

REPORT OF MARINE ACCIDENT,  
INJURY OR DEATH

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility <u>E. Press of the North</u>		2. Official No. <u>1140867</u>	3. Nationality <u>US</u>	4. Call Sign <u>WDB4791</u>	5. USCG Certificate of Inspection issued at: <u>Seattle WA</u>
6. Type (Towing, Freight, Fish, Drill, etc.) <u>Passenger</u>	7. Length <u>360'</u>	8. Gross Tons <u>276</u>	9. Year Built <u>03</u>	10. Propulsion (Steam, diesel, gas, turbine...) <u>diesel elect</u>	
11. Hull Material (Steel, Wood...) <u>Steel</u>	12. Draft (ft. - in.) FWD. <u>12'</u> AFT. <u>11'11"</u>	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) <u>ABS</u>		14. Date (of occurrence) <u>10-22-03</u>	15. TIME Local <u>1745</u>
16. Location (See Instruction No. 10A) <u>ICE Harbor Lock upper Gate</u>				17. Estimated Loss or Damage TO: VESSEL \$ _____ CARGO \$ _____ OTHER \$ _____	
18. Name, Address & Telephone No. of Operating Co. <u>American West Steamboat Co LLC</u> <u>2101 Fourth Ave Suite 1150</u> <u>Seattle WA 98121 (206) 292-9606</u>					
19. Name of Master or Person in Charge <u>Robert + Wengel</u>		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot <u>N/A</u>	
19a. Street Address (City, State, Zip Code) [REDACTED]		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 _____	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> DEATH- HOW MANY? _____	<input type="checkbox"/> CAPSIZING (with or without sinking)	<input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> MISSING- HOW MANY? _____	<input type="checkbox"/> FOUNDERING OR SINKING	<input type="checkbox"/> BLOW OUT (Petroleum exploration/production)
<input type="checkbox"/> INJURED- HOW MANY? _____	<input type="checkbox"/> HEAVY WEATHER DAMAGE	<input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.)
<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.)	<input type="checkbox"/> FIRE	<input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.)
<input type="checkbox"/> OIL SPILL-ESTIMATE AMOUNT: _____	<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED	<input type="checkbox"/> COMMERCIAL DIVING CASUALTY	
<input checked="" type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.)	<input type="checkbox"/> ICE DAMAGE	
<input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE 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	

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 checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles) (of visibility) <u>3+</u>	F. AIR TEMPERATURE (F) <u>70°</u>	G. WIND SPEED & DIRECTION <u>12-15 215°</u>	H. CURRENT SPEED & DIRECTION <u>N/A</u>
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23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED	SPEED AND COURSE <u>15 kt 024</u>	24. Last Port Where Bound <u>umatilla cr</u>	24a. Time and Date of Departure <u>1200/10-22-03</u>
<input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING		<u>Clarkston WA</u>	

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)	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
	Empty	Loaded	Total					

SECTION II. BARGE INFORMATION

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

SECTION III. PERSONNEL ACCIDENT INFORMATION

17. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DF <input type="checkbox"/> IG <input type="checkbox"/> INJURED		27a. Name (Last, First, Middle Name)	27c. Status <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER (Specify)
		27b. Address (City, State, Zip Code)	
18. Birth Date	29. Telephone No. ( )	30. Job Position	31. (Check here if off duty) <input type="checkbox"/>

2. Employer -(If different from Block 18., fill in Name, Address, Telephone No.)

3. Person's Time	YEAR(S)	MONTH(S)	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)
A. IN THIS INDUSTRY -	_____	_____	35. Was the Injured Person Incapacitated 72 Hours or More? <input type="checkbox"/> YES <input type="checkbox"/> NO
B. WITH THIS COMPANY -	_____	_____	
C. IN PRESENT JOB OR POSITION -	_____	_____	36. Date of Death
D. ON PRESENT VESSEL/FACILITY -	_____	_____	
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -	_____	_____	

7. Activity of Person at Time of Accident

3. Specific Location of Accident on Vessel/Facility

3. Type of Accident (Fall, Caught between, etc.)

40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)

1. Part of Body Injured

42. Equipment Involved in Accident

3. Specific Object, Part of the Equipment in Block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.

SECTION IV. DESCRIPTION OF CASUALTY

4. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).  
I Received the clearance to leave the lock from the lock master on ch 14 I gave the deck hands the order to let go all lines, and started to move the vessel out of the lock, we moved about 200 ft when we struck an underwater object, about where the upper gate was as the vessel moved over the gate I put both Z Drive in Reverse to stop the vessel after we stop we ported in the lock what the ch Eng & ch Mate survived the ships bidstle for Damage all the Damage was Round in the Fwd Ballast tank we called the US Corp of Engineer and they said the gate was Down all the way. I then tied off to the lock wall and called the uscg.

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

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

SECTION V. PERSON MAKING THIS REPORT

7. Name (PRINT) (Last, First, Middle) Wenger Robert John	47b. Address (City, State, Zip Code)	47c. Title Master
		47d. Telephone No. [REDACTED]
		47e. Date 10-22-03

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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