

DEPARTMENT OF
TRANSPORTATION
U.S. COAST GUARD
CG-2692 (Rev. 4-97)

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

RCS No. G-MOA
UNIT CASE NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility		2. Official No.	3. Nationality	4. Call Sign	5. USCG Certificate of Inspection issued at:
6. Type (Towing, Freight, Fish, Drill, etc.)	7. Length	8. Gross Tons	9. Year Built	10. Propulsion (Steam, diesel, gas, turbine...)	
11. Hull Material (Steel, Wood...)	12. Draft (Ft - in.) FWD AFT.	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		14. Date (of occurrence)	15. TIME (Local)
16. Location (See Instruction No. 10A)				17. Estimated Loss of Damage TO:	
18. Name, Address & Telephone No. of Operating Co.				VESSEL _____ CARGO _____ OTHER _____	
19. Name of Master or Person in Charge		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot	
				USCG License State License <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code)		19b. Telephone Number		20a. Street Address (City, State, Zip Code)	
				20b. Telephone Number	

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

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"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE	<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 exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____
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22. 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 _____
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23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING	SPEED AND COURSE _____	24. Last Port Where Bound _____	24a. Time and Date of Departure _____
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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.)	
	Empty	Loaded	Total					<input type="checkbox"/> PUSHING AHEAD	<input type="checkbox"/> TOWING ASTERN

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. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE	26h. Draft FWD AFT	26i. Operating Company			
26j. Damage Amount			26k. Describe Damage to Barge			
BARGE _____						
CARGO _____						
OTHER _____						

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		27a. Name (Last, First, Middle Name)		27c. Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other
		27b. Address (City, State, Zip Code)		
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <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).				
45. Witness (Name, Address, Telephone No.)				
46. Witness (Name, Address, Telephone No.)				
SECTION V. PERSON MAKING THIS REPORT				47c. Title
47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47d. Telephone No.
47a. Signature				47e. Date
FOR COAST GUARD USE ONLY			REPORTING OFFICE:	
APPARENT CAUSE:				
CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE