

|   |   |  |  |   |  |   |   |
|---|---|--|--|---|--|---|---|
| U.S. DEPARTMENT OF<br>HOMELAND SECURITY<br>U.S. COAST GUARD<br>CG-2692 (Rev. 06-04)   |   | <h2 style="margin:0;">REPORT OF MARINE ACCIDENT,<br/>INJURY OR DEATH</h2>  |  |   |  | RCS No. G-MOA<br>MISLE NOTIFICATION NUMBER                                |   |
|   |   | <b>SECTION I. GENERAL INFORMATION</b>  |  |   |  |   |   |
| 1. Name of Vessel or Facility<br><b>Kimberly Turecamo</b>   |   | 2. Official No.<br><b>618394</b>   | 3. Nationality<br><b>USA</b>   | 4. Call Sign<br><b>WCW4509</b>  | 5. USCG Certificate of Inspection issued at:<br><b>N/A</b>   |   |   |
| 6. Type (Towing, Freight, Fish, Drill, etc.)<br><b>Towing</b>   |   | 7. Length<br><b>105'</b>   | 8. Gross Tons<br><b>149</b>  | 9. Year Built<br><b>1980</b>  | 10. Propulsion (Steam, diesel, gas, turbine...)<br><b>Diesel</b>   |   |   |
| 11. Hull Material (Steel, Wood...)<br><b>Steel</b>  | 12. Draft (Ft. - in.)<br><b>FWD 12' AFT 15'</b>   |  | 13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)<br><b>ABS</b>   |   | 14. Date (of occurrence)<br><b>4/15/06</b>   | 15. TIME (Local)<br><b>0420</b>   |   |
| 16. Location (See Instruction No. 10A)<br><b>Bayonne Bridge / Red Buoy # 14</b>   |   |  |  | 17. Estimated Loss of Damage TO:<br><br>VESSEL <u>TBD</u><br>CARGO <u>0</u><br>OTHER _____                                  |  |   |   |
| 18. Name, Address & Telephone No. of Operating Co.<br><b>Moran Towing of New York and New Jersey<br/>50 Locust Avenue<br/>New Canaan, CT 06840 (203) 442-2800</b>   |   |  |  |   |  |   |   |
| 19. Name of Master or Person in Charge<br><b>Jason Ginas</b>  |   | USCG License<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | 20. Name of Pilot<br><b>N/A</b>  |   | USCG License<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | State License<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| 19a. Street Address (City, State, Zip Code)<br><b>BOX 155, GORRUSSETT VILAGE</b>  |   | 19b. Telephone Number<br><b>203-442-2800</b>   | 20a. Street Address (City, State, Zip Code)  |   | 20b. Telephone Number  |   |   |
| 21. Casualty Elements (Check as many as needed and explain in Block 44.)  |   |  |  |   |  |   |   |
| <input type="checkbox"/> NO. OF PERSONS ON BOARD _____<br><input type="checkbox"/> DEATH - HOW MANY? _____<br><input type="checkbox"/> MISSING - HOW MANY? _____<br><input type="checkbox"/> INJURED - HOW MANY? _____<br><input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED _____<br>(Identify Substance and amount in Block 44.)<br><br><input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____<br><br><input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED _____<br><input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.)<br><input checked="" type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE |   | <input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING<br><input type="checkbox"/> CAPSIZING (with or without sinking)<br><input type="checkbox"/> FOUNDERING OR SINKING<br><input type="checkbox"/> HEAVY WEATHER DAMAGE<br><input type="checkbox"/> FIRE<br><input type="checkbox"/> EXPLOSION<br><input type="checkbox"/> COMMERCIAL DIVING CASUALTY<br><input type="checkbox"/> ICE DAMAGE<br><input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION<br><input type="checkbox"/> STEERING FAILURE<br><input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE<br><input type="checkbox"/> ELECTRICAL FAILURE<br><input type="checkbox"/> STRUCTURAL FAILURE |  |   | <input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)<br><input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)<br><input type="checkbox"/> BLOW OUT (Petroleum exorption/production)<br><input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.)<br><input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.)<br><input type="checkbox"/> OTHER (Specify) _____ |   |   |
| 22. Conditions  |   |  |  |   |  |   |   |
| A. Sea or River Conditions (wave height, river stage, etc.)   | B. WEATHER<br><input type="checkbox"/> CLEAR<br><input type="checkbox"/> RAIN<br><input type="checkbox"/> SNOW<br><input checked="" type="checkbox"/> FOG<br><input type="checkbox"/> OTHER (Specify) _____ |  | C. TIME<br><input type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> TWILIGHT<br><input checked="" type="checkbox"/> NIGHT | D. VISIBILITY<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input checked="" type="checkbox"/> POOR | E. DISTANCE (miles of visibility) <b>0</b>   | F. AIR TEMPERATURE (F) _____  |   |
|   |   |  |  |   | G. WIND SPEED & DIRECTION <b>Calm</b>  | H. CURRENT SPEED & DIRECTION <b>end of ebb</b>                            |   |
| 23. Navigation Information<br><input type="checkbox"/> MOORED, DOCKED OR FIXED<br><input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING  |   |  | SPEED <b>5.8</b><br>AND<br>COURSE _____  | 24. Last Port Where Bound <b>New York Harbor assist</b>   |  | 24a. Time and Date of Departure   |   |
| 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.)<br><input type="checkbox"/> PUSHING AHEAD<br><input type="checkbox"/> TOWING ASTERN<br><input type="checkbox"/> TOWING ALONGSIDE<br><input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW |
| <b>SECTION II. BARGE INFORMATION</b>  |   |  |  |   |  |   |   |
| 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<br><input type="checkbox"/> DOUBLE  | 26h. Draft<br><b>FWD AFT</b>   |  | 26i. Operating Company  |  |   |   |
| 26j. Damage Amount<br>BARGE _____<br>CARGO _____<br>OTHER _____   |   |  | 26k. Describe Damage to Barge  |   |  |   |   |

**SECTION III. PERSONNEL ACCIDENT INFORMATION**

|   |                   |   |   |  |
|---|-------------------|---|---|--|
| 27. Person Involved<br><input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE<br><input type="checkbox"/> DEAD <input type="checkbox"/> INJURED<br><input type="checkbox"/> MISSING |                   | 27a. Name (Last, First, Middle Name)<br>N/A<br>27b. Address (City, State, Zip Code) |   | 27c. Status<br><input type="checkbox"/> Crew<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Other |
| 28. Birth Date  | 29. Telephone No. | 30. Job Position  |   | 31. (Check here if off duty)<br><input type="checkbox"/>   |
| 32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.)  |                   |   |   |  |
| 33. Person's Time   |                   |   | 34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) |  |
| A. IN THIS INDUSTRY -   |                   |   | YEAR(S)   | MONTH(S)   |
| 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?  |                   |   |   |  |
| 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 occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).

Tug Kimberly Turecamo touched bottom while assisting the New Delhi Express standing by on her starboard quarter.

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

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

**SECTION V. PERSON MAKING THIS REPORT**

|   |  |                                  |  |
|---|--|----------------------------------|--|
| 47. Name (PRINT) (Last, First, Middle)<br>Klaben, Daniel J. |  | 47c. Title<br>Risk Manager       |  |
| 47a. Address (City, State, Zip Code)<br>Same as # 18 above  |  | 47d. Telephone No.<br>[REDACTED] |  |
| 47a. Signature [REDACTED]                                   |  | 47e. Date 4/18/06                |  |

**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)                | DATE                            |  |
| Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      |  |                                   |                                 |  |