

APPENDIX A

OMB Control No. 2115-0003

| | | | | | | | | | | | |
|---|--|--|--|--|--|---|--|--|--|--|--|
| DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 4-97) | | REPORT OF MARINE ACCIDENT, INJURY OR DEATH | | | | RCS No. G-MOA UNIT CASE NUMBER | | | | | |
| SECTION I. GENERAL INFORMATION | | | | | | | | | | | |
| 1. Name of Vessel or Facility | | 2. Official No. | | 3. Nationality | | 4. Call Sign | | | | | |
| 5. USCG Certificate of Inspection issued at: | | 6. Type (Towing, Freight, Fish, Drill, etc.) | | 7. Length | | 8. Gross Tons | | | | | |
| 9. Year Built | | 10. Propulsion (Steam, diesel, gas, turbine...) | | 11. Hull Material (Steel, Wood...) | | 12. Draft (Ft. - in.) FWD AFT. | | | | | |
| 13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) | | 14. Date (of occurrence) | | 15. TIME (Local) | | 16. Location (See Instruction No. 10A) | | | | | |
| 17. Estimated Loss of Damage TO: | | 18. Name, Address & Telephone No. of Operating Co. | | VESSEL _____ | | CARGO _____ | | | | | |
| OTHER _____ | | 19. Name of Master or Person in Charge | | USCG License | | 20. Name of Pilot | | | | | |
| YES _____ NO _____ | | YES _____ NO _____ | | USCG License | | State License | | | | | |
| YES _____ NO _____ | | YES _____ NO _____ | | YES _____ NO _____ | | YES _____ NO _____ | | | | | |
| 19a. Street Address (City, State, Zip Code) | | 19b. Telephone Number | | 20a. Street Address (City, State, Zip Code) | | 20b. Telephone Number | | | | | |
| 21. Casualty Elements (Check as many as needed and explain in Block 44.) | | | | | | | | | | | |
| NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED _____ (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED _____ <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE | | | | <input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE | | | | <input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____ | | | |
| 22. Conditions | | | | | | | | | | | |
| A. Sea or River Conditions (wave height, river stage, etc.) | | B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____ | | C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT | | D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR | | | | | |
| | | | | | | E. DISTANCE (miles of visibility) _____ | | | | | |
| | | | | | | F. AIR TEMPERATURE (F) _____ | | | | | |
| | | | | | | G. WIND SPEED & DIRECTION _____ | | | | | |
| | | | | | | H. CURRENT SPEED & DIRECTION _____ | | | | | |
| 23. Navigation Information | | | | SPEED AND COURSE _____ | | 24. Last Port Where Bound | | | | | |
| <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING | | | | | | 24a. Time and Date of Departure | | | | | |
| 25. FOR TOWING ONLY | | 25a. NUMBER OF VESSELS TOWED | | 25b. TOTAL H.P. OF TOWING UNITS | | 25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S) | | | | | |
| | | Empty Loaded Total | | | | Length Width | | | | | |
| | | | | | | | | | | | |
| | | | | | | 25d. (Describe in Block 44.) | | | | | |
| | | | | | | <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW | | | | | |
| SECTION II. BARGE INFORMATION | | | | | | | | | | | |
| 26. Name | | 26a. Official Number | | 26b. Type | | 26c. Length | | | | | |
| 26d. Gross Tons | | 26e. USCG Certificate of Inspection Issued at: | | 26f. Year Built | | 26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE | | | | | |
| 26h. Draft FWD AFT | | 26i. Operating Company | | 26j. Damage Amount | | 26k. Describe Damage to Barge | | | | | |
| BARGE _____ | | | | CARGO _____ | | | | | | | |
| OTHER _____ | | | | | | | | | | | |

PREVIOUS EDITION IS OBSOLETE