



FAX

TO: Mr. Beining
COMPANY: US Coast Guard
FAX: [REDACTED]
TELEPHONE: [REDACTED]

FROM: Niklas Peterstam, Captain
DEPARTMENT: Norwegian Dawn
FAX: [REDACTED]
TELEPHONE: [REDACTED]

DATE: April 18, 2005

NUMBER OF PAGES INCLUDING COVER: 5

Dear Sir:

Attached herewith are the USCG-2692 Reports of Injury of [REDACTED], passengers onboard M/S Norwegian Dawn.

Best regards,

[REDACTED SIGNATURE]

NIKLAS PETERSTAM
Master
M/S Norwegian Dawn

APR 18 2005

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
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SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility Norwegian Dawn		2. Official No. 9000046	3. Nationality Bahamas	4. Call sign C6FT7	5. USCG Certificate of Inspection issued at: 12/1/2004
6. Type (Towing, Freight, Fish, Drill, Passenger Vessel) Passenger Vessel	7. Length 965 ft.	8. Gross Tons 92,250 GT	9. Year Built 2002	10. Propulsion (Steam, diesel, gas, turbine...) Diesel	
11. Hull Material(Steel,Wood...) Steel	12. Draft (ft.-in) FWD. 27.8 ft AFT. 26.2 ft	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) DNV		14. Date (Of occurrence) 4/16/2005	15. Time (Local) 6:15 AM
16. Location (See instruction N. 10A) N32°28.6' W076°57.0'				17. Estimated Loss or Damage TO: VESSEL \$ _____ CARGO \$ _____ OTHER \$ _____	
18. Name, Address & Telephone No. of Operating Co. NCL (Bahamas) Ltd. 7665 Corporate Center Drive Miami, Florida 33126					
19. Name of Master or Person in Charge Niklas Peterstam		USCG License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. Name of Pilot 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) As above		19b. Telephone Number [REDACTED]		20a. Street Address (City, State, Zip Code) [REDACTED]	
				20b. Telephone Number ()	

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

NO. OF PERSONS ON BOARD 3,755 <input type="checkbox"/> DEATH-HOW MANY? <input type="checkbox"/> MISSING-HOW MANY? <input checked="" type="checkbox"/> INJURED-HOW MANY? 2 <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED <i>(Identify substance and amount in Block 44.)</i> <input type="checkbox"/> OIL SPILL-ESTIMATE AMOUNT: <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION <i>(Identify other vessel or object in Block 44)</i> <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) 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 <i>(Describe in Block 44.)</i> <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT <i>(Describe in Block 44.)</i> <input type="checkbox"/> DRUG INVOLVEMENT <i>(Describe in Block 44.)</i> <input type="checkbox"/> OTHER (Specify) _____
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22. Conditions

A. Sea or River Conditions <i>(wave height, river stage, etc.)</i>	B. WEATHER <input type="checkbox"/> CLEAR <input checked="" 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 checked="" type="checkbox"/> NIGHT	D. VISIBILITY <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles) 12 n miles <i>(of visibility)</i> F. AIR 15°C (F) G. WIND SPEED & DIRECTION 50 knots NNW H. CURRENT SPEED & DIRECTION 1.5 NNE
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23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING		SPEED AND COURSE 5 knots 042°	24. Last Port Where Bound Miami New York	24a. Time and Date of Departure 12:56am 4/15/05
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25. Towing Information

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.)
									<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		26h. 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 SKIN	26h. Draft FWD _____ AFT _____		26i. Operating Company			
26j. Damage Amount		26k. Describe Damage to Barge					
BARGE \$ _____ CARGO \$ _____ OTHER \$ _____							

SECTION III. PERSONNEL ACCIDENT INFORMATION

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

28. Birth Date 12/15/44 & 5/27/52	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 checked="" type="checkbox"/> No
	_____	_____	
	_____	_____	
			36. Date of Death

37. Activity of Person at Time of Accident

Lying in bed inside stateroom 9502

38. Specific Location of Accident on Vessel/Facility

39. Type of Accident (Fall, Caught between, etc.) Cut	40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.) Multiple Lacerations
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41. Part of Body Injured Face and body	42. Equipment involved in Accident None
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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).

Due to strong wave, debris from wood railing flew into the balcony window. Shattered glass hit the passengers' face and body resulting to multiple lacerations. No serious injuries obtained. Some other structural damages to the forward part of the ship. Inspected by Classification and USCG in Charleston, South Carolina.

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

46. Witness (Name, Address, telephone No.)

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT)(Last, First, Middle) Peterstam, Niklas	47b. Address (City, State, Zip Code) NCL (Bahamas) Ltd. 7665 Corporate Center Drive Miami, Florida 33126	47c. Title Captain
47a. Signature 		47d. Telephone No.
		47e. Date 4/16/2005

FOR COAST GUARD USE ONLY

MISLE Incident Investigation Activity Data Entry:		REPORTING OFFICE:	
<input type="checkbox"/> NONE	<input type="checkbox"/> PRELIMINARY	<input type="checkbox"/> DATA COLLECTION	MISLE Incident Investigation Activity Number (if applicable)
		<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

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	Empty	Loaded	Total			Length	Width

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OTHER \$ _____						

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28. Birth Date 8/31/63 & 11/17/54		29. Telephone No.	30. Job Position
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.)			31. (Check here if off duty) <input type="checkbox"/>

33. Person's Time	YEAR(S)	MONTH(S)	34. Industry of Employer (Towing, Fishing, Shipping Crew Supply, Drilling, etc.)
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-	_____	_____	
			35. Was the Injured Person Incapacitated 72 Hours or More? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			36. Date of Death

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47a. Signature [REDACTED]		47d. Telephone No. [REDACTED]
		47e. Date 4/16/2005

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REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry: NONE PRELIMINARY DATA COLLECTION MISLE Incident Investigation Activity Number (if applicable) INFORMAL FORMAL

Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	Date
Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No				