



AVIATION



HIGHWAY



MARINE



RAILROAD



PIPELINE

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MIR-26-27

Contact of Offshore Supply Vessel *Dry Tortugas* with Offshore Gas and Condensate Production Platform VK-817A

On August 16, 2025, about 0530 local time, the offshore supply vessel *Dry Tortugas* was approaching the offshore gas and condensate production platform Viosca Knoll Block 817A (VK-817A) in the Gulf of America, about 50 miles east of Venice, Louisiana, when the vessel contacted the platform (see figure 1 and figure 2).¹ One crewmember of the *Dry Tortugas* sustained a minor injury; no crewmembers aboard platform VK-817A were injured. No pollution was reported. Total damage to the vessel and platform was \$5 million.



Figure 1. Left to right: The *Dry Tortugas* underway in January 2024, and platform VK-817A at an unknown date after the casualty. (Sources: Scott Rambo, marinetraffic.com, and Third Coast)

¹ (a) In this report, all times are central daylight time, and all miles are nautical miles (1.15 statute miles) unless otherwise noted. (b) Visit [nts.gov](https://www.nts.gov) to find additional information in the [public docket](#) for this NTSB investigation (case no. DCA25FM054).

Casualty Summary

NTSB casualty category	Contact
Location	Gulf of America, 50 miles east of Venice, Louisiana 29°10.04' N, 088°27.35' W
Date	August 16, 2025
Time	0530 central daylight time (coordinated universal time –5 hrs)
Persons on board	4 (<i>Dry Tortugas</i>), 5 (platform VK-817A)
Injuries	1 minor (<i>Dry Tortugas</i>)
Property damage	\$5 million (<i>Dry Tortugas</i> \$500,000; platform VK-817A \$4.5 million)
Environmental damage	None
Weather	Visibility 13 mi, clear, winds north 2 kts, calm seas, air temperature 83°F, water temperature 86°F, morning twilight 0605, sunrise 0630
Waterway information	Gulf; depth 711 ft, current <1 knot

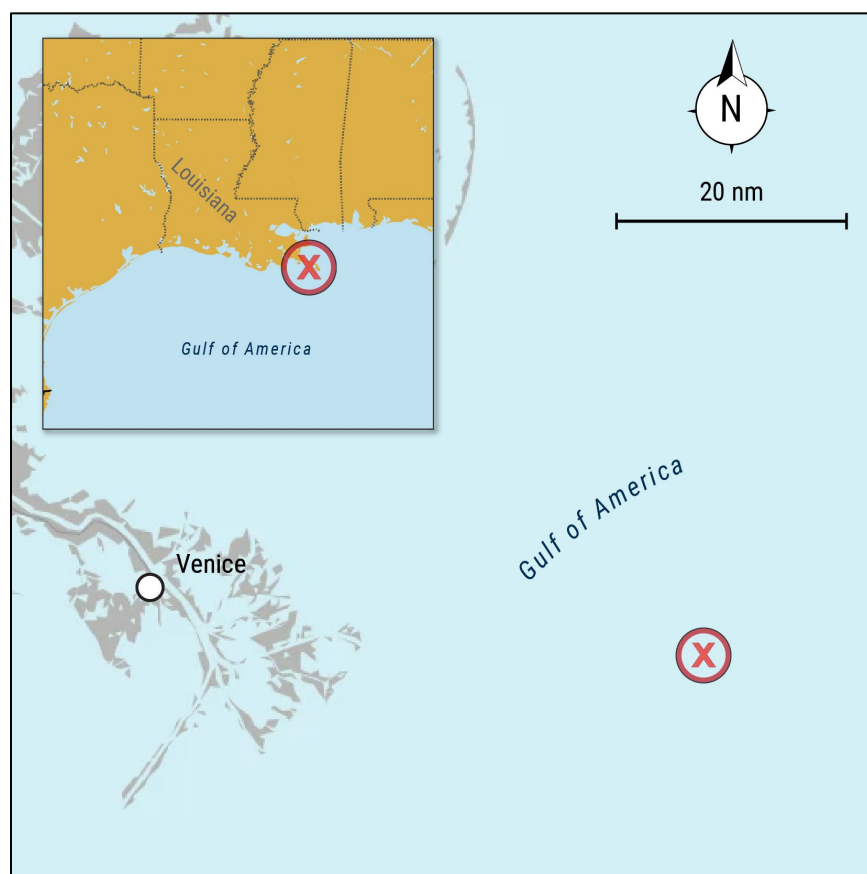


Figure 2. Area where the *Dry Tortugas* contacted platform VK-817A, as indicated by a circled X. (Background source: Google Maps)

1 Factual Information

On August 15, 2025, the 143-foot-long offshore supply vessel *Dry Tortugas* was drifting in the Gulf of America about 50 miles east of Venice, Louisiana, near the offshore gas and condensate production platform Viosca Knoll Block 817A (VK-817A). The vessel was standing by to transfer supplies and assist the platform with overwater construction work. The four crewmembers on board (a captain, a second captain, and two deckhands) worked 12-hour watch rotations; the second captain and deckhand 2 were assigned the 0000-1200 watch, and the captain and deckhand 1 were assigned the 1200-0000 watch.

On August 16, at 0000, the second captain and deckhand 2 assumed the wheelhouse watch from the captain and deckhand 1. During the watch changeover, the captain and the second captain discussed the plan for an upcoming crew transfer. The *Dry Tortugas* would remain near platform VK-817A until about 0600 before transiting to another platform, Main Pass Block 260, for a 0900 crew transfer.

While the vessel was standing by to assist the platform crew, the captain on watch would shut down the main engines, letting the *Dry Tortugas* drift away from platform VK-817A. When the vessel was a few miles away from the platform, the captain on watch would start the main engines, move the vessel closer to the platform, and then shut down the engines, allowing the vessel to drift again. On August 16, the second captain repeated this “every 2 to 3 hours” between 0000 and 0500. The current was about 1 knot during that time.

About 0500, the *Dry Tortugas* had drifted about 4 miles from the platform. The second captain started the main engines, engaged the autopilot, set a heading directly toward the platform, and began the transit back. Upon hearing the engines start, deckhand 2 joined the second captain in the wheelhouse to discuss the plan for the morning. About 0510, the deckhand left the wheelhouse to conduct a round of the engine room and to prepare breakfast in the galley.

At this time, there were five crewmembers on platform VK-817A; two crewmembers were on watch in the control room and three crewmembers were off watch and sleeping. A representative from the platform’s operating company, Third Coast, told investigators that crewmembers did not track vessel traffic around the platform either visually or through radar, automatic identification system, or other electronic means from the control room, and that this was typical. If support vessels approaching the platform needed to communicate with platform crewmembers, the crews could use VHF radio.

About 0515, as the *Dry Tortugas* autopilot steered the vessel, the second captain was seated in the wheelhouse chair at the helm station. He told investigators that he “nodded off for a moment” and the last thing he remembered was seeing the platform about 2 miles away. The *Dry Tortugas* continued toward platform VK-817A and, at 0530, contacted it at 6 knots. The impact knocked the second captain out of the chair and onto the deck of the wheelhouse, waking him up.

Upon standing, the second captain saw that the *Dry Tortugas* had struck the platform and that a portion of the platform’s structure had shattered the wheelhouse windows and had entered the wheelhouse. The vessel continued moving along the platform after the initial contact, pushing the platform’s structure farther into the wheelhouse, damaging the operating console and forcing the throttles ahead. Application of the throttles caused the vessel’s starboard side to slide along the platform.

After feeling the contact, deckhand 2, who had been in the galley at the time of impact, and the off-watch captain, who had been in his cabin, went to the wheelhouse. Upon arriving to the wheelhouse, the off-watch captain transferred throttle control to an aft operating station and backed the vessel away from the platform. About this time, deckhand 1, who had been in his cabin, also entered the wheelhouse.

Deckhand 2 went to the engine room to check for hull damage or flooding. Finding neither, he returned to the wheelhouse. Meanwhile, deckhand 1 administered first aid to the second captain, who received minor injuries to his hands, arms, and face from the broken wheelhouse windows.

The five crewmembers on platform VK-817A felt the contact. No injuries were reported by any of the platform crewmembers.

As a result of the contact with platform VK-817A, the forecastle deck and bow hull plating of the *Dry Tortugas* were damaged (see figure 3). The wheelhouse structure and interior components, exterior components atop the wheelhouse (the mast, search light, and horn, and the automatic identification system antenna), and the exterior wheelhouse deck and handrails were also damaged. Total damages to the *Dry Tortugas* were reported at \$500,000. The contact of *Dry Tortugas* with platform VK-817A damaged under-support structures, piping, walkways, and an access ladder (see figure 4). Total damages to platform VK-817A were estimated at \$4.5 million.

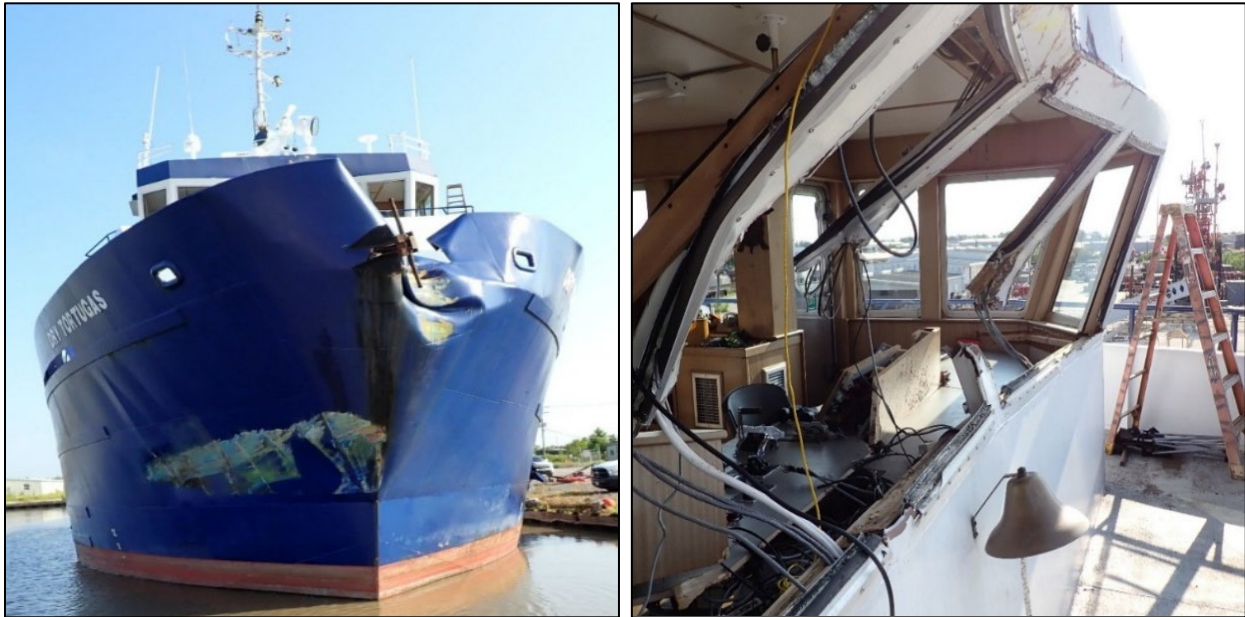


Figure 3. Left to right: Damage to the bow of the *Dry Tortugas*, and the wheelhouse structure after contacting platform VK-817A. (Source: US Coast Guard)

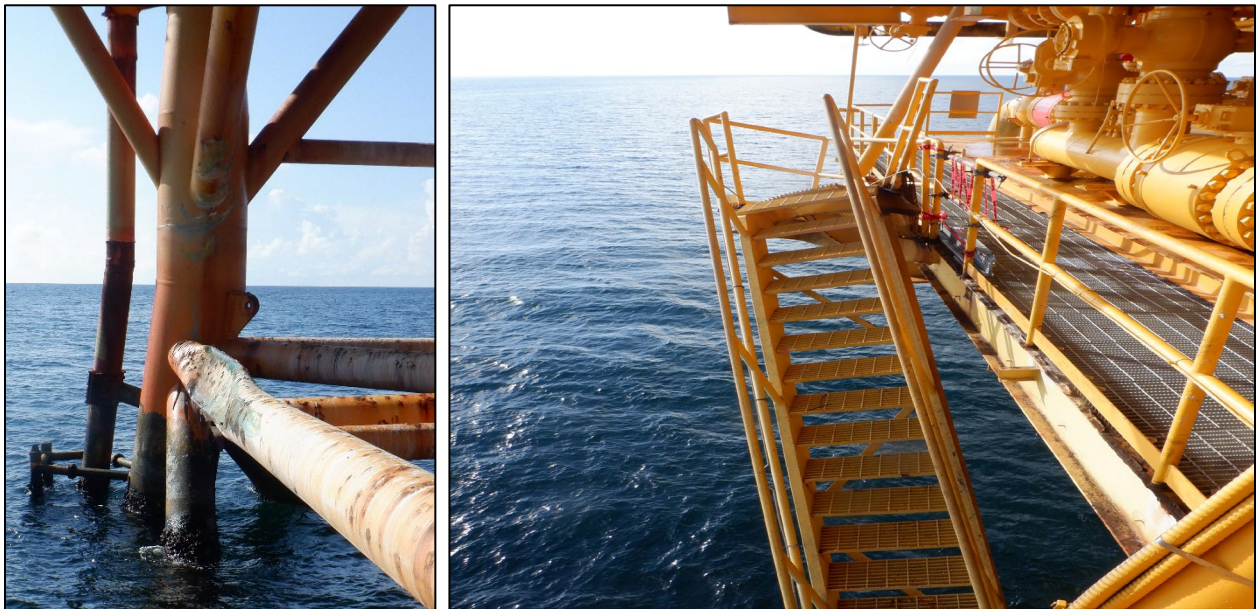


Figure 4. Left to right: Damage to the under-support piping, and the damaged access ladder on platform VK-817A. (Source: Third Coast)

The second captain submitted samples for alcohol and other drug testing within the required time following the contact; the results were negative. Investigators also reviewed the second captain's cell phone records, which showed no calls or text messages for almost 3 hours before the contact.

The second captain reported getting between 8 and 9 hours of sleep in each of the 3 days before the casualty, maintaining a consistent awake/sleep cycle. On each of these 3 days, the second captain had helped other crewmembers clean the bilge during his off-watch time for 2–3 hours. He noted that he was “a little more fatigued” and “sore” from the extra work.

The second captain had been assigned to the 0000–1200 watch for about 10 days at the time of the contact. He noted that the 0000–1200 watch is more difficult than the 1200–0000 watch because the “crucial hours” between 0400 and 0600 were “usually when people get tired.” The second captain told investigators that he “didn’t feel tired at the time [of the contact].”

Romeo Papa, LLC, the operating company of the *Dry Tortugas*, maintained a “Fatigue Management” section as part of its operating policies, which noted that “work hour limitations will be used to control employee job rotation schedules to manage fatigue, allow for sufficient sleep, and increase mental fitness.” A representative from the operating company told investigators that crewmembers were not required to work more than their scheduled 12-hour watch each day and that extra work performed by crewmembers exceeding 12 hours was at the discretion of the individual crewmember. The “Fatigue Management” section also noted that the operating company would “provide initial and annual training to all personnel” on fatigue management, recognition, and reporting. The second captain, who had worked for the operating company for 6 months, had not received any training related to fatigue. The operating company stated that “no official training has been conducted for crewman [including the second captain] regarding managing fatigue.”

The *Dry Tortugas* was not equipped with a watch alarm, nor was it required to be under regulations governing offshore supply vessels (Title 46 *Code of Federal Regulations* Subchapter L).² There were no other navigation alarms (radar or electronic charting system) set that would have awoken the second captain as the vessel approached the platform in autopilot.

After the contact, the operating company installed a motion-activated watch alarm in the wheelhouse.

² A *watch alarm system* is an automatic system that monitors wheelhouse activity to detect operator disability or absence. Systems vary in complexity, but a simple watch alarm requires the navigation watchstander to reset the alarm at preset time intervals to prevent the watchstander from falling asleep. If the watchstander does not reset the alarm, visual and then audible alarms activate in the wheelhouse. Additionally, the alarm may be configured such that if the alarm is not reset by the watchstander within a longer time period, it would alarm in other vessel spaces (such as the captain’s stateroom or crew lounge) to alert off-watch personnel.

2 Analysis

On August 16, 2025, while approaching the offshore gas and condensate production platform VK-817A in the Gulf of America, the offshore supply vessel *Dry Tortugas* contacted the platform after the second captain fell asleep while alone on watch in the wheelhouse.

The second captain reported getting between 8 and 9 hours of sleep each day for the 3 days before the contact. On these 3 days, the second captain volunteered to assist other crewmembers in cleaning the bilge, working for 2 to 3 hours each day during his 12 hours of off-watch time. He noted that he was “a little more fatigued” and “sore” as a result. (The operating company did not require the second captain, or any other crewmembers, to work beyond their scheduled 12-hour watch.) Even with sufficient sleep, an additional physical workload can lead to fatigue, especially when completed in addition to a normal watch schedule. Performance effects resulting from physical fatigue can include the same increased feelings of drowsiness and attentional lapses that a sleep deprived individual would experience.³ Given the second captain’s physical workload outside his typical watch schedule, it is likely that his fatigue level was elevated on the night of the contact.

The contact occurred at 0530, a period the second captain described as a time “when people get tired.” Research has shown that these “crucial hours” described by the second captain represent a time when an individual’s desire for sleep is the highest, known as a circadian low period.⁴ The circadian rhythm is a natural, 24-hour cycle regulating an individual’s desire for sleep, which dips and rises at different times of the day and night. During a circadian low period, an individual’s desire for sleep is increased and the performance effects of fatigue are more pronounced. It is likely that the second captain’s fatigue level was further increased by the effects of a circadian low period.

The *Dry Tortugas* was not equipped with a watch alarm, nor was it required to be. (After the contact, the operating company installed a watch alarm on board the *Dry Tortugas*.) While not a substitute for a well-rested operator, a watch alarm can help ensure that crewmembers remain awake and vigilant while on watch, especially when operating alone in the wheelhouse. The second captain was navigating alone in the wheelhouse, and, once he fell asleep, there were no other alarms (radar or electronic charting system) set that could have awoken him as the vessel approached the platform in autopilot. Had a watch alarm been installed and set to appropriate intervals, it may have awoken the second captain before the contact.

³ International Maritime Organization, “Guidelines on Fatigue,” MSC. 1/Circ. 1598, January 2019, 15.

⁴ *Enhancing Sleep Efficiency on Vessels in the Tug/Towboat/Barge Industry* (National Academies of Sciences, Engineering, and Medicine, 2016), <https://www.nationalacademies.org/read/21933>.

3 Conclusions

3.1 Probable Cause

The National Transportation Safety Board determines that the probable cause of the contact of the offshore supply vessel *Dry Tortugas* with the offshore gas and condensate production platform VK-817A was the on-watch captain falling asleep at the helm due to fatigue from work completed outside his scheduled 12-hour watch.

Vessel Particulars

Vessel	<i>Dry Tortugas</i>
NTSB vessel group	Offshore (Offshore supply vessel)
Owner/operator	Romeo Papa, LLC (Commercial)
Flag	United States
Port of registry	Houma, Louisiana
Year built	2009
Official number	1218689 (US)
IMO number	9585089
Classification society	American Bureau of Shipping
Length (overall)	143.3 ft (43.7 m)
Breadth (max.)	39.4 ft (12.0 m)
Draft (casualty)	11.5 ft (3.5 m)
Tonnage	99 GRT (707 GT ITC)
Engine power; manufacturer	2 × 1,000 hp (746 kW); Cummins K38-M diesel engines

NTSB investigators worked closely with our counterparts from **Coast Guard Sector New Orleans** throughout this investigation.

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For more detailed background information on this report, visit the [NTSB Case Analysis and Reporting Online \(CAROL\) website](#) and search for NTSB accident ID DCA25FM054. Recent publications are available in their entirety on the [NTSB website](#). Other information about available publications also may be obtained from the website or by contacting—

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