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| August | 27, | 1968 |
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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 Cashalty or Accident (U. S. Treasury Department form No. CG 2002), 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 |
|----|------------|---|--|---|
| | | 700 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m | Committee to a service of the servic | • |
| by | SA MICHAEL | E. CRANE:ed | Date dicta | ated 8/27/68 |

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

REPORT OF VESSEL CASUALTY OR ACCIDENT

Form Approved Budget Bureau No: 48-R114.5

REPORTS CONTROL SYMBOL MYI-4017

INSTRUCTIONS

 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.

| gations, it is desired that reports | be submitt | ed in person. | casualty re | eported he | erein. | |
|--|--|--|-------------------------------------|-------------|-------------------------|--|
| TO: | | | | | DATE SUBM | ITTED |
| Officer in Charge, Marine In | spection, | Port of MITARIT | 1 | • : | 1 . | -868 |
| | · · · · · · · · · · · · · · · · · · · | - | RS OF VESSEL | | 1 72 | -0-00 |
| 1. NAME OF VESSEL | 2. OFFICIA | | 3. HOME PORT | | 1 | |
| i i | 1 0///0// | E NUMBER | J. HUME PURI | * : | 4. NATIONAL | . I TY |
| 5 TYPE OF VESSEL(Frt., pass., tkr., etc) | | 5.257 | THE COUNTY | | | <u>राजारम</u> |
| J. HIFE OF VESSEE(FR., pass., ikr., etc.) | : | DN(Steam, diesel, etc) | / GROSS TONNAGE | | 8. REGISTE | RED LENGTH OR L.O.A. |
| 9. HULL MATERIALS | | TESET, | TEAT 49 | | 377 | St. 5 in. |
| J. ROLL MATERIALS | 9. HULL MATERIALS 10. YEAR BUILT | | | | <i></i> | 08 / |
| Somet, | | I 1968 | TRANSMIT [| RECEIVE | E | OICE CW (Key) |
| 12. (a) RADAR EQUIPPED | | -2700 | (b) IF YES, RADAR OPERAT | TING AT TI | ME OF CASU | ALTY : |
| YES | N |) | YES | S NO | | |
| 13. (a) CERTIFICATE OF INSPECTION IS | SUED AT POR | T OF | (b) DATE CERTIFICATE O | F INSPECT | ON ISSUED | |
| T.T' AT | T | | . WO D | र व्यंक | | |
| 14. (a) NAME OF MASTER OR PERSON IN | | ate which) | (b) DATE OF BIRTH | | (c) LICENS | ED BY COAST GUARD |
| 353.5 | | | | | ☐ YE | : — |
| 15(a) NAME OF PILOT (If on board at lim | o of accident | <u> </u> | OF TT 30 (b) PILOT SERVING UNDER | AUTHORIT | , — | |
| 1 | | | USCG | | TATE | FOREIGN |
| Voscel alongo: 16. (a) NAME OF OWNER(S), OPERATOR(S) | OR AGENT (In | dianta malah) | (b) ADDRESS OF OWNER(S) | | | <u> </u> |
| | | areare willery | | | , | the second secon |
| Ovmens | | | ENCHANGE BUILDINGS, QUAYSIDE, | | | |
| - Cordinanterden Shinning | a Common | The state of the s | THE CASCILLATION OF THE | CIANID. | | |
| 17.(a) DATE OF CASUALTY | Tan 200 | | ARS OF CASUALTY | · | | |
| 17.(a) DATE OF CASUALIT | (b) TIME OF | CASUALTY(Local or | (c) ZONE DESCRIPTION | | (d) TIME OF | |
| | 1 7 | 375 Hrs. | | | X DAY | |
| 18. LOCATION OF CASUALTY (Latitude an | d longitude; | distance and TRUE b | earing from charted object | ct; dock; a | nchorago; et | c.) |
| This are No. 2 37747 | . • | | the second second | | | |
| Pier No.3.MIAI | | | | | | |
| 19 BODY OF WATER (Geographical name) | 20' RULES O | F THE ROAD APPLICA | BLE INLAND | GREAT L | AKES [| WESTERN RIVERS |
| | I 🗀 INT | ERNATIONAL [| OTHER (Specify) | • | | |
| | | | Omen (opocity) | | • | • |
| 21. (a) DID CASUALTY OCCUR WHILE UNDE | R#AY: | YES NO | | | | |
| (b) IF YES, LAST PORT OF DEPARTURE | | | (c) IF YES, WHERE BOUN | AD WHEN CA | SUAL TY OCC | IRRED |
| - | | | | | | J |
| 22. (a) WEATHER CONDITIONS WHEN CASU | ALTY OCCURS | ED: | | · | | |
| CLEAR PARTLY CLOUDY | OVERCAST | | 4.111 C C110W C 0 | T | | |
| (b) VISIBILITY (Milos, yds., ft., etc.) | (c) WIND D | | | THER (Spe | | |
| (b) (101012111 (mintos, yas., ni., etc.) | 1 | | (d) FORCE IN KNOTS | (a) GUSTY | | (I) AIR TEMPERATURE |
| 22 4 105 100 100 100 100 100 100 100 100 100 | | ht airs. | | | ОМ | |
| 23 (a) SEA CONDITIONS WHEN (b) SEA WAT CASUALTY OCCURRED (If avail | TER TEMP 'able) | (c) HEIGHT OF SEA | (d) DIRECTION OF SEA | (e) HE I GH | T OF SWELL | (1) DIRECTION OF SWELL |
| | | | | | | |
| | | | - | | | |
| 24.(a) NATURE OF CARGO (Specify) | (b) AMOUNT (| F DRY CARGO | (c) AMOUNT OF BULK LI | QU 1 D | | OF DECK LOAD |
| | | | (Long tone) | . • | (Long to | · |
| No cargo enboard | | | | | | |
| 25.(a) DRAFT FORWARD ; | | | (b) DRAFT AFT | | | |
| <u> </u> | 00# | | | 14108 | Çii | |
| 26.(a) TYPES OF LIFESAVING EQUIPMENT | USED, IF A | YY | (b) NO. LIVES SAVED WIT | | (c) LIFESAY | ING EQUIPMENT SATIS- |
| ****** | | | SAVING EQUIPMENT | | FACTORY | NC (If no, explain in |
| MOME | and the second s | • | | 11 1169 | a ny tao no, akalain in | |
| 1.0212 | | | | | | Item 34) |

| · | | | |
|-----|---|-------------|--|
| 27. | CREW PASSENGERS OTHER (Specify) | 28 | ESTIMATED LOSS DAMAGE TO YOUR VESSEL \$ |
| NUM | IBER ON EOARD 20 mil mil | 1 | ESTIMATED LOSS DAMAGE TO YOUR CARGO \$ |
| DEA | D/MISSING <u>pil</u> <u>nil</u> | | ESTIMATED LOSS DAMAGE TO OTHER PROPERTY \$ |
| INC | APACITATED (over 3 days) nil nil nil | 1 . (| (Specify whether vessel, dock, bridge, etc.) |
| 29. | NATURE OF THE CASUALTY (Check one or more of the following. Giv | e perti | nent details in item 30.) |
| | COLLISION WITH OTHER VESSEL(S) (Specify) | 4,5 | EXPLOSION/E-RE-(Other) |
| | | | GROUNDING |
| | | | FOUNDER (Sinking) |
| | COLLISION WITH FLOATING OR SUBMERGED OBJECTS | | CAPSIZING WITHOUT SINKING |
| | COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.) | 37 | FLOODING, SWAMPING, ETC., WITHOUT SINKING |
| | COLLISION WITH ICE | | HEAVY WEATHER DAMAGE |
| | COLLISION WITH AIDS TO NAVIGATION | | CARGO DAMAGE (No vessel damage) |
| | COLLISION (Other) | | MATERIAL FAILURE (Vessel structure) |
| | EXPLOSION/FIRE (Involving cargo) | | MATERIAL FAILURE (Engineering machinery, including main |
| | EXPLOSION/FIRE (Involving vessel's fuel) | 1 | propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.) |
| | FIRE (Vessel's structure or equipment) | | EQUIPMENT FAILURE |
| | EXPLOSION (Boiler and associated parts) | † | CASUALTY NOT NAMED ABOVE |
| | EXPLOSION (Pressure vessels and compressed gas cylinders) | | |
| 20 | DECEMBER OF CACUAL DATE | | <u> </u> |

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.)

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 apprx. 40" x 5" to the centre of the hole and about 12" aft of the hole.

Engine Room completely under water and no detailed damage of Engine Room machinery etc. possible.

| | | | - | · | | | | 2.4.4 | | |
|------|--------------------------|---|-----------------------------|---|------------|----------------|--------------|-------------------|-------------------|---------|
| | | | | III ASSISTANC | E AND RE | COMMENDA | TIONS | | | - |
| 32. | AUTO ALARM | TRANSMITTED E | Y YOUR VESSEL: | YES | F₹ NO | 4. | | | | |
| 33(8 | ASSISTANG Quard and | CE RENDERED BY | STATIONS AND VES | SELS (Include Co | ast (b) 0 | THER ASSISTAN | CE RENDERE | D | | |
| | | | re telephone se coald be | | om . | London | Salvage | Co. | | |
| | | ***** ******************************** | | *************************************** | | | • | | | -1. |
| 34. | RECOMMENDA equipment) | TIONS FOR CORF | ECTIVE SAFETY ME | ASURES PERTINE | IT TO THIS | CASUALTY (Inci | lude explana | tion of unsatisfi | actory lifesaving | |
| | | | | | | | | | • | |
| | | | | | | | | | | |
| TIT | .E | MAST | I.P. | | SIGNA | TURE A | 1/11 | Jule 2 | de | |
| | | | | . [| 6 | // | 7 | | GPO | 952-157 |

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", WOODY 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.

WOODY stated that in his opinion, the explosive was attached to the grill, probably either by wire of 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 |
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| 3 | SAS JOSEPH C. FRECHETTE and | |
| bv _ | MICHAEL P. DOOHER JCF:ed | Date dictated 8/13/68 |

in Shipmondia

MM 45-1168 2

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.

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| | 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 Cashalty 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.

| On _ | 8/21/68 at | Miami, Flor | ida | File # Miami | 45-1168 |
|------|--------------|-------------|-----|---------------|------------------------|
| | | | | | |
| bv′ | SA MICHAEL E | . CRANE:ed | | Date dictated | 8/27/68 |
| | | | | | C.1. TOTOT 3 !- 1 3 &- |

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.

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TREASURY DEPARTMENT U. S. COAST GUARD CG-2592 (Rev., 4-61)

REPORT OF VESSEL CASUALTY OR ACCIDENT

Form Approved Budget Bureau No. 48-R114.5

REPORTS CONTROL SYMBOL MYI-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 investi3. 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: | DATE SUBMITTED | | | |
| Officer in Charge, Marine Inspection, Port of MIANI | 12-8-68 | | | |
| | RS OF VESSEL | | | |
| 1. NAME OF VESSEL 2. OFFICIAL NUMBER | | | | |
| - OTT OTT NOME NO | 3. HOME PORT 4. NATIONALITY | | | |
| 5. TYPE OF VESSEL (Frt., pass., tkr., etc) 6. PROPULSION (Steam, diesel, etc) | HING: COILS BETOLE | | | |
| 5. TYPE OF VESSEL(Frt., pass., tkr., etc) 6. PROPULSION(Steam, dieset, etc) | 7 GROSS TONNAGE 8. REGISTERED LENGTH OR L.O.A. | | | |
| 9. HULL MATERIALS 10. YEAR BUILT | T547 49 TI RADIO EQUIPMENT 3II St. 5 in. | | | |
| 9. HULL MATERIALS 10. YEAR BUILT | 11. RADIO EQUIPMENT | | | |
| Source 1968 | TRANSMIT RECEIVE TOUCE CW (Key) | | | |
| 12. (a) RADAR EQUIPPED | (b) IF YES, RADAR OPERATING AT TIME OF CASUALTY | | | |
| YES NO | YES 🔀 NO | | | |
| 13. (a) CERTIFICATE OF INSPECTION ISSUED AT PORT OF | (b) DATE CERTIFICATE OF INSPECTION ISSUED | | | |
| HTAUT | NO DATE. | | | |
| 14. (a) NAME OF MASTER OR PERSON IN CHARGE (Indicate which) | (b) DATE OF BIRTH . (c) LICENSED BY COAST GUARD | | | |
| | | | | |
| 15(a) NAME OF PILOY (If on Beard at time of accident) | (b) PILOT SERVING UNDER AUTHORITY OF LICENSE ISSUED BY | | | |
| Vessel alongoide. | USCG STATE FOREIGN | | | |
| 16. (a) NAME OF OWNER(S) OPERATOR(S) OR AGENT (Indicate which) | (b) ADDRESS OF OWNER(S). OPERATOR(S). OR AGENT | | | |
| Omers | | | | |
| Harring Chinning Commons | EXCHANGE BUILDINGS, QUAYSIDE, | | | |
| | LARS OF CASUALTY | | | |
| 17. (a) DATE OF CASUALTY (b) TIME OF CASUALTY(Local or | | | | |
| zone) | (c) ZONE DESCRIPTION (d) TIME OF DAY NIGHT TWILLIGHT | | | |
| E-6-68 T3T5 Fmg | | | | |
| .18. LOCATION OF CASUALTY (Latitude and longitude; distance and TRUE | Searing from charted object; dock; anchoragu; etc.) | | | |
| Pier No.3.MIANT. | | | | |
| | | | | |
| 19 BODY OF WATER (Goographical name) 20 RULES OF THE ROAD APPLICA | BLE NLAND GREAT LAKES WESTERN RIVERS | | | |
| INTERNATIONAL | OTHER (Specify) | | | |
| | | | | |
| 21 | | | | |
| 21. (a) DID CASUALTY OCCUR WHILE UNDERWAY: YES NO | | | | |
| 21. (a) DID CASUALTY OCCUR WHILE UNDERWAY: YES NO | (c) IF YES, WHERE BOUND WHEN CASUALTY OCCURRED | | | |
| (b) IF YES, LAST PORT OF DEPARTURE | (c) IF YES, WHERE BOUND WHEN CASUALTY OCCURRED | | | |
| | (c) IF YES. WHERE BOUND WHEN CASUALTY OCCURRED | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R | (c) 1 F YES. WHERE BOUND WHEN CASUALTY OCCURRED HAIN SNOW OTHER (Specify) | | | |
| (b) IF YES, LAST PORT OF DEPARTURE 22 (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: | | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R (b) VISIBILITY (Miles, yds., lt., etc.) Light airs. | (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE | | | |
| (b) IF YES, LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R (b) VISIBILITY (Miles, yds., ft., etc.) Light sirs. 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEXP (c) HEIGHT OF SEA | (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R (b) VISIBILITY (Miles, yds., lt., etc.) Light airs. | AIN SNOW OTHER (Specify) (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE I/2 YES NO 85072 | | | |
| (b) IF YES, LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R (b) VISIBILITY (Miles, yds., ft., etc.) Light sirs. 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEXP (c) HEIGHT OF SEA | AIN SNOW OTHER (Specify) (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE I/2 YES NO 85072 | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG FOW IND DIRECTION Light sirs. 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEMP (c) HEIGHT OF SEA CASUALTY OCCURRED (11 available) 24. (a) NATURE OF CARGO (Specify) (b) AMOUNT OF DRY CARGO | (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE T/2 YES NO 85 % (d) DIRECTION OF SEA (e) HEIGHT OF SWELL (f) DIRECTION OF SWELL (c) AMOUNT OF BUIK LIQUID (d) AMOUNT OF DECK LOAD | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R (b) VISIBILITY (Miles, yds., it., etc.) (c) WIND DIRECTION Light sirs. 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEMP (c) HEIGHT OF SEA (If available) 24. (a) NATURE OF CARGO (Specify) (b) AMOUNT OF DRY CARGO (Long tong) | AIN SNOW OTHER (Specity) (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE 1/2 YES NO 85 2, (d) DIRECTION OF SEA (e) HEIGHT OF SWELL (f) DIRECTION OF SWELL | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG FOW IND DIRECTION Light sirs. 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEMP (c) HEIGHT OF SEA CASUALTY OCCURRED (11 available) 24. (a) NATURE OF CARGO (Specify) (b) AMOUNT OF DRY CARGO | (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE T/2 YES NO 85 % (d) DIRECTION OF SEA (e) HEIGHT OF SWELL (f) DIRECTION OF SWELL (c) AMOUNT OF BUIK LIQUID (d) AMOUNT OF DECK LOAD | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R (b) VISIBILITY (Miles, yds., it., etc.) (c) WIND DIRECTION Light sirs. 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEMP (c) HEIGHT OF SEA (If available) 24. (a) NATURE OF CARGO (Specify) (b) AMOUNT OF DRY CARGO (Long tong) | (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE T/2 YES NO 85 % (d) DIRECTION OF SEA (e) HEIGHT OF SWELL (f) DIRECTION OF SWELL (c) AMOUNT OF BUIK LIQUID (d) AMOUNT OF DECK LOAD | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R (b) VISIBILITY (Miles, yds., it., etc.) (c) WIND DIRECTION Light Sirs. 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEMP (c) HEIGHT OF SEA CASUALTY OCCURRED (If available) 24. (a) NATURE OF CARGO (Specify) (b) AMOUNT OF DRY CARGO (Long tong) | (d) FORCE IN KNOTS (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG FOR THE CONTROL OF SEA CONDITIONS WHEN (b) SEA WATER TEMP (c) HEIGHT OF SEA CASUALTY OCCURRED (11 available) 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEMP (c) HEIGHT OF SEA (11 available) 24. (a) NATURE OF CARGO (Specify) (b) AMOUNT OF DRY CARGO (Long tone) 10. CARGO ONDOWN (Long tone) 25. (a) DRAFT FORWARD, | (d) FORCE IN KNOTS (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE | | | |
| (b) IF YES. LAST PORT OF DEPARTURE 22. (a) WEATHER CONDITIONS WHEN CASUALTY OCCURRED: CLEAR PARTLY CLOUDY OVERCAST FOG R (b) VISIBILITY (Miles, yds., it., etc.) (c) WIND DIRECTION Light sirs. 23. (a) SEA CONDITIONS WHEN (b) SEA WATER TEMP (c) HEIGHT OF SEA CASUALTY OCCURRED (If available) 24. (a) NATURE OF CARGO (Specify) NO CARGO ONDOARD 10. CARGO ONDOARD 11. OOT | AIN SNOW OTHER (Specify) (d) FORCE IN KNOTS (e) GUSTY (f) AIR TEMPERATURE I/2 YES NO 85 % (d) DIRECTION OF SEA (e) HEIGHT OF SWELL (f) DIRECTION OF SWELL (c) AMOUNT OF BUIK LIQUID (d) AMOUNT OF DECK LOAD (Long tons) (b) DRAFT AFT I/106ii | | | |

| 27. CREW PASSENGERS OTHER (Specific) | Table |
|--|--|
| Authors an area of the control of th | 28 ESTIMATED LUSS DAMAGE TO YOUR VESSEL |
| NUMBER ON EOARD 20 mil mil | ESTIMATED LOSS DAMAGE TO YOUR CARGO \$ |
| DEAD/MISSING nil nil nil | ESTIMATED LOSS DAMAGE TO OTHER PROPERTY \$ |
| INCAPACITATED (over 3 days) mil mil mil | (Specify whether vessel, dock, bridge, etc.) |
| 29. NATURE OF THE CASUALTY (Check one or more of the following. Give | re pertinent details in item 30.) |
| COLLISION WITH OTHER VESSEL(S) (Specity) | EXPLOSION/FIRE (Other) |
| | GROUNDING |
| | FOUNDER (Sinking) |
| COLLISION WITH FLOATING OR SUBMERGED OBJECTS | CAPSIZING WITHOUT SINKING |
| COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.) | FLOODING SWAMPING, ETC. WITHOUT SINKING |
| COLLISION WITH ICE | HEAVY WEATHER DAMAGE |
| COLLISION WITH AIDS TO NAVIGATION | CARGO DAMAGE (No vessel damage) |
| COLLISION (Other) | MATERIAL FAILURE (Vessel structure) |
| EXPLOSION/FIRE (Involving cargo) | MATERIAL FAILURE (Engineering machinery, including main |
| EXPLOSION/FIRE (Involving vessel's fuel) | propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.) |
| FIRE (Vessel's structure or equipment) | EQUIPMENT FAILURE |
| EXPLOSION (Boiler and associated parts) | CASUALTY NOT NAMED ABOVE |
| EXPLOSION (Pressure vessels and compressed gas cylinders) | |
| 30. DESCRIPTION OF CASUALTY (Events and circumstances leading to ca | sualty and present when it occurred. Attach diagram and additional |
| sheets, if necessary) | the state of the s |
| 31. DAMAGE (Give brief general description and state if vessel is a total Forward gmid on Lower Main Seawater Injuryed into vessells bull After gmid a | ection Seabox blown off and floor plating isappeared altogether with hole in vessel's |
| buckled with fractures into starboard sto the centre of the hole and about 12" | ull plating turned into vessel. Plating ide of hole. A fracture approx. 40" x 5" |
| III ASSISTANCE A | ND RECOMMENDATIONS |
| 32. AUTO ALARM TRANSMITTED BY YOUR VESSEL: YES | E NO |
| 33(a) ASSISTANCE RENDERED BY STATIONS AND VESSELS (Include Coast Quard and other stations and vessels) | (b) OTHER ASSISTANCE RENDERED |
| Coast Guard gave telephone number from where assistence could be obtained. | London Salvage Co. |
| | |
| RECOMMENDATIONS FOR CORRECTIVE SAFETY MEASURES PERTINENT TO equipment) | THIS CASUALTY (Include explanation of unsettalactory lifesaving |
| | |
| | |
| | |
| | |
| TIDE | T |

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", WOODY 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.

WOODY stated that in his opinion, the explosive was attached to the grill, probably either by wire of 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 |
|-----------------------------|------------------------------|
| SAS JOSEPH C. FRECHETTE and | |
| MICHAEL P. DOOHER JCF:ed | Date dictated 8/13/68 |

MM 45-1168 2

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 MOODY stated, however, that in from that section. 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.

| | \checkmark | 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 Cashalty 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.

Miami 45-1168 at Miami, Florida 8/21/68 SA MICHAEL E. CRANE: ed Date dictated -

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

REPORT OF VESSEL CASUALTY OR ACCIDENT

Form Approved Budget Bureau No. 48-R114.5

REPORTS CONTROL SYMBOL MYI-4017

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.

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 he submitted in correct

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 yessel casualty.

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.

| gations, it is desired that reports | be submitted in person. | casualty re | ported herein. |
|--|------------------------------------|----------------------------|--|
| TO: | | | DATE SUBMITTED |
| Officer in Charge, Marine In | ispection, Port of MANIE | | 12-8-68 |
| | I PARTICUL A | RS OF VESSEL | |
| 1 NAME OF VESSEL | 2. OFFICIAL NUMBER | 3. HOME PORT | 4. NATIONALITY |
| CARTERIA VERSIER | 305/57 | THE PLANT OF THE | |
| 5. TYPE OF VESSEL (Frt., pass., tkr., etc) | 6. PROPUESION (Steam, diesel, etc) | GROSS TONNAGE | 8. REGISTERED LENGTH OR L.O.A. |
| 9. HULL MATERIALS | DIESET. | TSAT AG | 3II ft. 5 in. |
| 5. RULL MATERIALS | 10. YEAR BUILT | | |
| STEET 12. (a) RADAR EQUIPPED | | TRANSMIT T | RECEIVE VOICE CW (Key) |
| <u> </u> | | | ING AT TIME OF CASUALTY |
| YES | ∐ NO | YES | 25 NO |
| 13. (a) CERTIFICATE OF INSPECTION IS | SUED AT PORT OF | b) DATE CERTIFICATE OF | INSPECTION ISSUED |
| MTΔī | | NO DA | |
| 14. (a) NAME OF MASTER OR PERSON IN | CHARGE (Indicate which) | b) DATE OF BIRTH . | (c) LICENSED BY COAST GUARD |
| 15(a) NAME OF PILOT (II on board at time | AIDERSON | 26-II-52 | YES E NO |
| | 1 | b) PILOT SERVING UNDER | AUTHORITY OF LICENSE ISSUED BY |
| Vessel alongsi | ide. | Uscg | STATE FOREIGN |
| 16. (a) HAME OF OWNER(S) OPERATOR(S) | OR AGENT (Indicate which) | b) ADDRESS OF OWNER(S). | |
| <u>Omers</u> | | | INGS,QUAYSIDE, |
| <u> Iomilamberden Skipping</u> | | Tea alleading tea | T.A.T.D |
| 17.(a) DATE OF CASUALTY | (b) TIME OF CASUALTY(Local or | ARS OF CASUALTY | |
| | zone) | c) ZONE DESCRIPTION | (d) TIME OF DAY |
| 18 LOCATION OF CASHALTY (Testado - | T3T5 Frs. | | |
| 18. LOCATION OF CASUALTY (Latitude en | d longitude; distance and TRUE b | earing from charted object | t; dock; anchoragu; etc.) |
| Pier No.3.MIAI | II. | | |
| 19 BODY OF WATER (Geographical name) | 20 BULES OF THE BOAD ARRIVEA | I.E. C. IANIANO | GREAT LAKES WESTERN RIVERS |
| in the second second second second | l · | <u> </u> | GREAT LAKES WESTERN RIVERS |
| | INTERNATIONAL [| OTHER (Specify) | |
| 21. (a) DID CASUALTY OCCUR WHILE UNDE | RHAY: YES NO | | |
| (b) IF YES. LAST PORT OF DEPARTURE | 123 | COLF YES WHERE BOUNT | WHEN CASUALTY OCCURRED |
| • | | Test in the book | WILL CASONETT GCCORNED |
| 22: (a) WEATHER CONDITIONS WHEN CASU | ALTY OCCURRED: | <u> </u> | |
| CLEAR PARTLY CLOUDY | | IN SHOW TO | HER (Specify) |
| | (c) WIND DIRECTION | | (e) GUSTY (f) AIR TEMPERATURE |
| | Light airs. | I/2 | |
| 23.(2) SEA CONDITIONS WHEN (b) SEA WAT | | (d) DIRECTION OF SEA | (e) HEIGHT OF SWELL (1) DIRECTION OF SWELL |
| CASUALTY OCCURRED (If avail | able) | | |
| | | . * . | |
| 24.(a) NATURE OF CARGO (Specify) | (b) AMOUNT OF DRY CARGO | (c) AMOUNT OF BUIK LIQ | UID (d) AMOUNT OF DECK LOAD |
| | (Long tone) | (Long tona) | (Long tons) |
| No cargo onboard | | , | |
| 25. (a) DRAFT FORWARD , | | (b) DRAFT AFT | |
| IA'C |)O# | | IA106" |
| 26.(a) TYPES OF LIFESAVING EQUIPMENT | USED, IF ANY | (b) NO. LIVES SAVED WITH | LIFE- (c) LIFESAVING EQUIPMENT SATIS- |
| NONE | | SAVING EQUIPMENT | FACTORY YES NO (II no, explain in |
| | | | |

PREVIOUS EDITIONS ARE OBSOLETE

(Over)

15

| | <u></u> | | and the second s | |
|-----|---|---------------|--|---|
| 27. | CREW PASSENGERS OTHER (Specify) | 28 8 | ESTIMATED LOUS DAMAGE TO YOUR VESSEL \$ | - |
| NUM | BER ON EOARD 20 717 717 | | STIMATED LOSS DAMAGE TO YOUR CARGO \$ | |
| DEA | o/Missing nil nil nil (| | STIMATED LOSS DAMAGE TO OTHER PROPERTY \$ | |
| INC | APACITATED (over 3 days) nil nil nil | 1 6 | Specify whether vessel, dock, bridge, etc.) | |
| 29. | NATURE OF THE CASUALTY (Check one or more of the following. Giv | e perti | ment details in item 30.) | |
| | COLLISION WITH OTHER VESSEL(S) (Specify) | 4,- | EXPLOSION/FURE (Other) | _ |
| | | · | GROUNDING | |
| | | | FOUNDER (Sinking) | |
| | COLLISION WITH FLOATING OR SUBMERGED OBJECTS | | CAPSIZING WITHOUT SINKING | - |
| | COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.) | 77 | FLOODING, SWAMPING, ETC., WITHOUT SINKING | |
| | COLLISION WITH ICE | | HEAVY WEATHER DAMAGE | |
| | COLLISION WITH AIDS TO NAVIGATION | | CARGO DAMAGE (No vessel damage) | |
| | COLLISION (Other) | | MATERIAL FAILURE (Vessel structure) | |
| | EXPLOSION/FIRE (Involving cargo) | | MATERIAL FAILURE (Engineering machinery, including main | |
| | EXPLOSION/FIRE (Involving vessel's fuel) | | propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.) | |
| , | FIRE (Vessel's structure or equipment) | | EQUIPMENT FAILURE | - |
| | EXPLOSION (Boiler and associated parts) | | CASUALTY NOT NAMED ABOVE | |
| | EXPLOSION (Pressure vessels and compressed gas cylinders) | 1 | | - |
| | • | `` | | |

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.)

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 apprx. 40" x 5" to the centre of the hole and about 12" aft of the hole.

Engine Room completely under water and no detailed damage of Engine Room machinery etc. rossible.

| | III ASSISTANCE AN | D RECOMMENDATIONS | i de la companya di Sala wa Angala wa An |
|--|---------------------------|---|--|
| 32. AUTO ALARM TRANSMITTED BY YOUR VESS | EL: YES |) NO | |
| 33(a) ASSISTANCE RENDERED BY STATIONS AN Querd and other stations and vessels) | ND VESSELS (Include Coast | (b) OTHER ASSISTANCE RENDERED | |
| Coast Guard gave teleph where assistence coald | | London Salvage Co. | |
| | | | |
| • | | | |
| 34. RECOMMENDATIONS FOR CORRECTIVE SAFE equipment) TITLE MASTER. | ETY MEASURES PERTINENT TO | THIS CASUALTY (Include explanation of une | etistactory litesaving |
| • | 1 & | | GPO 952-157 |

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", WOODY 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.

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

| 3/8/68 | at Miami, F | lorida | File # Miami 4 | 5-1168 |
|-----------|----------------|--------|-------------------|--------|
| | Low St | 1111 | | 2 |
| Sas Josei | PH C. FRECHETT | E and | | |
| | KL P. DOOHER | | Date dictated 8/1 | 3/68 |

MM 45-1168 2

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.

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| | 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 Cashalty 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.

at Miami, Florida Miami 45-1168 8/21/68 8/27/68 SA MICHAEL E. CRANE: ed ∴Date dictated -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 DEPARTMEN Y
U. S. COAST GUARD
CG-2692 (Rev. 4-61)

REPORT OF VESSEL CASUALTY OR ACCIDENT

Form Approved Budget Bureau No. 48-R114.5

REPORTS CONTROL SYMBOL MYI-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

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 investi-

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.

| gations, it is desired that reports | er, to avoid delay in investi- be submitted in person. | | 72 hours as a result of the vessel ** ported herein. |
|--|---|-----------------------------|--|
| TO: | | | DATE SUBMITTED |
| Officer in Charge, Marine In | spection, Port of MIANI | | I2-8-68 |
| | I PARTICUL A | RS OF YESSEL | |
| 1. NAME OF VESSEL | 2. OFFICIAL NUMBER | 3. HOME PORT | 4. NATIONALITY |
| CAPTURE N. M. TOTAL TOTAL | 305/57 | THE ACT OF THE | DETERTOR |
| 5. TYPE OF VESSEL (Frt., pass., tkr., etc) | 6. PROPULSION(Steam, dleast, etc) | 7 GROSS TONNAGE | 8. REGISTERED LENGTH OR L.O.A. |
| THE TRACTION OF | DIESEI, | T547 40 | 777 0 |
| 9. HULL MATERIALS | 10 YEAR BUILT | TEAT 49 | 3II St. 5 in. |
| Some 7. | 1968 | TRANSMIT | RECEIVE TOOLCE CW (Key) |
| 12. (a) RADAR EQUIPPED | 2700 | (b) IF YES, RADAR OPERAT | ING AT TIME OF CASUALTY |
| YES | □ № | YES | ₩ NO |
| 13 (a) CERTIFICATE OF INSPECTION IS | SUED AT PORT OF | (b) DATE CERTIFICATE OF | INSPECTION ISSUED |
| τ.τ. Δτ | | 150 D/ | |
| 14. (a) NAME OF MASTER OR PERSON IN | CHARGE (Indicate which) | (b) DATE OF BIRTH | (c) LICENSED BY COAST GUARD |
| | | 26-TT-32 | ☐ YES ₩ NO |
| 15(a) NAME OF PILOT (IT ON BOAT OF TIME | ol accident) | (b) PILOT SERVING UNDER | AUTHORITY OF LICENSE ISSUED BY |
| mars for solv | | USCG | STATE FOREIGN |
| Vescel alonger 16. (4) NAME OF OWNER(S), OPERATOR(S) | OR AGENT (Indicate which) | (b) ADDRESS OF OWNER(S) | OPERATOR(S) OR AGENT |
| 0vmers | | RYOTARION TITETT | DIEGS, QUAYSIDE, |
| Hardinghardan Shinning | m : Commonse | THE CASCILLAN | |
| * | II PARTICUL | ARS OF CASUALTY | - 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: |
| 17.(a) DATE OF CASUALTY | (b) TIME OF CASUALTY(Local or | | (d) TIME OF DAY |
| 8-8-68 | zone) | | DAY NIGHT TWILIGHT |
| .18. LOCATION OF CASUALTY (Latitude an | d longitude; distance and TRUE is | pearing from charted object | t; dock; anchorage; etc.) |
| | • | | |
| Pier No.3.MIAI | <u> </u> | | |
| 19 BODY OF WATER (Geographical name) | 20' RULES OF THE ROAD APPLICA | BLE INLAND | GREAT LAKES WESTERN RIVERS |
| | INTERNATIONAL . | OTHER (Specify) | |
| | | | |
| 21. (a) DID CASUALTY OCCUR WHILE UNDE | R#AY: YES NO | | |
| (b) IF YES, LAST PORT OF DEPARTURE | | (c) IF YES, WHERE BOUN | D WHEN CASUALTY OCCURRED |
| • . | 3.5 | <u> </u> | |
| 22 (a) WEATHER CONDITIONS WHEN CASU | ALTY OCCURRED: | | |
| CLEAR PARTLY CLOUDY | OVERCAST FOG R | AIN SNOW O | THER (Specify) |
| (b) VISIBILITY (Miles, yds., ft., etc.) | (c) WIND DIRECTION | (d) FORCE IN KNOTS | (a) GUSTY (1) AIR TEMPERATURE |
| | Light airs. | I/2 | TES NO 85° |
| 23.(a) SEA CONDITIONS WHEN (b) SEA WAT CASUALTY OCCURRED (If avail | TER TEMP (c) HEIGHT OF SEA | (d) DIRECTION OF SEA | (e) HEIGHT OF SWELL (1) DIRECTION OF SWELL |
| (II avail | 2016) | | |
| | | | |
| 24 (a) NATURE OF CARGO (Specify) | (b) AMOUNT OF DRY CARGO | (c) AMOUNT OF BUIK 110 | |
| No come out out | (Long tone) | (Long tona) | (Long tona) |
| No cargo onboard | | | |
| 25.(a) DRAFT FORWARD, | | (b) DRAFT AFT | |
| IA (C | · · | | I4'06" |
| 26 (a) TYPES OF LIFESAVING EQUIPMENT | USED, IF ANY | (b) NO LIVES SAVED WITH | |
| NONE | | SATING EQUIPMENT | YES NO (It no, explain in |
| | | | |

| 1 | |
|---|--|
| 27. CRE PASSENGERS OTHER (Specify) | 28 ESTIMATED LOSS DAMAGE TO YOUR VESSEL \$ |
| NUMBER ON EOARD 20 1117 | 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. Giv | e pertinent details in item 30.) |
| COLLISION WITH OTHER VESSEL(S) (Specify) | EXPLOSION/FIRE (Other) |
| | GROUNDING |
| | FOUNDER (Sinking) |
| COLLISION WITH FLOATING OR SUBMERGED OBJECTS | CAPSIZING WITHOUT SINKING |
| COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.) | FLOODING, SWAMPING, ETC., WITHOUT SINKING |
| COLLISION WITH ICE | HEAVY WEATHER DAMAGE |
| COLLISION WITH AIDS TO NAVIGATION | CARGO DAMAGE (No vessel damage) |
| COLLISION (Other) | MATERIAL FAILURE (Vessel structure) |
| EXPLOSION/FIRE (Involving cargo) | MATERIAL FAILURE (Engineering machinery, including main |
| EXPLOSION/FIRE (Involving vessel's fuel) | propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.) |
| FIRE (Vessel's structure or equipment) | EQUIPMENT FAILURE |
| EXPLOSION (Boiler and associated parts) | CASUALTY NOT NAMED ABOVE |
| EXPLOSION (Pressure vessels and compressed gas cylinders) | |
| 30. DESCRIPTION OF CASUALTY (Events and circumstances leading to ca | sualty and present when it occurred. Attach diagram and additional |

Bomb explosion in way of lower main seawater injection

31. DAMAGE (Give brief general description and state if vessel is a total loss.)

Forcerd grid on Lower Wain 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 appr. 40" x 5" to the centre of the hole and about 12" aft of the hole.

Engine Room completely under water and no detailed damage of Engine Room machinery etc. rossible.

| III ASSIS | TANCE AND | RECOMMEND. | ATIONS | The second second |
|---|---------------|-----------------|---------------------------------|-------------------|
| 32. AUTO ALARM TRANSMITTED BY YOUR VESSEL: YES | | NO | | |
| 33(a) ASSISTANCE RENDERED BY STATIONS AND VESSELS(Inclu Quard and other stations and vessels) | ide Coast (b | OTHER ASSIST | ANCE RENDERED | |
| Coast Guard gave telephone numbe where assistence coald be obtain | | London | Salvage Co. | |
| | | | | |
| 34. RECOMMENDATIONS FOR CORRECTIVE SAFETY MEASURES PE equipment) | RTINENT TO TH | IS CASUALTY (In | clude explanation of unsatisfac | ctory lifesaving |
| | | | | |
| TITLE MASTER. | Sı | GNATURE A | 04 Dhilles | Con- |
| · · · · · · | | 7 | / | GPO 952-157 |

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". WOODY 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.

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| On _ | 8/8/68at | Miami, Florida | File # Miami 45-1168 |
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| by _ | | P. DOOHER JCF;ed | Date dictated 8/13/68 |

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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 MOODY stated, however, that in from that section. 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.

| August | 27, | 1968 |
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|--------|-----|------|

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 Cashalty or Accident (U. S. Treasury Department form No. CG 2002), 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.

| 3/21/68 at Miami, Flo | rida | _File #Miami | 45-1168 |
|------------------------|----------------------------|---------------|---------|
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| A MICHAEL E. CRANE: ed | y a ya ¹ | Date dictated | 8/27/68 |

14

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

REPORT OF VESSEL CASUALTY OR ACCIDENT

Form Approved Budget Bureau No. 48-R114.5

REPORTS CONTROL SYMBOL MYI-4017

INSTRUCTIONS

 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 he 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.

| gations, it is desired that reports | be submitted in person. | casualty re | eported herein. | Vessel | |
|--|-------------------------------------|--|--|-------------------------------|--|
| officer in Charge, Marine Ir | spection Port of | | DATE SUBMITTED | | |
| | ispection, I sit of MIANI | Plant disease Promise in the International State of the S | 12-8-68 | 3 | |
| | | RS OF VESSEL | | | |
| 1. NAME OF VESSEL | 2. OFFICIAL NUMBER | 3. HOME PORT | 4. NATIONALITY | | |
| CAPTERS IN VENEZED | 305/57 | THE PARTY | י המידמת | NT.F | |
| 5. TYPE OF VESSEL(Frt., pass., tkr., etc) | 6. PROPULSION(Steam, diesel, etc) | 7 GROSS TONNAGE | 8. REGISTERED LE | NGTH OR L.O.A. | |
| THE THE PARTY OF T | DIESET. | T5/7 /0 | | | |
| 9. HULL MATERIALS | 10. YEAR BUILT | TEAT 49 | | , j-in, | |
| Sक्षांकर. | | TRANSMIT [| RECEIVE STOICE | CW (Key) | |
| 12. (a) RADAR EQUIPPED | | (b) IF YES, RADAR OPERAT | ING AT TIME OF CASUALTY | | |
| YES | □ NO | YES | ₩ NO | | |
| 13. (a) CERTIFICATE OF INSPECTION IS | SUED AT PORT OF | (b) DATE CERTIFICATE OF | F INSPECTION ISSUED | | |
| TITAT | | NO D | | | |
| 14. (a) NAME OF MASTER OR PERSON IN | | (b) DATE OF BIRTH | (c) LICENSED BY | COAST CHAPD | |
| • | | | YES | | |
| 15(a) NAME OF PILOT (II on board at limit | of accidents | (A) PH OT SERVING INTO E | AUTHORITY OF LICENSE ISS | <u>₩</u> NO | |
| | | USCG | STATE | | |
| Vossel alonce: 16. (a) NAME OF OWNER(S). OPERATOR(S) | ide. | | | FOREICH | |
| | on Agent (indicate which) | | . OPERATOR(S) . OR AGENT | | |
| <u>Omers</u> | | EXCHANGE BUILDINGS, QUAYSIDE, | | | |
| - Barilmahardan Shipping | | THE CHARGE PER | | | |
| | | ARS OF CASUALTY | | | |
| 17.(a) DATE OF CASUALTY | (b) TIME OF CASUALTY(Local or zone) | (c) ZONE DESCRIPTION | (d) TIME OF DAY | | |
| <u>E_8_68</u> | TSTS Hang | | DAY NIGH | T TWILIGHT | |
| 18. LOCATION OF CASUALTY (Latitude en | d longitude; distance and TRUE b | earing from charted object | t; dock; anchorage; etc.) | | |
| Pier No.3.MIA | • | | | • | |
| | | | | | |
| 19 BODY OF WATER (Geographical name) | 20 RULES OF THE ROAD APPLICAS | BLE INLAND | GREAT LAKES WES | TERN RIVERS | |
| | INTERNATIONAL | OTHER (Specify) | | 1 | |
| | | | | | |
| 21. (a) DID CASUALTY OCCUR WHILE UNDE | RHAY: YES NO | | | | |
| (b) IF YES, LAST PORT OF DEPARTURE | · · | (c) IF YES, WHERE BOUN | D WHEN CASUALTY OCCURRED | | |
| | | | | | |
| 22. (a) WEATHER CONDITIONS WHEN CASU | ALTY OCCURRED: | | | | |
| CLEAR PARTLY CLOUDY | | AIN SNOW DO | THER (Specify) | | |
| (b) VISIBILITY (Miles, yde., ft., etc.) | (c) WIND DIRECTION | (d) FORCE IN KNOTS | | 9 TENDEDATE: 25 | |
| , | Light airs. | 1 | YES NO | R TEMPERATURE | |
| 23.(a) SEA CONDITIONS WHEN (b) SEA WAT | | 1/2 | | e5 _T , | |
| 23 (a) SEA CONDITIONS WHEN (b) SEA WAT (If avail | | (d) DIRECTION OF SEA | (a) HEIGHT OF SWELL (1) DIE | RECTION OF SWELL | |
| | | | | | |
| 24 () | 1 | | | | |
| 24.(a) NATURE OF CARGO (Specify) | (b) AMOUNT OF DRY CARGO (Long tone) | (c) AMOUNT OF BULK LIG | (d) AMOUNT OF DEC | K LOAD | |
| No cargo onboard | | | | | |
| 25.(a) DRAFT FORWARD, | I. | (b) DRAFT AFT | <u> </u> | | |
| TA10 | OH CONTRACTOR OF STATE | (D) URAFI AFI | ************************************** | | |
| 26 (a) TYPES OF LIFESAVING EQUIPMENT | | 2002 | I4106" | | |
| | USED. IF ANY | SAVING EQUIPMENT | H LIFE- (c) LIFESAVING EQ | UIPMENT SATIS- | |
| NOIE | | | | lino, explain in 🗀 tem 34) | |

| production of the second secon | |
|--|---|
| 27. CREW PASSENGERS OTHER (Specify) | .28 ESTIMATED Laus DAMAGE TO YOUR VESSEL \$ |
| NUMBER ON COARD 20 mil 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 | |
| COLLISION WITH OTHER VESSEL(S) (Specity) | EXPLOSION/EARE (Other) |
| | GROUNDING |
| | FOUNDER (Sinking) |
| COLLISION WITH FLOATING OR SUBMERGED OBJECTS | CAPSIZING WITHOUT SINKING |
| COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.) | FLOODING, SWAMPING, ETC., WITHOUT SINKING |
| COLLISION WITH ICE | HEAVY WEATHER DAMAGE |
| COLLISION WITH AIDS TO NAVIGATION | CARGO DAMAGE (No vessel damage) |
| COLLISION (Other) | MATERIAL FAILURE (Vessel structure) |
| EXPLOSION/FIRE (Involving cargo) | MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, |
| EXPLOSION/FIRE (Involving vessel's fuel) | electrical, etc.) |
| FIRE (Vessel's structure or equipment) | EQUIPMENT FAILURE |
| EXPLOSION (Boiler and associated parts) | CASUALTY NOT NAMED ABOVE |
| EXPLOSION (Pressure vessets and compressed gas cylinders) | |
| DESCRIPTION OF CASUALTY (Events and circumstances leading to case sheets, if necessary) | iualty and present when it occurred Attach diagram and additional |
| Bomb explosion in way of lower main se | swerten intection |
| Donn orbiton an and of rower rectil be | CANTAGE THIS OF OTOTI |
| | |
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| | |
| | |
| 31. DAMAGE (Give brief general description and state if vessel is a total | loss.) |
| Forcard grid on Lower Hain Seawater Inje | ection Seabox blown off and floor plating |
| turned into vessel's hull. After grid di | sappeared althogether with hole in vessells |
| hull in that vicinity 55" x 32", with hu | ill plating turned into vessel. Plating |
| buckled with fractures into starboard si | ide of hole. A fracture appro. 40% x 5% |
| to the centre of the hole and about 12" | aft of the hole. |
| Engine Room completely under wa | ter and no detailed damage of Engine Room |
| machinery etc. possible. | ton and no comment describe of Highlie Hoom |
| | |
| | 1D RECOMMENDATIONS |
| 32 AUTO ALARM TRANSMITTED BY YOUR VESSEL: YES | NO . |
| 33(a) ASSISTANCE RENDERED BY STATIONS AND VESSELS (Include Coast Quard and other stations and vessels) | (b) OTHER ASSISTANCE RENDERED |
| Coast Guard gave telephone number from | London Salvage Co. |
| where assistence coald be obtained. | noudon parvage co. |
| micro desire do do de diminuta | |
| | |
| | *** |
| | |
| 34. RECOMMENDATIONS FOR CORRECTIVE SAFETY MEASURES PERTINENT TO equipment) | THIS CASUALTY (Include explanation of unsatisfactory lifesaving |
| -quipulity | |
| | |
| | en de la france de la granda de la companya de la c La companya de la co |
| | |
| | |
| | |
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| | |
| TITLE | SIGNATURE |

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