

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)		<h2 style="margin:0;">REPORT OF MARINE ACCIDENT, INJURY OR DEATH</h2>			RCS No. G-MOA MISLE NOTIFICATION NUMBER	
SECTION I. GENERAL INFORMATION						
1. Name of Vessel or Facility <b>SHONEN MAE II</b>		2. Official No. <b>647664</b>	3. Nationality <b>USA</b>	4. Call Sign <b>WCY 661P</b>	5. USCG Certificate of Inspection issued at:	
6. Type (Towing, Freight, Fish, Drill, etc.) <b>CHARTER FISHING</b>		7. Length <b>38.1</b>	8. Gross Tons <b>24</b>	9. Year Built <b>1980</b>	10. Propulsion (Steam, diesel, gas, turbine...) <b>DIESEL</b>	
11. Hull Material (Steel, Wood...) <b>FIBER GLASS</b>	12. Draft (Ft - in.) <b>FWD 4 AFT 7</b>		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) <b>NA</b>		14. Date (of occurrence) <b>9-19-05</b>	15. TIME (Local) <b>2030</b>
16. Location (See Instruction No. 10A) <b>#2 BUOY UMPQUA RIVER ENTRANCE</b>					17. Estimated Loss of Damage TO:  VESSEL \$ <u>120,000</u> CARGO _____ OTHER _____	
18. Name, Address & Telephone No. of Operating Co. <b>PACIFIC PIONEER CHARTERS LLC 470 BEACH BLVD PO. Box 1266 WINCHESTER BAN OR 97467</b>						
19. Name of Master or Person in Charge <b>RICHARD J. OBA</b>		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. Name of Pilot <b>NA</b>		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO	State License <input type="checkbox"/> YES <input type="checkbox"/> NO
19a. Street Address (City, State, Zip Code) [REDACTED]		19b. Telephone Number [REDACTED]	20a. Street Address (City, State, Zip Code) <b>NA</b>		20b. Telephone Number <b>NA</b>	
21. Casualty Elements (Check as many as needed and explain in Block 44.)						
NO. OF PERSONS ON BOARD _____ <input checked="" type="checkbox"/> DEATH - HOW MANY? <u>2</u> <input checked="" type="checkbox"/> MISSING - HOW MANY? <u>1</u> <input checked="" type="checkbox"/> INJURED - HOW MANY? <u>2</u> <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED _____ (Identify Substance and amount in Block 44.)  <input checked="" type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: <u>200 GALLONS DIESEL</u> <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 checked="" 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 checked="" 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 checked="" type="checkbox"/> TWILIGHT <input checked="" type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles of visibility) <u>4</u>	F. AIR TEMPERATURE (F) <u>55</u>
					G. WIND SPEED & DIRECTION <u>W 5</u>	H. CURRENT SPEED & DIRECTION <u>S 1</u>
23. Navigation Information <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING			SPEED AND COURSE <u>5 KTS SE</u>	24. Last Port Where Bound <b>WINCHESTER BAN</b> <b>SAME</b>		24a. Time and Date of Departure <b>0830</b> <b>9-19-05</b>
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)	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 BARGE _____ CARGO _____ OTHER _____			26k. Describe Damage to Barge			

SECTION III. PERSONNEL ACCIDENT INFORMATION			
27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> INJURED <input type="checkbox"/> MISSING	27a. Name (Last, First, Middle Name) <b>OBA RICHARD</b>	27c. Status <input checked="" type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	
28. Birth Date <b>2-28-47</b>		29. Telephone No. [REDACTED]	30. Job Position <b>MASTER</b>
31. (Check here if off duty) <input type="checkbox"/>			
32. Employer - (if different from block 10c., include name, address, telephone No.) <b>PACIFIC PIONEER CHARTERS LLC, 470 BENCH BLVD, POB 1266, WINCHESTER MA</b>			
33. Person's Time		34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) <b>CHARTER FISHING</b>	
A. IN THIS INDUSTRY -		YEAR(S)	MONTH(S)
B. WITH THIS COMPANY -		<u>4</u>	_____
C. IN PRESENT JOB OR POSITION -		<u>4</u>	_____
D. ON PRESENT VESSEL/FACILITY -		<u>4</u>	_____
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		<u>11</u>	
35. Was the Injured Person Incapacitated 72 Hours or More? <b>NO</b>		36. Date of Death	
37. Activity of Person at Time of Accident <b>MASTER OF VESSEL</b>			
38. Specific Location of Accident on Vessel/Facility <b># 2 BOOM UMPQUA RIVOL ENTRANCE</b>			
39. Type of Accident (Fall, Caught between, etc.) <b>BOAT CAPSIZING</b>		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.) <b>BRUISE</b>	
41. Part of Body Injured <b>BACK, RIB CAGE</b>		42. Equipment Involved in Accident <b>UNK</b>	
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). <b>SEE ATTACHED STATEMENT</b>
45. Witness (Name, Address, Telephone No.)
46. Witness (Name, Address, Telephone No.)

SECTION V. PERSON MAKING THIS REPORT		
47. Name (PRINT) (Last, First, Middle) <b>OBA, RICHARD J.</b>	47b. Address (City, State, Zip Code) [REDACTED]	47c. Title <b>MASTER</b>
47a. Signature [REDACTED]	47d. Telephone No. [REDACTED]	47e. Date <b>9-24-05</b>

FOR COAST GUARD USE ONLY		REPORTING OFFICE:	
MISLE Incident Investigation Activity Data Entry:		MISLE Incident Investigation Activity Number (if applicable)	
<input type="checkbox"/> NONE	<input type="checkbox"/> PRELIMINARY	<input type="checkbox"/> DATA COLLECTION	<input type="checkbox"/> INFORMAL
		<input type="checkbox"/> FORMAL	
Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)
Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE