OMB Control No. 1625-0001

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
CG-2692 (Rev. 08-04)

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

RCS No. G-MOA
MISLE NOTIFICATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility: KITION	2. Official No.: 8000683	3. Nationality: BAHAMAS	4. Call Sign: C6TB9	5. USCG Certificate of Inspection issued at:
6. Type (Towing, Freight, Fish, Drill, etc.): TANKER	7. Length: 243 MIR	8. Gross Tons: 53,829	9. Year Built: 1994	10. Propulsion (Steam, diesel, gas, turbine): DIESEL
11. Hull Material (Steel, Wood): STEEL	12. Draft (Ft.-In.) FWD: 13.68 m AFT: 13.68 m	13. If Vessel Classed By Whom (ABS, LLOYDS, DNV, BV, etc.): DNV	14. Date (of occurrence): 10 FEB 2007	15. TIME (Local): 0737

16. Location (See Instruction No. 10A): MISS RIVER AT PORT ALLEN HWY BRIDGE

17. Estimated Loss of Damage TO:
VESSEL: pending survey
CARGO: none
OTHER: unk.

18. Name, Address & Telephone No. of Operating Co.:
V. Ships Switzerland SA
P.O. Box 6165 CH 1211 GENEVA
SWITZERLAND

19. Name of Master or Person in Charge: PERO METKOVIC	USCG License: YES [ ] NO [X]	20. Name of Pilot: J. STRAHAN JR.	USCG License: [X] YES [ ] NO; State License: [X] YES [ ] NO
19a. Street Address (City, State, Zip Code): MOLUNTSKA 16 2000 DUBROVNIK, CROATIA	19b. Telephone Number:	20a. Street Address (City, State, Zip Code): C/o BATON ROUGE PILOTS	20b. Telephone Number:

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

- [ ] NO. OF PERSONS ON BOARD: 24
- [ ] 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
- [X] 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: [X] CLEAR [ ] RAIN [ ] SNOW [ ] FOG [ ] OTHER (Specify)

C. TIME: [X] DAYLIGHT [ ] TWILIGHT [ ] NIGHT

D. VISIBILITY: [X] GOOD [ ] FAIR [ ] POOR

E. DISTANCE (miles of visibility): 10

F. AIR TEMPERATURE (F): 41°F

G. WIND SPEED & DIRECTION: LT AIR

H. CURRENT SPEED & DIRECTION: 4 KN RIVER

23. Navigation Information
- [ ] MOORED, DOCKED OR FIXED
- [ ] ANCHORED [X] UNDERWAY OR DRIFTING

SPEED AND COURSE: VARIED TURN FOR SEA

24. Last Port: PORT ALLEN, LA
Where Bound: CAPE TOWN, SA

24a. Time and Date of Departure: 0730 10 FEB 07

25.	25a.	Empty	Loaded	Total	25b.	25c.	Length	Width	25d. (Describe in Block 44)
FOR TOWING ONLY	NUMBER OF VESSELS TOWED				TOTAL H.P. OF TOWING UNITS	MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)			[ ] 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.	26h. Draft FWD	AFT	26i. Operating Company
	[ ] SINGLE SKIN [ ] DOUBLE			

26j. Damage Amount
BARGE
CARGO
OTHER

26k. Describe Damage to Barge

PREVIOUS EDITION IS OBSOLETE

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SECTION III. PERSONNEL ACCIDENT INFORMATION

27 Person Involved
☐ MALE or ☐ FEMALE
☐ DEAD ☐ INJURED
☐ MISSING

27a Name (Last, First, Middle Name)

27b Address (City State Zip Code)

27c Status
☐ Crew
☐ Passenger
☐ Other

28 Birth Date | 29 Telephone No | 30 Job Position | 31 (Check here if off duty) ☐

32 Employer - (If different from Block 18 fill in Name Address Telephone No)

33 Person's Time

	YEAR(S)	MONTH(S)
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?

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)

SEE ATTACHED STATEMENT

45 Witness (Name, Address, Telephone No)
DAMIR CROBSIC, CHIEF OFF. C/O V SHIPS

46 Witness (Name, Address, Telephone No.)
ERNESTO DAPAT 2ND OFF C/O V SHIPS

SECTION V. PERSON MAKING THIS REPORT

47 Name (PRINT) (Last, First, Middle)
METKOVIC PERO

47a Signature [redacted]

47b Address (City, State, Zip Code)
MOUNTSKA 10
20000 DUBROVNIK
CROATIA

47c Title
MASTER

47d Telephone No

47e Date 10 FEB 2007

FOR COAST GUARD USE ONLY | REPORTING OFFICE

MISLE Incident Investigation Activity Data Entry | MISLE Incident Investigation Activity Number (If applicable)

☐ NONE ☐ PRELIMINARY ☐ DATA COLLECTION ☐ INFORMAL ☐ FORMAL

Serious Marine Incident ☐ Yes ☐ No
Major Marine Casualty ☐ Yes ☐ No

INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE