

Coast Guard 2692  
Report of Marine Accident Injury or Death  
*SS Norway*

Three (3) pages total including this cover

U. S. COAST GUARD CG-2692 (Rev. 6-87) INJURY OR DEATH UNIT CASE NUMBER

SECTION I. GENERAL INFORMATION
1. Name of Vessel or Facility: S/S NORWAY
2. Official No.: 710763
3. Nationality: BAHAMAS
4. Call Sign: C6CM7
5. USCG Certificate of Inspection issued at: St. Thomas
6. Type: PASSENGER
7. Length: 1,035 ft
8. Gross Tons: 76,049
9. Year Built: 1962
10. Propulsion: STEAM TURBINES
11. Hull Material: STEEL
12. Draft: 35.24 FWD, 35.01 AFT
13. If Vessel Classed, By Whom: BV
14. Date: 25 May 2003
15. Time: 0643hrs
16. Location: MIAMI, FLORIDA, USA
17. Estimated Loss or Damage TO: VESSEL \$ UNK, CARGO \$, OTHER \$ UNK
19. Name of Master: HAAKON GANGDAL
20. Name of Pilot:
19a. Street Address:
19b. Telephone Number:
20a. Street Address:
20b. Telephone Number:

21. Casualty Elements (Check as many as needed and explain in Block 44.)
NO. OF PERSONS ON BOARD 3,046
DEATH- HOW MANY? 2
MISSING- HOW MANY?
INJURED- HOW MANY? 21
HAZARDOUS MATERIAL RELEASED OR INVOLVED
OIL SPILL-ESTIMATE AMOUNT:
CARGO CONTAINER LOST/DAMAGED
COLLISION
GROUNDING
WAKE DAMAGE
FLOODING; SWAMPING WITHOUT SINKING
CAPSIZING
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
LIFESAVING EQUIPMENT FAILED OR INADEQUATE
BLOW OUT
ALCOHOL INVOLVEMENT
DRUG INVOLVEMENT
OTHER: BOILER EXPLOSION

22. Conditions
A. Sea or River Conditions
B. WEATHER: CLEAR, RAIN, SNOW, FOG, OTHER
C. TIME: DAYLIGHT, TWILIGHT, NIGHT
D. VISIBILITY: GOOD, FAIR, POOR
E. DISTANCE: 15-20 miles
F. AIR TEMPERATURE: 86 (F)
G. WIND SPEED & DIRECTION: 5 KTS NE
H. CURRENT SPEED & DIRECTION:

23. Navigation Information
MOORED, DOCKED OR FIXED
ANCHORED
UNDERWAY OR DRIFTING
SPEED AND COURSE
24. Last Port Where Bound: GREAT STIRRUP CAY, MIAMI
24a. Time and Date of Departure: 24May03,6P

25. TOWING INFORMATION
FOR TOWING ONLY
NUMBER OF VESSELS TOWED
Empty, Loaded, Total
TOTAL H.P. OF TOWING UNITS
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 SKIN
26h. Draft FWD, AFT
26i. Operating Company
26j. Damage Amount: BARGE \$, CARGO \$, OTHER \$
26k. Describe Damage to Barge

00259

27. Person Involved <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> DEAD <input checked="" type="checkbox"/> MISSING <input checked="" type="checkbox"/> INJURED	27a. Name (Last, First, Middle Name) SEE 44	27c. Status <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER (Specify)
	27b. Address (City, State, Zip Code)	

28. Birth Date	29. Telephone No.	30. Job Position	31. (Check here if off duty) <input type="checkbox"/>
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32. Employer -(If different from Block 18., fill in Name, Address, Telephone No.)

33. Person's Time 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 -	YEAR(S)	MONTH(S)	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)
	_____	_____	
	_____	_____	35. Was the Injured Person Incapacitated 72 Hours or More? <input type="checkbox"/> YES <input type="checkbox"/> 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.)
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41. Part of Body Injured	42. Equipment Involved in Accident
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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 occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).

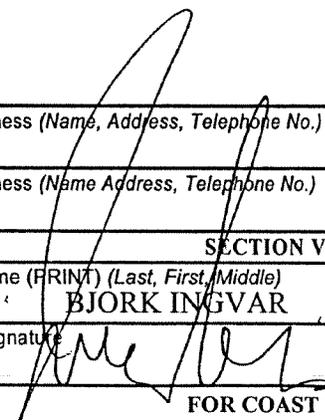
# 21 Hazardous Material Release - Asbestos  
 # 27 - # 43 See NTSB/ISCG Investigation  
 # 21 - 2 DEATHS INITIALLY.

See NTSB/USCG Investigation For All Deaths.  
 CG 2692 For reporting Purposes only.

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

46. Witness (Name Address, Telephone No.)

**SECTION V. PERSON MAKING THIS REPORT**

47. Name (PRINT) (Last, First, Middle) BJORK INGVAR	47b. Address (City, State, Zip Code)	47c. Title STAFF CAPTAIN
47a. Signature 		47d. Telephone No. +4646295262
		47e. Date 29 May 2003

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

APPARENT CAUSE

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