DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD
CG-2692 (Rev. 6-87)

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

RCS No. G-MMI-4017
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:
VESSEL _____
CARGO _____
OTHER _____
18. Name, Address & Telephone No. of Operating Co.
19. Name of Master or Person in Charge — USCG License ☐ YES ☐ NO
20. Name of Pilot — USCG License ☐ YES ☐ NO — State License ☐ 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 _____
☐ DEATH - HOW MANY? _____
☐ MISSING - HOW MANY? _____
☐ INJURED - HOW MANY? _____
☐ HAZARDOUS MATERIAL RELEASED OR INVOLVED *(Identify Substance and amount in Block 44.)*
☐ OIL SPILL - ESTIMATE AMOUNT: _____
☐ CARGO CONTAINER LOST/DAMAGED
☐ COLLISION *(Identify other vessel or object in Block 44.)*
☐ GROUNDING ☐ WAKE DAMAGE

☐ FLOODING; SWAMPING WITHOUT SINKING
☐ CAPSIZING *(with or without sinking)*
☐ FOUNDERING OR SINKING
☐ HEAVY WEATHER DAMAGE
☐ FIRE
☐ EXPLOSION
☐ COMMERCIAL DIVING CASUALTY
☐ ICE DAMAGE
☐ DAMAGE TO AIDS TO NAVIGATION
☐ STEERING FAILURE
☐ MACHINERY OR EQUIPMENT FAILURE
☐ ELECTRICAL FAILURE
☐ STRUCTURAL FAILURE

☐ FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE *(Describe in Block 44.)*
☐ LIFESAVING EQUIPMENT FAILED OR INADEQUATE *(Describe in Block 44.)*
☐ BLOW OUT *(Petroleum exporation/production)*
☐ ALCOHOL INVOLVEMENT *(Describe in Block 44.)*
☐ DRUG INVOLVEMENT *(Describe in Block 44.)*
☐ OTHER *(Specify)*
_____
_____

22. Conditions

A. Sea or River Conditions *(wave height, river stage, etc.)*

B. WEATHER
☐ CLEAR
☐ RAIN
☐ SNOW
☐ FOG
☐ OTHER *(Specify)* _____

C. TIME
☐ DAYLIGHT
☐ TWILIGHT
☐ NIGHT

D. VISIBILITY
☐ GOOD
☐ FAIR
☐ POOR

E. DISTANCE *(miles of visibility)* _____
F. AIR TEMPERATURE (F) _____
G. WIND SPEED & DIRECTION _____ _____
H. CURRENT SPEED & DIRECTION _____ _____

23. Navigation Information
☐ MOORED, DOCKED OR FIXED
☐ ANCHORED ☐ UNDERWAY OR DRIFTING
SPEED AND COURSE _____ _____
24. Last Port Where Bound _____
24a. Time and Date of Departure

25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED	Empty	Loaded	Total	25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	Length	Width	25d. *(Describe in Block 44.)*
									☐ PUSHING AHEAD ☐ TOWING ASTERN ☐ TOWING ALONGSIDE ☐ 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. ☐ SINGLE SKIN ☐ DOUBLE
26h. Draft FWD AFT
26i. Operating Company
26j. Damage Amount
BARGE _____
CARGO _____
OTHER _____
26k. Describe Damage to Barge

PREVIOUS EDITION IS OBSOLETE

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved	27a. Name *(Last, First, Middle Name)*	27c. Status
☐ **MALE or** ☐ **FEMALE** ☐ DEAD ☐ INJURED ☐ MISSING	27b. Address *(City, State, Zip Code)*	☐ Crew ☐ Passenger ☐ Other

28. Birth Date	29. Telephone No.	30. Job Position	31. *(Check here if off duty)* ☐

32. Employer - *(if different from Block 18., fill in Name, Address, Telephone No.)*

33. Person's Time	YEAR(S)	MONTH(S)
A. IN THIS INDUSTRY -	_____	_____
B. WITH THIS COMPANY -	_____	_____
C. IN PRESENT JOB OR POSITION -	_____	_____
D. ON PRESENT VESSEL/FACILITY -	_____	_____
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -	_____	

34. Industry of Employer *(Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)*

35. Was the Injured Person Incapacitated 72 Hours or More?

36. Date of Death

37. Activity of Person at Time of Accident

38. Specific Location of Accident on Vessel/Facility

39. Type of Accident *(Fall, Caught between, etc.)*

40. Resulting Injury *(Cut, Bruise, Fracture, Burn, etc.)*

41. Part of Body Injured

42. Equipment Involved in Accident

43. Specific Object, Part of the Equipment in block 42., or Substance *(Chemical, Solvent, etc.)* that directly produced the Injury.

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occured, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. *(See instructions and attach additional sheets if necessary).*

45. Witness *(Name, Address, Telephone No.)*

46. Witness *(Name, Address, Telephone No.)*

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) *(Last, First, Middle)*	47b. Address *(City, State, Zip Code)*	47c. Title
		47d. Telephone No.
47a. Signature		47e. Date

FOR COAST GUARD USE ONLY	REPORTING OFFICE:

APPARENT CAUSE:

CASUALTY CODE **A B C**	INVESTIGATOR *(Name)*	DATE	APPROVED BY *(Name)*	DATE

INSTRUCTIONS

FOR COMPLETION OF FORM CG-2692

REPORT OF MARINE ACCIDENT, INJURY OF DEATH

AND FORM CG-2692A, BARGE ADDENDUM

In addition to the information requested on this form, also provide the name of the diving supervisor and, if applicable, a detailed report on gas embolism or decompression sickness as required by 46 CFR 197.410(a)(9).

Exempt from the commercial category are dives for:

1. Marine science research by educational institutions;
2. Research in diving equipment and technology;
3. Search and Rescue controlled by a government agency.

B. ALL OTHER DIVING. Diving accidents not covered by Instruction (6-A) but involving vessels subject to Instruction (2), VESSELS, must be reported if they result in death or injury causing incapacitation over 72 hours. (Ref. 46 CFR 4.03-1(c)).

HAZARDOUS MATERIALS

7. When an accident involves hazardous materials, public and environmental health and safety require immediate action. As soon as any person in charge of a vessel or facility has knowledge of a release or discharge of oil or a hazardous substance, that person is required to immediately notify the U. S. Department of Transportation's National Response Center (telephone toll-free 800-424-8802 - in the Washington, D.C. area call 202-426-2675). Anyone else knowing of a pollution incident is encouraged to use the toll-free telephone number to report it. If etiologic (disease causing) agents are involved, call the U.S. Public Health Service's Center for Disease Control in Atlanta, GA. (telephone 404-633-5313). (Ref. 42 USC 9603; 33 CFR 153; 49 CFR 171.15)

COMPLETION OF THIS FORM

8. This form should 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 question is not applicable, the abbreviation "NA" should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK" should be entered in that space. If "NONE" is the correct response, then enter it in that space.

9. When this form has been completed, deliver or mail it as soon as possible to the Coast Guard Marine Safety or Marine Inspection Office nearest to the location of the casualty or, if at sea, nearest to the port of first arrival.

10. Amplifying information for completing the form:

A. Block 16 - "LOCATION" - 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 these 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. Always identify the body of water or waterway referred to.

B. Tug or towboat with tow - Tugs or towboats with tows under their control should complete all applicable portions of the CG-2692. SECTION II should be completed if a barge causes or sustains damage or meets any other reporting criteria. If additional barges require reporting, the "Barge Addendum," CG-2692A, may be used to provide the information for the additional barges.

C. Moored/Anchored Barge - If a barge suffers a casualty while moored or anchored, or breaks away from its moorage, and causes or sustains reportable damages or meets any other reporting criteria, enter the location of its moorage in Block (1) of the CG-2692 and complete the form except for Blocks (2) through (13). The details will be entered in SECTION II for one barge and on the "Barge Addendum" CG-2692A, for additional barges.

D. SECTION III - Personnel Accident Information - SECTION III must be completed for a death or injury. In addition, applicable portions of SECTIONS I, II and IV must be completed. If more than one death or injury occurs in a single incident, complete one CG-2692 for one of the persons injured or killed, and attach additional CG-2692's, filling out Blocks (1) and (2) and SECTION III for each additional person.

E. BLOCK 44 - Describe the sequence of events which led up to this casualty. Include your opinion of the primary cause and any contributing causes of the casualty. Briefly describe damage to your vessel, its cargo, and other vessels/property. Include any recommendations you may have for preventing similar casualties. *ALCOHOL AND DRUG INFORMATION.* Provide the following information with regard to each person determined to be directly involved in the casualty: name, position aboard the vessel, whether or not the person was under the influence of alcohol or drugs at the time of the casualty, and the method used to make this determination. If toxicological testing is conducted the results should be included; if results are not available in a timely manner, provide the results of the toxicological test as soon as practical and indicate that this is the case in block 44 of the casualty form.

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.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692A (Rev. 6-82)	**BARGE ADDENDUM**	REPORTS CONTROL SYMBOL G-MMI-2115-0003

NOTE: This form may be used to report data for barges causing or sustaining damage in the accident described on form CG-2692. This form may only be used in addition to form CG-2692, never alone.

NAME OF VESSEL *(Use Same Name as Block 1., of CG-2692).*

DATE OF ACCIDENT: July 11, 1999

FOR BARGE CAUSING OR SUSTAINING DAMAGES

26. Name	26a. Official Number	26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:

26f. Year Built	26g. ☐ SINGLE SKIN ☐ DOUBLE SKIN	26h. Draft FWD	AFT	26i. Operating Company

26j. Damage Amount	26k. Describe Damage to Barge
DAMAGE TO BARGE _____	
CARGO _____	

FOR BARGE CAUSING OR SUSTAINING DAMAGES

26. Name	26a. Official Number	26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:

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CARGO _____	

SIGNATURE (of person making this report)

PREVIOUS EDITION MAY BE USED

FOR BARGE CAUSING OR SUSTAINING DAMAGES

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INSTRUCTIONS

FOR COMPLETION OF FORM CG-2692

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

AND FORM CG-2692A, BARGE ADDENDUM

WHEN TO USE THIS FORM

1. This form satisfies the requirements for written reports of accidents found in the Code of Federal Regulations for vessels, Outer Continental Shelf (OCS) facilities, mobile offshore drilling units (MODUs), and diving. The kinds of accidents that must be reported are described in the following instructions.

VESSELS

2. A vessel accident must be reported if it occurs upon the navigable waters of the U.S., its territories or possessions; or whenever an accident involves a U.S. vessel wherever the accident may occur. (Public vessels and recreational vessels are excepted from these reporting requirements.) The accident must also involve one of the following (ref. 46 CFR 4.05-1):

A. All accidental groundings and any intentional grounding which also meets any of the other reporting criteria or creates a hazard to navigation, the environment, or the safety of the vessel;

B. Loss of main propulsion or primary steering, or an associated component or control system, the loss of which causes a reduction of the maneuvering capabilities of the vessel. Loss means that systems, component parts, subsystems, or control systems do not perform the specified or required function;

C. An occurrence materially and adversely affecting the vessel's seaworthiness or fitness for service or route including but not limited to fire, flooding, failure or damage to fixed fire extinguishing systems, lifesaving equipment or bilge pumping systems;

D. Loss of life;

E. Injury causing any person to be incapacitated for a period in excess of 72 hours.

F. An occurrence not meeting any of the above criteria but resulting in damage to property in excess of $25,000. Damage cost includes the cost of labor and material to restore the property to the condition which existed prior to the casualty, but it does not include the cost of salvage, cleaning, gas freeing, drydocking or demurrage.

MOBILE OFFSHORE DRILLING UNITS

3. MODUs are vessels and are required to report an accident that results in any of the events listed by Instruction 2-A through 2-F for vessels. Ref. 46 CFR 4.05-1, 46 CFR 109.411)

4. All OCS facilities (except mobile offshore drilling units) engaged in mineral exploration, development or production activities on the Outer Continental Shelf of the U.S. are required by 33 CFR 146.30 to report accidents resulting in:

A. Death;

B Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours.

D. Damage affecting the usefullness of primary lifesaving or firefighting equipment;

E. Damage to the facility in excess of $25,000 resulting from a collision by a vessel;

F. Damage to a floating OCS facility in excess of $25,000.

5. Foreign vessels engaged in mineral exploration, development or production on the U. S. Outer Continental Shelf, other than vessels already required to report by Instructions 2 and 3 above, are required by 33 CFR 146.303 to report casualties that result in any of the following:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours.

DIVING

6. Diving casualties include injury or death that occurs while using underwater breathing apparatus while diving from a vessel or OCS facility.

A. COMMERCIAL DIVING. A dive is considered commercial if it is for commercial purposes from a vessel required to have a Coast Guard certificate of inspection, from an OCS facility or in its related safety zone or in a related activity, at a deepwater port or in its safety zone. Casualties that occur during commercial dives are covered by 46 CFR 197.486 if they result in:

1. Loss of life;
2. Injury causing incapacitation over 72 hours;
3. Injury requiring hospitalization over 24 hours.