

CG-2692

Report of Marine Accident, Injury or
Death

Three (3) pages total including this cover

**REPORT OF MARINE ACCIDENT,
INJURY OR DEATH**

RCS No. G-MMI-4017

FILE CASE NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility Express Shuttle II	2. Official No. 1053146	3. Nationality American	4. Call Sign WGX 6094	5. USCG Certificate of Inspection issued at: MSC TAMPA
6. Type (Towing, Freight, Fish, Drill, etc.)	7. Length R-65	8. Gross Tons R-43	9. Year Built 1997	10. Propulsion (Steam, diesel, gas, turbine...) diesel Reduction
11. Hull Material (Steel, Wood...) Fiberglass	12. Draft (ft. - in.) FWD. 1' AFT. 4.5'	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) USCG	14. Date of occurrence 17 OCTOY	15. TIME (Local) 1030

16. Location (See Instruction No. 10A) BITTER POINT COTTEE RIVER ENTRANCE.	17. Estimated Loss of Damage TO: VESSEL TOTAL LOSS. CARGO _____ OTHER _____
18. Name, Address & Telephone No. of Operating Co. PORT RICHEY CASINO 6520 RIDGE RD. PORT RICHEY FL. 34668	

19. Name of Master or Person in Charge Mario Robmora	USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. Name of Pilot	USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO	State License <input type="checkbox"/> YES <input type="checkbox"/> NO
19a. Street Address (City, State, Zip Code) 10531 46th Ave S. FL	19b. Telephone Number 727 571 1111	20a. Street Address (City, State, Zip)	20b. Telephone Number	

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

NO. OF PERSONS ON BOARD 3	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING	<input type="checkbox"/> FIRE-FIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> DEATH - HOW MANY? 0	<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? 0	<input type="checkbox"/> FOUNDERING OR SINKING	<input type="checkbox"/> BLOW OUT (Petroleum exorption/production)
<input type="checkbox"/> INJURED - HOW MANY? 1	<input type="checkbox"/> HEAVY WEATHER DAMAGE	<input type="checkbox"/> A-CO-COL INVOLVEMENT (Describe in Block 44.)
<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED	<input checked="" 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 type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.)	<input type="checkbox"/> ICE DAMAGE	
<input type="checkbox"/> GROUNDING	<input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION	
<input type="checkbox"/> WAKE DAMAGE	<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 or visibility) 10 M.
				F. AIR TEMPERATURE (F) 75°
				G. WIND SPEED & DIRECTION 0
				H. CURRENT SPEED & DIRECTION 1 KT INBOUND

23. Navigation Information <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING	SPEED AND COURSE _____	24. Last Port Where PORT RICHEY CASINO	24a. Time and Date of Departure 17 OCTOY 0930
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25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED	Empty	Loaded	Total	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
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SECTION II. BARGE INFORMATION

28. Name	28a. Official Number	28b. Type	28c. Length	28d. Gross	28e. USCG Certificate of Inspection issued at:
29f. Year Built	29g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE SKIN	29h. Draft FWD	AFT	29i. Operating Company	
29j. Damage Amount: BARGE _____ CARGO _____ OTHER _____			29k. Describe Damage to Barge		

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved <input checked="" 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) Cory Adam Byrd		27c. Status <input checked="" type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	
28. Birth Date [REDACTED]		27b. Address (City, State, Zip Code) [REDACTED] FL 34653		31. (Check here if off duty) <input type="checkbox"/>	
29. Telephone No. [REDACTED]		30. Job Position Deckhand			

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

33. Person's Time	A. IN THIS INDUSTRY -	YEAR(S)	MONTH(S)	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) CASINO - FERRY
	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?
NO

36. Date of Death
November 30, 1996

37. Activity of Person at Time of Accident
Deck Hand

38. Specific Location of Accident on Vessel/Facility
ENGINE ROOM

39. Type of Accident (Fall, Caught between, etc.)
Fire

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

41. Part of Body Injured
SMOKE INHALATION

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).

SMOKE NOTICED Coming from ENGINE ROOM, MAIN ENGINE S
SHUT DOWN. DECK HAND LIFTED ACCESS HATCH & SMOKE FILLED SALON.
NOTIFIED CAPT, CAPT came from BRIDGE & TRIED TO OPEN
ENGINE ROOM HATCH, FIRE & SMOKE FILLED THE SALON, MADE
THE SALON UNINHABITABLE, THE CAPT & CREW ABANDON SHIP
TO A SMALL PLEASURE VESSEL, THE PORT RICHY FIRE DEPT
PULLED HOSES ACROSS THE RIVER & TRIED TO PUT OUT
THE FIRE.

DRUG TESTS were TAKEN ON ALL THE CREW & CAPT.

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

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

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle) Conner Vince C.		47b. Address (City, State, Zip Code) [REDACTED] NB		47c. Title PORT CAPT.	
47a. Signature [REDACTED]		47d. Telephone No. [REDACTED]		47e. Date 18 OCT 04	

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

APPARENT CAUSE:

CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE