USCG 2692 Report of Marine Accident Injury or Death

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

TEST ELECTRONIC VERSION

UNIT CASE NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility	2. Official No.	3. Nationality	4. Call Sign	5. Port of Registry
M.V. PORT IMPERIAL MANHATTAN	916221	U.S.	WBP 3384	NEW YORK

6. Type (Towing, Freight, Fish, Drill, etc.)	7. Length	8. Gross Tons	9. Year Built	10. Propulsion (Steam, Diesel, Gas Turbine, ...)
PASSENGER FERRY	87.2'	94	1987	DIESEL

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)
ALUMINUM	6'	8'			

16. Location (See Instruction No. 10A)

17. Estimated Loss or Damage TO

VESSEL $ _____

CARGO $ _____

OTHER $ _____

18. Name, Address & Telephone No. of Operating Co.
PORT IMPERIAL FERRY CORP.
PERSHING ROAD, WEEHAWKEN N.J.
07087

19. Name of Master or Person in Charge	USCG License	20. Name of Pilot	USCG License	State License
CAPT. DUKE SIOZON	☒ YES ☐ NO	N.A.	☐ YES ☐ NO	☐ YES ☐ NO

19a. Street Address (City, State, Zip Code)	19b. Telephone Number	20a. Street Address (City, State, Zip Code)	20b. Telephone Number
[redacted]	[redacted]	N.A.	N.A.

21. Casualty Elements (Check as many as needed and explain in Block 44.)

NO. OF PERSONS ON BOARD 11

- ☐ 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 exploration/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	C. TIME	D. VISIBILITY
	☒ CLEAR	☐ DAYLIGHT	☒ GOOD
	☐ RAIN	☐ TWILIGHT	☐ FAIR
	☐ SNOW	☒ NIGHT	☐ POOR
	☐ FOG		
	☐ OTHER (Specify) _____		

E. DISTANCE (miles) (of visibility) 8

F. AIR TEMPERATURE (F) 45° F

G. WIND SPEED & DIRECTION N-W. 15-20 KTS

H. CURRENT SPEED & DIRECTION EBB 2.5 KTS.

23. Navigation Information

☐ MOORED, DOCKED OR FIXED

☐ ANCHORED ☒ UNDERWAY OR DRIFTING

SPEED AND COURSE 8-10 KTS S.W.

24. Last Port Where Bound: PIER 78 N.Y. — LINCOLN HARBOR

24a. Time and Date of Departure 11/13/00 1552

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 (Barge, Raft, Log, Boom, Dry Dock, Marina, ...)

- ☐ PUSHING AHEAD
- ☐ TOWING ASTERN
- ☐ TOWING ALONGSIDE
- ☐ MORE THAN ONE TOW-BOAT ON TOW

SECTION II. BARGE INFORMATION

25. Name	25a. Official Number	25b. Type	25c. Length	25d. Gross Tons	25e. USCG Certificate of Inspection Issued at

25f. Year Built	25g.	25h. Draft FWD	AFT	25i. Operating Company
	☐ SINGLE SKIN ☐ DOUBLE SKIN			

25j. Damage Amount: BARGE $ _____ CARGO $ _____ OTHER $ _____

25k. Describe Damage to Barge

SECTION III. PERSON AND ACCIDENT INFORMATION

27. Person Involved: ☐ MALE or ☐ FEMALE ☐ DEAD ☐ MISSING ☐ INJURED	27a. Name (Last, First, Middle Name)	27c. Status: ☐ CREW ☐ PASSENGER ☐ OTHER (Specify)
	27b. Address (City, State, Zip Code)	
28. Birth Date	29. Telephone No.	30. Job Position	31. Check here if off duty ☐

32. Employer (If different from Block 18) (Mfr. Name, Address, Telephone No.)

33. Person's Time	YEARS	MONTHS
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? ☐ YES ☐ NO

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). 11/17/00 (PORT IMPERIAL)

1852 M.V. MANHATTAN DEPARTED FROM 38th ST. PIER 78 ON HER WAY TO LINCOLN HARBOR MARINA. APPROXIMATELY ABOUT 1854 I CAPT. DUKE SIOZON NOTICED SMOKED COMING OUT FROM THE PORT VENTILATION. I INSTRUCTED SENIOR DECKHAND FELIPE GONZALES TO GO DOWN THE MAIN DECK AND CHECK THE PROBLEM. IMEDIATELY, I CONTACTED THE MIDTOWN FERRY (M.V. HENRY HUDSON) ON CHAN. 69 ABOUT ~~OUR SITUAT~~ SMOKED COMING OUT FROM THE VENTI-LATION. MR. GONZALES CAME BACK AND REPORTED THAT FLAMES, SPARKS AND TREMENDOUS AMOUNT OF SMOKED AS SOON AS HE OPENED THE ENGINE ROOM DOOR. DURING THESE TIME THE VESSEL LOST STEERING AND THRUTTLE FAILURE. FEW SECONDS AFTER I ~~CALLED~~

45. Witness (Name, Address, Telephone No.)
SENIOR DECKHAND CARLOS SISA

46. Witness (Name Address, Telephone No.)
SENIOR DECKHAND FELIPE GONZALES

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle) CAPT. SIOZON, DUKE T.	47b. Address (City, State, Zip Code) [redacted]	47c. Title CAPTAIN
47a. Signature Duke T. Siozon		47d. T[redacted]
		47e. Date 11/17/00

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APPARENT CAUSE

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

MADE THE RADIO CONTACT FROM THE MIDTOWN FERRY. I LOST POWER ON MY RADIO.

I CAPT. DUKE SIOZON INSTRUCTED SENIOR DECKHAND GONZALES TO TAKE COMMAND ON THE WHEEL WHILE I WENT DOWN TO CHECKED THE PROBLEM. I WENT BACK TO THE WHEEL HOUSE AND MADE A DISTRESS CALL BY BLOWING AT LEAST 8-10 SHORT BLASTS.

DURING THE WHOLE INCIDENT SENIOR DECKHAND CARLOS SOSA TRIED TO PUT THE FIRE OUT BY USING THE FIRE EXTINGUISHER BUT TO NO AVAIL.

I INSTRUCTED BOTH DECKHANDS TO HELP PASSENGERS DONNING THE LIFE JACKETS, AT THE SAME TIME THEY INSTRUCTED ALL PASSENGERS TO MOVE TO THE OUTER DECK BOW. WHILE WAITING FOR ANY RESCUE VESSEL, WE DEPLOYED 3 LIFERAFTS INTO THE BOW.

~~AFTER FEW MINUTES~~ FEW MINUTES LATER, M.V. GEORGE WASHINGTON ARRIVED AND WENT BOW TO BOW ON OUR VESSEL. WE IMMEDIATELY INSTRUCTED ALL THE PASSENGERS TO TRANSFER TO THE M.V. GEORGE WASHINGTON. I DOUBLE CHECK THAT NO ONE WAS LEFT ON BOARD AND I CAPT. DUKE SIOZON WAS THE LAST PERSON TO ABANDONED THE VESSEL.

THE M.V. GEORGE WASHINGTON BROUGHT EVERY PASSENGER & CREW BACK TO PORT IMPERIAL N.J. UNDERWAY WE ASKED EVERY PASSENGERS IF THEY NEEDED ANY MEDICAL ATTENTION.

6 PASSENGERS REFUSED / & AGREED FOR SMOKE INHALTION TREATMENT