

## FEDERAL BUREAU OF INVESTIGATION

1

August 27, 1968

Date

Lt. JOSEPH J. SMITH, Officer in Charge, Marine Inspection Division, U. S. Coast Guard, 501 N. E. 1st Avenue, Room 301, Miami, Florida, advised that a Report on Vessel Casualty or Accident (U. S. Treasury Department form No. CG 2892), was completed on August 12, 1968, by Captain C. J. ANDERSON, Master of the British Freighter "Caribbean Venture" with regard to the damage which that vessel suffered on August 8, 1968. Lt. SMITH made available a copy of this form which is attached.

On 8/21/68 at Miami, Florida File # Miami 45-1168

by SA MICHAEL E. CRANE:ed Date dictated 8/27/68

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

TREASURY DEPARTMENT  
U. S. COAST GUARD  
CG-2692 (Rev. 4-61)

REPORT OF VESSEL CASUALTY OR ACCIDENT

Form Approved Budget Bureau  
No. 43-R114.5

REPORTS CONTROL SYMBOL  
MVI-4017

INSTRUCTIONS

1. An original and two copies of this form shall be submitted, without delay, to the Officer in Charge, Marine Inspection, in whose district the casualty occurred, or in whose district the vessel first arrived after such casualty.
  2. If the person making the report is a licensed officer on a vessel required to be manned by such officer, he must make the report in writing and in person to the proper Marine Inspector. If because of distance it may be inconvenient for such an officer to submit the report in person, he may submit the required number of copies by mail. However, to avoid delay in investigations, it is desired that reports be submitted in person.
  3. This form should be completed in full; blocks which do not apply to a particular case should be indicated as "NA". Where answers are unknown or none, they should be indicated as such. All copies should be signed.
- NOTE: (1) Report all deaths and injuries, which incapacitate in excess of 72 hours, on CG-924E whether or not there was a vessel casualty.  
(2) Attach separate Form CG-924E to this report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

TO: Officer in Charge, Marine Inspection, Port of MIAMI DATE SUBMITTED 12-8-68

I PARTICULARS OF VESSEL

1. NAME OF VESSEL <u>CARIBBEAN JEWEL</u>	2. OFFICIAL NUMBER <u>305457</u>	3. HOME PORT <u>MIAMI</u>	4. NATIONALITY <u>BRITISH</u>
5. TYPE OF VESSEL (Frt., pass., tkr., etc.) <u>UNDETERMINED</u>	6. PROPULSION (Steam, diesel, etc.) <u>DIESEL</u>	7. GROSS TONNAGE <u>7547.49</u>	8. REGISTERED LENGTH OR L.O.A. <u>311 ft. 5 in.</u>
9. HULL MATERIALS <u>STEEL</u>	10. YEAR BUILT <u>1968</u>	11. RADIO EQUIPMENT <input checked="" type="checkbox"/> TRANSMIT <input checked="" type="checkbox"/> RECEIVE <input checked="" type="checkbox"/> VOICE <input type="checkbox"/> CW (Key)	
12. (a) RADAR EQUIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(b) IF YES, RADAR OPERATING AT TIME OF CASUALTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13. (a) CERTIFICATE OF INSPECTION ISSUED AT PORT OF <u>MIAMI</u>	(b) DATE CERTIFICATE OF INSPECTION ISSUED <u>NO DATE</u>		
14. (a) NAME OF MASTER OR PERSON IN CHARGE (Indicate which) <u>Master Capt. G. J. ANDERSON</u>	(b) DATE OF BIRTH <u>26-11-32</u>	(c) LICENSED BY COAST GUARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. (a) NAME OF PILOT (If on board at time of accident) <u>Vessel alongside.</u>	(b) PILOT SERVING UNDER AUTHORITY OF LICENSE ISSUED BY <input type="checkbox"/> USCG <input type="checkbox"/> STATE <input type="checkbox"/> FOREIGN		
16. (a) NAME OF OWNER(S), OPERATOR(S) OR AGENT (Indicate which) <u>Owners Northumbrian Shipping Company.</u>	(b) ADDRESS OF OWNER(S), OPERATOR(S) OR AGENT <u>EXCHANGE BUILDINGS, QUAYSIDE, NEWCASTLE, ENGLAND.</u>		

II PARTICULARS OF CASUALTY

17. (a) DATE OF CASUALTY <u>8-8-68</u>	(b) TIME OF CASUALTY (Local or zone) <u>1315 Hrs.</u>	(c) ZONE DESCRIPTION	(d) TIME OF DAY <input checked="" type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> TWILIGHT
18. LOCATION OF CASUALTY (Latitude and longitude; distance and TRUE bearing from charted object; dock; anchorage; etc.) <u>Pier No. 3, MIAMI.</u>			
19. BODY OF WATER (Geographical name)	20. RULES OF THE ROAD APPLICABLE <input type="checkbox"/> INLAND <input type="checkbox"/> GREAT LAKES <input type="checkbox"/> WESTERN RIVERS <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> OTHER (Specify)		
21. (a) DID CASUALTY OCCUR WHILE UNDERWAY: <input type="checkbox"/> YES <input type="checkbox"/> NO (b) IF YES, LAST PORT OF DEPARTURE (c) IF YES, WHERE SOUNDED WHEN CASUALTY OCCURRED			
22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: <input type="checkbox"/> CLEAR <input type="checkbox"/> PARTLY CLOUDY <input type="checkbox"/> OVERCAST <input type="checkbox"/> FOG <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (Specify)			
(b) VISIBILITY (Miles, yds., ft., etc.)	(c) WIND DIRECTION <u>Light airs.</u>	(d) FORCE IN KNOTS <u>1/2</u>	(e) GUSTY <input type="checkbox"/> YES <input type="checkbox"/> NO (f) AIR TEMPERATURE <u>85° F.</u>
23. (a) SEA CONDITIONS WHEN CASUALTY OCCURRED	(b) SEA WATER TEMP (If available)	(c) HEIGHT OF SEA	(d) DIRECTION OF SEA (e) HEIGHT OF SWELL (f) DIRECTION OF SWELL
24. (a) NATURE OF CARGO (Specify) <u>No cargo onboard</u>	(b) AMOUNT OF DRY CARGO (Long tons)	(c) AMOUNT OF BULK LIQUID (Long tons)	(d) AMOUNT OF DECK LOAD (Long tons)
25. (a) DRAFT FORWARD <u>14'00"</u>		(b) DRAFT AFT <u>14'06"</u>	
26. (a) TYPES OF LIFESAVING EQUIPMENT USED, IF ANY <u>NONE</u>		(b) NO. LIVES SAVED WITH LIFE-SAVING EQUIPMENT	(c) LIFESAVING EQUIPMENT SATISFACTORY <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in item 34)

PREVIOUS EDITIONS ARE OBSOLETE

27.	CREW	PASSENGERS	OTHER (Specify)	28	ESTIMATED LOSS/DAMAGE TO YOUR VESSEL	\$
NUMBER ON BOARD	20	nil	nil		ESTIMATED LOSS/DAMAGE TO YOUR CARGO	\$
DEAD/MISSING	nil	nil	nil		ESTIMATED LOSS/DAMAGE TO OTHER PROPERTY	\$
INCAPACITATED (over 3 days)	nil	nil	nil		(Specify whether vessel, dock, bridge, etc.)	
29. NATURE OF THE CASUALTY (Check one or more of the following. Give pertinent details in item 30.)						
COLLISION WITH OTHER VESSEL(S) (Specify)				<input type="checkbox"/>	EXPLOSION/FIRE (Other)	
				<input type="checkbox"/>	GROUNDING	
				<input type="checkbox"/>	FOUNDER (Sinking)	
COLLISION WITH FLOATING OR SUBMERGED OBJECTS				<input type="checkbox"/>	CAPSIZING WITHOUT SINKING	
COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)				<input checked="" type="checkbox"/>	FLOODING, SWAMPING, ETC. WITHOUT SINKING	
COLLISION WITH ICE				<input type="checkbox"/>	HEAVY WEATHER DAMAGE	
COLLISION WITH AIDS TO NAVIGATION				<input type="checkbox"/>	CARGO DAMAGE (No vessel damage)	
COLLISION (Other)				<input type="checkbox"/>	MATERIAL FAILURE (Vessel structure)	
EXPLOSION/FIRE (Involving cargo)				<input type="checkbox"/>	MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)	
EXPLOSION/FIRE (Involving vessel's fuel)				<input type="checkbox"/>		
FIRE (Vessel's structure or equipment)				<input type="checkbox"/>	EQUIPMENT FAILURE	
EXPLOSION (Boiler and associated parts)				<input type="checkbox"/>	CASUALTY NOT NAMED ABOVE	
EXPLOSION (Pressure vessels and compressed gas cylinders)				<input type="checkbox"/>		
30. DESCRIPTION OF CASUALTY (Events and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets, if necessary)						
Bomb explosion in way of lower main seawater injection						
31. DAMAGE (Give brief general description and state if vessel is a total loss.)						
<p>Forward grid on Lower Main Seawater Injection Seabox blown off and floor plating turned into vessel's hull. After grid disappeared altogether with hole in vessel's hull in that vicinity 55" x 32", with hull plating turned into vessel. Plating buckled with fractures into starboard side of hole. A fracture approx. 40" x 5" to the centre of the hole and about 12" aft of the hole.</p> <p>Engine Room completely under water and no detailed damage of Engine Room machinery etc. possible.</p>						
III ASSISTANCE AND RECOMMENDATIONS						
32. AUTO ALARM TRANSMITTED BY YOUR VESSEL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
33(a) ASSISTANCE RENDERED BY STATIONS AND VESSELS (Include Coast Guard and other stations and vessels)				33(b) OTHER ASSISTANCE RENDERED		
Coast Guard gave telephone number from where assistance could be obtained.				London Salvage Co.		
34. RECOMMENDATIONS FOR CORRECTIVE SAFETY MEASURES PERTINENT TO THIS CASUALTY (Include explanation of unsatisfactory lifesaving equipment)						
TITLE				SIGNATURE		
MASTER.				<i>[Signature]</i>		

## FEDERAL BUREAU OF INVESTIGATION

Date August 14, 1968

**JOSEPH MOODY, U. S. Coast Guard, Miami Beach, Florida, who is a diver attached to this Coast Guard Station, was interviewed concerning the size and nature of the hole in the bottom of the "Caribbean Venture." MOODY has seven years diving experience and during the course of this experience has conducted a variety of underwater missions for the U. S. Coast Guard.**

After examining the underside of the "Caribbean Venture", MOODY stated that although the visibility was very poor due to the murky water and location of the ship, he would estimate that the hole blown in the bottom was approximately three feet wide and five feet long. He stated this hole was located amidships slightly to the starboard side, and appears to have occurred in the area where two strainers or grills are located over the main water injection intake. (After reviewing a sketch of the ship shown to him by the Engineer, MOODY stated this would appear to be in the area of ribs 55, 56, and 57). MOODY stated that the strainers, or grills that are attached to the intakes are attached to the bottom of the ship with numerous bolts and that to take off one of these grills or strainers is a three or four-hour job. He stated that during the course of his Coast Guard duties, he has, on occasion, removed such a strainer and that is on what he bases his opinion.

MOODY advised that after observing the hole, he would say that the explosion was caused by an explosive which was attached to one of the strainers or grills, inasmuch as all metal in that area was blown inward. He stated he could not locate either one of the grills which should be covering the intake, and that he presumes they were either blown into the ship, or blown into pieces and fell to the bottom of the harbor.

MOODY stated that in his opinion, the explosive was attached to the grill, probably either by wire or some type of toggling device by a swimmer who used air tanks.

MOODY advised that the hole in the bottom of the ship was large enough for both he and the diver from

On 8/8/68 at Miami, Florida File # Miami 45-1168

by SAs JOSEPH C. FRECHETTE and MICHAEL P. DOOHER JCF:ed Date dictated 8/13/68

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MM 45-1168

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the Dade County Public Safety Department to enter and observe the interior. He stated, however, that due to the poor visibility, approximately one foot, he was unable to ascertain if any parts of the hull, the strainer, or explosive devices were located inside.

MOODY stated that judging from his own past experience, he would say that the explosive was attached to the strainer or grill by an experienced skin diver. He stated this diver would, of necessity, have had to use underwater swimming tanks inasmuch as he knows of no one who could have accomplished such a feat without the aid of tanks. He stated that he believes that in this ship, or any other ship, the injection intakes can be located by an experienced diver by merely locating the smokestack on the ship and proceeding across the hull dead center from the stack. The intake could then be located by swimming either 15 or 20 feet fore or aft from that section. MOODY stated, however, that in order to locate anything on the underside of the ship, it takes a very experienced diver either using the seams of the ship, or a compass in order to keep from getting disoriented due to the darkness.

MOODY stated that he believes that this hold was made by a "shape charge".

## FEDERAL BUREAU OF INVESTIGATION

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Lt. JOSEPH J. SMITH, Officer in Charge, Marine Inspection Division, U. S. Coast Guard, 501 N. E. 1st Avenue, Room 301, Miami, Florida, advised that a Report on Vessel Casualty or Accident (U. S. Treasury Department form No. CG 2092), was completed on August 12, 1968, by Captain C. J. ANDERSON, Master of the British Freighter "Caribbean Venture" with regard to the damage which that vessel suffered on August 8, 1968. Lt. SMITH made available a copy of this form which is attached.

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REPORT OF VESSEL CASUALTY OR ACCIDENT

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  3. This form should be completed in full; blocks which do not apply to a particular case should be indicated as "NA". Where answers are unknown or none, they should be indicated as such. All copies should be signed.
- NOTE: (1) Report all deaths and injuries, which incapacitate in excess of 72 hours, on CG-924E whether or not there was a vessel casualty.  
(2) Attach separate Form CG-924E to this report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

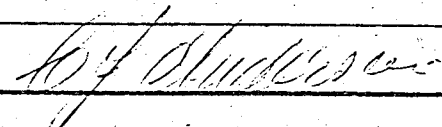
TO: Officer in Charge, Marine Inspection, Port of MIAMI DATE SUBMITTED I2-8-68

I PARTICULARS OF VESSEL

1. NAME OF VESSEL <u>CARTERIAN WHEAT</u>	2. OFFICIAL NUMBER <u>305457</u>	3. HOME PORT <u>MIAMI, FLA.</u>	4. NATIONALITY <u>BRITISH</u>
5. TYPE OF VESSEL ( <i>Frt., pass., tkr., etc.</i> ) <u>TRIMARAN</u>	6. PROPULSION ( <i>Steam, diesel, etc.</i> ) <u>DIESEL</u>	7. GROSS TONNAGE <u>1547.49</u>	8. REGISTERED LENGTH OR L. O. A. <u>311 ft. 5 in.</u>
9. HULL MATERIALS <u>STEEL</u>	10. YEAR BUILT <u>1968</u>	11. RADIO EQUIPMENT <input checked="" type="checkbox"/> TRANSMIT <input checked="" type="checkbox"/> RECEIVE <input checked="" type="checkbox"/> VOICE <input type="checkbox"/> CW (Key)	
12. (a) RADAR EQUIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(b) IF YES, RADAR OPERATING AT TIME OF CASUALTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13. (a) CERTIFICATE OF INSPECTION ISSUED AT PORT OF <u>MIAMI</u>	(b) DATE CERTIFICATE OF INSPECTION ISSUED <u>NO DATE.</u>		
14. (a) NAME OF MASTER OR PERSON IN CHARGE ( <i>Indicate which</i> ) <u>Master Capt. G. J. ANDERSON</u>	(b) DATE OF BIRTH <u>26-11-32</u>	(c) LICENSED BY COAST GUARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. (a) NAME OF PILOT ( <i>If on board at time of accident</i> ) <u>Vessel alongside.</u>	(b) PILOT SERVING UNDER AUTHORITY OF LICENSE ISSUED BY <input type="checkbox"/> USCG <input type="checkbox"/> STATE <input type="checkbox"/> FOREIGN		
16. (a) NAME OF OWNER(S), OPERATOR(S) OR AGENT ( <i>Indicate which</i> ) <u>Owens</u> <u>Horticultural Shipping Company.</u>	(b) ADDRESS OF OWNER(S), OPERATOR(S), OR AGENT <u>EXCHANGE BUILDINGS, QUAYSIDE,</u> <u>THE CASSEL, IRELAND.</u>		

II PARTICULARS OF CASUALTY

17. (a) DATE OF CASUALTY <u>8-8-68</u>	(b) TIME OF CASUALTY ( <i>Local or zone</i> ) <u>1315 Hrs.</u>	(c) ZONE DESCRIPTION	(d) TIME OF DAY <input checked="" type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> TWILIGHT
18. LOCATION OF CASUALTY ( <i>Latitude and longitude; distance and TRUE bearing from charted object; dock; anchorage; etc.</i> ) <u>Pier No. 3, MIAMI.</u>			
19. BODY OF WATER ( <i>Geographical name</i> )	20. RULES OF THE ROAD APPLICABLE <input type="checkbox"/> INLAND <input type="checkbox"/> GREAT LAKES <input type="checkbox"/> WESTERN RIVERS <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> OTHER ( <i>Specify</i> )		
21. (a) DID CASUALTY OCCUR WHILE UNDERWAY: <input type="checkbox"/> YES <input type="checkbox"/> NO			
(b) IF YES, LAST PORT OF DEPARTURE		(c) IF YES, WHERE BOUND WHEN CASUALTY OCCURRED	
22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> PARTLY CLOUDY <input type="checkbox"/> OVERCAST <input type="checkbox"/> FOG <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER ( <i>Specify</i> )			
(b) VISIBILITY ( <i>Miles, yds., ft., etc.</i> )	(c) WIND DIRECTION <u>Light airs.</u>	(d) FORCE IN KNOTS <u>1/2</u>	(e) GUSTY <input type="checkbox"/> YES <input type="checkbox"/> NO
(f) AIR TEMPERATURE <u>85° F.</u>	(g) SEA CONDITIONS WHEN CASUALTY OCCURRED	(h) SEA WATER TEMP ( <i>If available</i> )	(i) HEIGHT OF SEA
(j) DIRECTION OF SWELL	(k) DIRECTION OF SEA	(l) HEIGHT OF SWELL	(m) DIRECTION OF SWELL
23. (a) NATURE OF CARGO ( <i>Specify</i> ) <u>No cargo onboard</u>	(b) AMOUNT OF DRY CARGO ( <i>Long tons</i> )	(c) AMOUNT OF BULK LIQUID ( <i>Long tons</i> )	(d) AMOUNT OF DECK LOAD ( <i>Long tons</i> )
24. (a) DRAFT FORWARD <u>14'00"</u>		(b) DRAFT AFT <u>14'06"</u>	
25. (a) TYPES OF LIFESAVING EQUIPMENT USED, IF ANY <u>NONE</u>		(b) NO. LIVES SAVED WITH LIFESAVING EQUIPMENT	(c) LIFESAVING EQUIPMENT SATISFACTORY <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If no, explain in Item 34</i> )

27.	CREW	PASSENGERS	OTHER (Specify)	28	ESTIMATED LOSS/DAMAGE TO YOUR VESSEL	\$
NUMBER ON BOARD	20	nil	nil		ESTIMATED LOSS/DAMAGE TO YOUR CARGO	\$
DEAD/MISSING	nil	nil	nil		ESTIMATED LOSS/DAMAGE TO OTHER PROPERTY	\$
INCAPACITATED (over 3 days)	nil	nil	nil		(Specify whether vessel, dock, bridge, etc.)	
29. NATURE OF THE CASUALTY (Check one or more of the following. Give pertinent details in item 30.)						
	COLLISION WITH OTHER VESSEL(S) (Specify)			<input checked="" type="checkbox"/>	EXPLOSION/FIRE (Other)	
					GROUNDING	
					FOUNDER (Sinking)	
	COLLISION WITH FLOATING OR SUBMERGED OBJECTS				CAPSIZING WITHOUT SINKING	
	COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)			<input checked="" type="checkbox"/>	FLOODING, SWAMPING, ETC. WITHOUT SINKING	
	COLLISION WITH ICE				HEAVY WEATHER DAMAGE	
	COLLISION WITH AIDS TO NAVIGATION				CARGO DAMAGE (No vessel damage)	
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	EXPLOSION/FIRE (Involving cargo)				MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)	
	EXPLOSION/FIRE (Involving vessel's fuel)					
	FIRE (Vessel's structure or equipment)				EQUIPMENT FAILURE	
	EXPLOSION (Boiler and associated parts)				CASUALTY NOT NAMED ABOVE	
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III ASSISTANCE AND RECOMMENDATIONS						
32. AUTO ALARM TRANSMITTED BY YOUR VESSEL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
33(a) ASSISTANCE RENDERED BY STATIONS AND VESSELS (Include Coast Guard and other stations and vessels)				33(b) OTHER ASSISTANCE RENDERED		
Coast Guard gave telephone number from where assistance could be obtained.				London Salvage Co.		
34. RECOMMENDATIONS FOR CORRECTIVE SAFETY MEASURES PERTINENT TO THIS CASUALTY (Include explanation of unsatisfactory lifesaving equipment)						
TITLE				SIGNATURE		
MASTER.						



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U. S. COAST GUARD  
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REPORTS CONTROL SYMBOL  
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  2. If the person making the report is a licensed officer on a vessel required to be manned by such officer, he must make the report in writing and in person to the proper Marine Inspector. If because of distance it may be inconvenient for such an officer to submit the report in person, he may submit the required number of copies by mail. However, to avoid delay in investigations, it is desired that reports be submitted in person.
  3. This form should be completed in full; blocks which do not apply to a particular case should be indicated as "NA". Where answers are unknown or none, they should be indicated as such. All copies should be signed.
- NOTE: (1) Report all deaths and injuries, which incapacitate in excess of 72 hours, on CG-924E whether or not there was a vessel casualty.  
(2) Attach separate Form CG-924E to this report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

TO: Officer in Charge, Marine Inspection, Port of MIAMI DATE SUBMITTED I2-8-68

I PARTICULARS OF VESSEL

1. NAME OF VESSEL <u>CARIBBEAN VENTURE</u>	2. OFFICIAL NUMBER <u>305/57</u>	3. HOME PORT <u>NEWCASTLE</u>	4. NATIONALITY <u>BRITISH</u>
5. TYPE OF VESSEL ( <i>Frt., pass., tkr., etc.</i> ) <u>UNDEVELOPED</u>	6. PROPULSION ( <i>Steam, diesel, etc.</i> ) <u>DIESEL</u>	7. GROSS TONNAGE <u>1547.49</u>	8. REGISTERED LENGTH OR L. O. A. <u>311 ft. 5 in.</u>
9. HULL MATERIALS <u>STEEL</u>	10. YEAR BUILT <u>1968</u>	11. RADIO EQUIPMENT <input checked="" type="checkbox"/> TRANSMIT <input checked="" type="checkbox"/> RECEIVE <input checked="" type="checkbox"/> VOICE <input type="checkbox"/> CW (Key)	
12. (a) RADAR EQUIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(b) IF YES, RADAR OPERATING AT TIME OF CASUALTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13. (a) CERTIFICATE OF INSPECTION ISSUED AT PORT OF <u>MIAMI</u>		(b) DATE CERTIFICATE OF INSPECTION ISSUED <u>NO DATE</u>	
14. (a) NAME OF MASTER OR PERSON IN CHARGE ( <i>Indicate which</i> ) <u>Master, Capt. G. J. ANDERSON</u>		(b) DATE OF BIRTH <u>26-11-32</u>	(c) LICENSED BY COAST GUARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
15. (a) NAME OF PILOT ( <i>If on board at time of accident</i> ) <u>Vessel alongside.</u>		(b) PILOT SERVING UNDER AUTHORITY OF LICENSE ISSUED BY <input type="checkbox"/> USCG <input type="checkbox"/> STATE <input type="checkbox"/> FOREIGN	
16. (a) NAME OF OWNER(S), OPERATOR(S) OR AGENT ( <i>Indicate which</i> ) <u>Owners Hortimberon Shipping Company.</u>		(b) ADDRESS OF OWNER(S), OPERATOR(S), OR AGENT <u>EXCHANGE BUILDINGS, QUAYSIDE, NEWCASTLE, ENGLAND.</u>	

II PARTICULARS OF CASUALTY

17. (a) DATE OF CASUALTY <u>8-8-68</u>	(b) TIME OF CASUALTY ( <i>Local or zone</i> ) <u>1315 Hrs.</u>	(c) ZONE DESCRIPTION	(d) TIME OF DAY <input checked="" type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> TWILIGHT
18. LOCATION OF CASUALTY ( <i>Latitude and longitude; distance and TRUE bearing from charted object; dock; anchorage; etc.</i> ) <u>Pier No. 3, MIAMI.</u>			
19. BODY OF WATER ( <i>Geographical name</i> )	20. RULES OF THE ROAD APPLICABLE <input type="checkbox"/> INLAND <input type="checkbox"/> GREAT LAKES <input type="checkbox"/> WESTERN RIVERS <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> OTHER ( <i>Specify</i> )		
21. (a) DID CASUALTY OCCUR WHILE UNDERWAY: <input type="checkbox"/> YES <input type="checkbox"/> NO			
(b) IF YES, LAST PORT OF DEPARTURE		(c) IF YES, WHERE BOUND WHEN CASUALTY OCCURRED	
22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: <input type="checkbox"/> CLEAR <input type="checkbox"/> PARTLY CLOUDY <input type="checkbox"/> OVERCAST <input type="checkbox"/> FOG <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER ( <i>Specify</i> )			
(b) VISIBILITY ( <i>Miles, yds., ft., etc.</i> )	(c) WIND DIRECTION <u>Light airs.</u>	(d) FORCE IN KNOTS <u>1/2</u>	(e) GUSTY <input type="checkbox"/> YES <input type="checkbox"/> NO
(f) AIR TEMPERATURE <u>85° F.</u>	(g) DIRECTION OF SEA	(h) HEIGHT OF SWELL	(i) DIRECTION OF SWELL
23. (a) SEA CONDITIONS WHEN CASUALTY OCCURRED	(b) SEA WATER TEMP ( <i>If available</i> )	(c) HEIGHT OF SEA	(d) DIRECTION OF SWELL
24. (a) NATURE OF CARGO ( <i>Specify</i> ) <u>No cargo onboard</u>	(b) AMOUNT OF DRY CARGO ( <i>Long tons</i> )	(c) AMOUNT OF BULK LIQUID ( <i>Long tons</i> )	(d) AMOUNT OF DECK LOAD ( <i>Long tons</i> )
25. (a) DRAFT FORWARD <u>14'00"</u>		(b) DRAFT AFT <u>14'06"</u>	
26. (a) TYPES OF LIFESAVING EQUIPMENT USED, IF ANY <u>NONE</u>		(b) NO. LIVES SAVED WITH LIFESAVING EQUIPMENT	(c) LIFESAVING EQUIPMENT SATISFACTORY <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If no, explain in Item 34</i> )

PREVIOUS EDITIONS ARE OBSOLETE

(Over)

27.	CREW	PASSENGERS	OTHER (Specify)	28	ESTIMATED LOSS/DAMAGE TO YOUR VESSEL	\$
NUMBER ON BOARD	20	nil	nil	ESTIMATED LOSS/DAMAGE TO YOUR CARGO	\$	
DEAD/MISSING	nil	nil	nil	ESTIMATED LOSS/DAMAGE TO OTHER PROPERTY	\$	
INCAPACITATED (over 3 days)	nil	nil	nil	(Specify whether vessel, dock, bridge, etc.)		
29. NATURE OF THE CASUALTY (Check one or more of the following. Give pertinent details in item 30.)						
COLLISION WITH OTHER VESSEL(S) (Specify)				<input checked="" type="checkbox"/>	EXPLOSION/FIRE (Other)	
				<input type="checkbox"/>	GROUNDING	
				<input type="checkbox"/>	FOUNDER (Sinking)	
COLLISION WITH FLOATING OR SUBMERGED OBJECTS				<input type="checkbox"/>	CAPSIZING WITHOUT SINKING	
COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)				<input checked="" type="checkbox"/>	FLOODING, SWAMPING, ETC. WITHOUT SINKING	
COLLISION WITH ICE				<input type="checkbox"/>	HEAVY WEATHER DAMAGE	
COLLISION WITH AIDS TO NAVIGATION				<input type="checkbox"/>	CARGO DAMAGE (No vessel damage)	
COLLISION (Other)				<input type="checkbox"/>	MATERIAL FAILURE (Vessel structure)	
EXPLOSION/FIRE (Involving cargo)				<input type="checkbox"/>	MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)	
EXPLOSION/FIRE (Involving vessel's fuel)				<input type="checkbox"/>		
FIRE (Vessel's structure or equipment)				<input type="checkbox"/>	EQUIPMENT FAILURE	
EXPLOSION (Boiler and associated parts)				<input type="checkbox"/>	CASUALTY NOT NAMED ABOVE	
EXPLOSION (Pressure vessels and compressed gas cylinders)				<input type="checkbox"/>		
30. DESCRIPTION OF CASUALTY (Events and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets, if necessary).						
Bomb explosion in way of lower main seawater injection						
31. DAMAGE (Give brief general description and state if vessel is a total loss.)						
<p>Forward grid on Lower Main Seawater Injection Seabox blown off and floor plating turned into vessel's hull. After grid disappeared altogether with hole in vessel's hull in that vicinity 55" x 32", with hull plating turned into vessel. Plating buckled with fractures into starboard side of hole. A fracture approx. 40" x 5" to the centre of the hole and about 12" aft of the hole.</p> <p>Engine Room completely under water and no detailed damage of Engine Room machinery etc. possible.</p>						
III ASSISTANCE AND RECOMMENDATIONS						
32. AUTO ALARM TRANSMITTED BY YOUR VESSEL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
33(a) ASSISTANCE RENDERED BY STATIONS AND VESSELS (Include Coast Guard and other stations and vessels)				33(b) OTHER ASSISTANCE RENDERED		
Coast Guard gave telephone number from where assistance could be obtained.				London Salvage Co.		
34. RECOMMENDATIONS FOR CORRECTIVE SAFETY MEASURES PERTINENT TO THIS CASUALTY (Include explanation of unsatisfactory lifesaving equipment)						
TITLE				SIGNATURE		
MASTER.				<i>[Signature]</i>		

