alarm Transmitted (No checked), Rules of the Road (Other specified as US WATER).

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.
Note 2. Propulsion - Steam Reciprocating, Steam Turbine, Turbo-Electric, Diesel, Diesel, Diesel-Electric, etc.
Note 3. Location - If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

32. Nature of the Casualty (Check one or more of the following. Give pertinent details in item 33.)		
<input checked="" type="checkbox"/>	COLLISION WITH OTHER VESSEL(S) (Give Name and Flag of Other Vessels)	EXPLOSION/FIRE (Other)
	OSV THUNDER/USA	GROUNDING
		FOUNDER (Sinking)
	COLLISION WITH FLOATING OR SUBMERGED OBJECTS	CAPSIZING WITHOUT SINKING
	COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)	FLOODING, SWAMPING, ETC., WITHOUT SINKING
	COLLISION WITH ICE	HEAVY WEATHER DAMAGE
	COLLISION WITH AIDS TO NAVIGATION	CARGO DAMAGE (No Vessel Damage)
	COLLISION (Other)	MATERIAL FAILURE (Vessel Structure)
	EXPLOSION/FIRE (Involving cargo)	MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)
	EXPLOSION/FIRE (Involving vessel's fuel)	
	FIRE (Vessel's structure or equipment)	EQUIPMENT FAILURE
	EXPLOSION (Boiler and associated parts)	CASUALTY NOT NAMED ABOVE
	EXPLOSION (Pressure vessels and compressed gas cylinders)	

33. DESCRIPTION OF CASUALTY (Events and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets, if necessary.)

VESSEL COLLISION WITH OSV THUNDER. AFTER COLLISION OCCURRED WE CARRIED OUT SOUNDING ALL TANKS ALL FOUND WATER INGRESS IN TO FPT, AND WBT No1 PORT SIDE WAS DEFORMED.

34. Number of Personnel	Crew	Passengers	Other	Totals	35. Estimated Property Losses	Dollars (USA)
(a) On Board	20	NIL	NIL	20	(a) To vessel	\$
(b) Known dead	NIL	NIL	NIL	NIL	(b) To cargo	\$
(c) Missing	NIL	NIL	NIL	NIL	(c) To other property	\$
(d) Injured	NIL	NIL	NIL	NIL	35. Is Vessel a Total Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	

37. Remarks (Indicate assistance rendered by shore stations and vessels; recommendations for corrective safety measures pertinent to this casualty; include explanation of any unsatisfactory lifesaving equipment. Attach additional sheets, if necessary.)

38. Deck Officer on Duty at Time of Casualty		39. Engineer on Duty at Time of Casualty	
Name BUI VAN TUNG		Name NGUYEN MINH HIEU	
Capacity 2/OFFICER	License No. [REDACTED]	Capacity 2/ENGINEER	License No. [REDACTED]
40. Date of Report 26TH JUL 2022	41. Submitted by (Print name) DAO TRONG CUONG	42. Signature [REDACTED]	43. Title MASTER