



Homeland
Security



USCG Sector
Maryland-NCR

Coast Guard Marine Investigations



U.S. COAST GUARD

Overview

- Why does the Coast Guard investigate marine casualties?
 - Actions available
- Marine Casualties
 - Definition
 - Examples
- Reporting Requirements
 - CG-2692
 - Chemical Testing
 - Contact Information

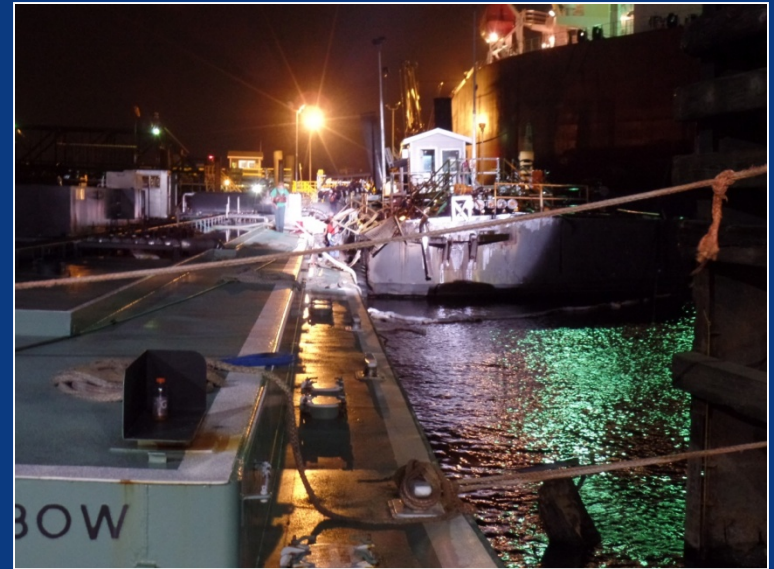


Why the CG investigates

- Mandated by Law and regulation
 - 46 USC 6101 & 46 CFR Part 4
- The investigations of marine casualties and accidents along with the determinations made are for the purpose of taking appropriate measures for promoting safety of life and property at sea.
- The CG investigation will attempt to determine:
Cause of accident - SHEL
 - Failure of equipment or procedures
 - Human error
 - Governmental failure (inadequate, or absence of regulation)
 - Whether further investigation by a Marine Board is required (normally reserved for more severe/complex incidents).

Appropriate Measures

- Data Collection
- Safety Recommendations
- Safety Alerts
 - Latent and unsafe conditions
- Administrative Actions
 - Letters of Warning
 - Civil Penalties
 - Suspension and Revocation



What is a Marine Casualty?

- Any casualty or accident involving any vessel other than a public vessel that
 - Occurs upon navigable waters of the United States, its territories or possessions
 - Involves any United States vessel wherever such casualty or accident occurs; or
 - A foreign tank vessel operating in waters subject to jurisdiction of the US, including the EEZ, and involves significant harm to the environment or material damage affecting the seaworthiness or efficiency of the vessel.



Types of Marine Casualties

- Any fall overboard, injury or loss of life of any person
- Grounding
- Stranding
- Foundering
- Flooding
- Collision
- Allision
- Explosion
- Fire
- Any Reduction or loss of propulsion and steering (even if momentary),
- Electrical power loss
- Any incident that might affect or impair vsl's seaworthiness
- Any incident that involving significant harm to the environment



Guidance

Navigation and Vessel Inspection Circular (NVIC) 01-15

- Marine Casualty Reporting Procedures Guide with Associated Standard Interpretations
- “Intended to serve as a common framework of understanding for both Coast Guard and maritime industry personnel.”



Reporting Requirement

- **IMMEDIATELY** after addressing all safety concerns. 46 CFR 4.05-1
 - Call to Coast Guard Command Center
 - VHF
 - Phone
- An entirely (all applicable blocks filled) completed 2692 submitted within 5 days of the occurrence. This form is in addition to the initial notification. 46 CFR 4.05-10

OMB Control No. 1625-0001

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 05-99)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH		RCS No. G-MOA MISLE NOTIFICATION NUMBER	
SECTION I. GENERAL INFORMATION					
1. Name of Vessel or Facility		2. Official No.		3. Nationality	
4. Type (Towing, Freight, Fish, Drill, etc.)		5. Gross Tons		6. Year Built	
7. Length		8. Draft (FT. - IN.) FWD AFT.		9. Propulsion (Steam, Diesel, Gas, Turbine, etc.)	
10. Hull Material (Steel, Wood, etc.)		11. If Vessel Classed, By Whom: (ABS, LLOYDS, etc.)		12. Date (of occurrence)	
13. Location (See Instruction No. 10A)		14. Estimated Loss of Damage TO:		15. TIME (Local)	
16. Name, Address & Telephone No. of Operating Co.		17. VESSEL CARGO OTHER		18. Name of Master or Person in Charge	
19. USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot		21. USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO	
22. Street Address (City, State, Zip Code)		23. Telephone Number		24. Street Address (City, State, Zip Code)	
25. Telephone Number		26. Street Address (City, State, Zip Code)		27. Telephone Number	
28. Casualty Elements (Check as many as needed and explain in Block 44)					
<input type="checkbox"/> NO. OF PERSONS ON BOARD <input type="checkbox"/> DEATH - HOW MANY? <input type="checkbox"/> MISSING - HOW MANY? <input type="checkbox"/> INJURED - HOW MANY? <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44) <input type="checkbox"/> GROUNDINGS <input type="checkbox"/> FLOODING, SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without 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 (Describe in Block 44) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44) <input type="checkbox"/> BLOW OUT (Petroleum exposure/introduction) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44) <input type="checkbox"/> OTHER (Specify)					
29. Conditions					
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input type="checkbox"/> CLEAR <input 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 type="checkbox"/> NIGHT	
D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		E. DISTANCE (miles of visibility)		F. AIR TEMPERATURE (°F)	
G. WIND SPEED & DIRECTION		H. CURRENT SPEED & DIRECTION		I. SPEED AND COURSE	
30. Navigation Information <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING		31. Last Port Where Boarded		32. Time and Date of Departure	
33. TOWING ONLY					
34. FOR TOWING ONLY					
35. NUMBER OF VESSELS TOWED					
36. Empty Loaded Total					
37. TOTAL H.P. OF TOWING UNITS (BOAT(S))					
38. MAXIMUM LENGTH Width					
39. PUSHING AHEAD TOWING ASTERN TOWING ALONGSIDE MORE THAN ONE TOWBOAT ON TOW					
40. SECTION II. BARGE INFORMATION					
41. Name		42. Official Number		43. Type	
44. Year Built		45. Draft FWD AFT		46. Operating Company	
47. Damage Account BARGE CARGO OTHER		48. Describe in Damage to Barge		49. USCG Certificate of Inspection issued at	

SECTION III. PERSONNEL ACCIDENT INFORMATION			
27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		28. Name (Last, First, Middle Name) 27b. Address (City, State, Zip Code)	
29. Birth Date		30. Telephone No.	
31. Job Position		32. (Check here if off duty)	
33. Employer - (If different from Block 18, fill in Name, Address, Telephone No.)			
34. Person's Time A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY -		35. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Dredging, etc.) 36. Was the Injured Person Incapacitated 72 Hours or More? 37. Date of Death	
38. Address of Person at Time of Accident			
39. Specific Location of Accident on Vessel/Facility			
40. Type of Accident (Fall, Caught between, etc.)		41. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)	
42. Part of Body Injured		43. Equipment Involved in Accident	
44. Specific Object, Part of the Equipment in Block 42, or Substance (Chemical, Solvent, etc.) that directly produced the injury			
SECTION IV. DESCRIPTION OF CASUALTY			
45. Describe how accident occurred, damage, information on abatement, involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary)			
46. Witness (Name, Address, Telephone No.)			
47. Witness (Name, Address, Telephone No.)			
SECTION V. PERSON MAKING THIS REPORT			
48. Name (PRINT) (Last, First, Middle)		49. Title	
49. Address (City, State, Zip Code)		49b. Telephone No.	
50. Signature		51. Date	
FOR COAST GUARD USE ONLY			
REPORTING OFFICE			
MISLE Incident Investigation Activity Data Entry:			
<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		DATE	
Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No		APPROVED BY (Name) DATE	

Reporting Requirements (cont.)

- Once completed, a CG-2692 can be delivered by:
 - Fax: 410-576-2553
 - Email (ensure the following addresses are attached)
 - D05-SMB-SECTORMD-NCR-INV@uscg.mil
 - Mailing Address:
 - USCG Sector Maryland-NCR
2401 Hawkins Point Road
Baltimore, MD 21226-1791
Attn: INV Division



Chemical Testing Requirements

- **Chemical testing required for all Serious Marine Incidents**
- Marine employer determination
- Law Enforcement Officer may make additional determinations
- DOES NOT prevent personnel from performing duties to respond to safety concerns
- Marine employer's responsibility to ensure individuals engaged or employed on board a vessel are fully indoctrinated in this requirement
- Testing can be done at any point if there is a belief that drugs/alcohol may have contributed to the incident.
 - Alcohol – within 2 hrs
 - Drug – within 32 hrs



Areas of Concern

- Within SEC Maryland-NCR AOR the most common marine casualties are:
 - Propulsion Casualties
 - Injuries
 - Cruise ship passengers
 - Illegal Charter / Passenger Operations



Reporting

- Will reporting a casualty adversely affect my license or employment opportunities?
 - i.e./ Will it negatively affect my record?
- Individuals involved in a casualty report are identified by role as either...
 - Witness
 - Other
 - Subject of Investigation



Reporting

- Despite what your role is, the information is only viewable to the Coast Guard, not to the public due to the Privacy Act. The following picture is a screen shot of an actual case pulled from www.homeport.uscg.mil under the investigations tab. As you can see, the information regarding the involved parties has been redacted, or blackened out.



Reporting

- Investigation report.

3. The Coast Guard called 13 witnesses to testify at the Hearing. None of the Parties in Interest called any witnesses. The witnesses are listed below:

- [REDACTED], Ocean Runner
- [REDACTED], Ocean Runner
- [REDACTED], Ocean Runner
- [REDACTED], on board the M/V LEE III on Friday, February 20, 2004
- [REDACTED], Second Captain on board the M/V CAPTAIN NICK
- [REDACTED], Federal Pilot on board the M/V COLUMBIA
- [REDACTED], Mate on board the M/V STONE BUCCANEER
- [REDACTED], Master on board the M/V ZIM MEXICO III
- [REDACTED], Pilot on board the M/V ZIM MEXICO III
- [REDACTED], Chief Mate on board the M/V ZIM MEXICO III
- [REDACTED], Helmsman on board the M/V ZIM MEXICO III
- [REDACTED], Lookout on board the M/V ZIM MEXICO III
- [REDACTED], Lookout on board the M/V ZIM MEXICO III

Reporting

- The public also has access to CGMIX – PSIX
 - United States **C**oast **G**uard **M**aritime **I**nformation **eX**change **P**ort **S**tate **I**nformation **eX**change
 - <https://cgmix.uscg.mil/PSIX/PSIXSearch.aspx>

Involved Parties	Involved Organizations
Party Name: CONKLIN, RICK ALAN	Organization Name: CAMPBELL TRANSPORTATION
Party Name: CREVDA, EDDIE M.	Organization Name: U. S. ARMY CORP OF ENGINEERS, PITTSBURGH DISTRICT
Party Name: Removed for Privacy	
Party Name: FISHER, THOMAS J.	
Party Name: Removed for Privacy	
Party Name: Removed for Privacy	
Party Name: Removed for Privacy	
Party Name: Removed for Privacy	
Party Name: STEWART, SCOTT ALLEN	
Party Name: Removed for Privacy	
Party Name: Removed for Privacy	
Party Name: Removed for Privacy	
Party Name: Removed for Privacy	
Party Name: Removed for Privacy	

QUESTIONS?

Investigations Division POC

LT Jeff Bender

Desk Phone: (410) 576-2513

Duty Investigator (24hr): (443) 257-2507

