



## ACCIDENT/DANGEROUS OCCURRENCE REPORT

Complete only those sections that apply

Name of contact person	Wes Kozak	Phone number	604-657-9273
<input type="checkbox"/> Station Leader <input checked="" type="checkbox"/> Other (specify)	Deputy Unit Leader	Email	wesk@rcmsar5.ca

### PART 1 — PARTICULARS OF VESSEL AND OF THE REPORTABLE ACCIDENT OR INCIDENT (required for all occurrences)

Name of vessel RCM-SAR 05B - Vigilant II			
Official or registered number	Call sign RCM-SAR5 Bravo		
Type of vessel Type 1	Power OB		
Engine make and type Yamaha	Builder's name and location Liquid Metal		
Year built 2013	Former name(s)		
Length 30	Hull material Aluminum		
Date of occurrence February 7, 2014	Location (geographical name of body of water, waterway or harbour) Blackie Spit		
Time of occurrence (hh:mm) 2200	<input type="checkbox"/> UTC <input checked="" type="checkbox"/> Local	Latitude 49° 3.66 N	Longitude 122° 52.38 W
<b>Reportable accident</b>		<b>Reportable incident</b>	
<input type="checkbox"/> Collision between ships <input type="checkbox"/> Striking another object (specify) <input type="checkbox"/> Sustains damage that affects its seaworthiness or renders it unfit for its purpose <input type="checkbox"/> Explosion <input type="checkbox"/> Foundering <input type="checkbox"/> Missing <input type="checkbox"/> Vessel abandoned <input type="checkbox"/> Other (specify)  <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Grounding <input type="checkbox"/> Sinking <input type="checkbox"/> Capsizing  A person sustains a serious injury (requiring admission to hospital) as a result of <input type="checkbox"/> Falling overboard <input type="checkbox"/> Coming into contact with any part of the ship or its contents <input type="checkbox"/> Boarding or being on board <input type="checkbox"/> Other (specify)		<input type="checkbox"/> A person falls overboard (not requiring admission to hospital) <input type="checkbox"/> Cargo shift <input type="checkbox"/> Bottom contact without grounding <input type="checkbox"/> Crew member physical incapacitation, that poses a threat to the safety of any person, property or the environment <input type="checkbox"/> Intentional anchoring or grounding or beaching to avoid an accident <input type="checkbox"/> Risk of collision  Threat to the safety of any person, property or the environment due to the total failure of <input type="checkbox"/> Navigation equipment <input type="checkbox"/> The main or auxiliary power generation <input type="checkbox"/> The propulsion or steering machinery <input type="checkbox"/> Any other dangerous situation which could have resulted in an accident (specify)	
<b>Weather conditions</b>		<b>Sea conditions</b>	
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Overcast <input checked="" type="checkbox"/> Other (specify) Ice present around Crescent Beach		Sea state 1 ft Swell (direction, height) Was vessel icing present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was sea ice present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Visibility</b>		<b>Wind</b>	
Distance 4 <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Cables <input type="checkbox"/> Metres		Direction NW 10 Speed 7 Knots	
Condition <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Twilight		Temperature	
		Air -5 <input checked="" type="checkbox"/> °C <input type="checkbox"/> °F Water <input type="checkbox"/> °C <input type="checkbox"/> °F	
Account of rescue services rendered (by what ship and means) Self rescue effected within minutes of grounding occurrence. Raised engines and moved back into deeper water on the starboard engine.			

**PART 2 — OCCURRENCE VESSEL** *(required for all occurrences)*

Last vessel inspection		Number of persons on board		Number of casualties			
Place	Crescent Beach Marina	Crew	3	Injured persons	0		
Issued by	RCM SAR 5	Passengers	0	Minor injuries	0		
Issue date	February 7, 2014	Guests	0	Serious injuries <i>(an injury that is likely to require admission to hospital)</i>	0		
Issue time	18:30	Others	0				
List of victims If more space is required, use a separate sheet.							
Surname	Given name	Date of birth	Age	Address	Role at time of occurrence	Occupation	Type of Injury
Intended Training Details							
Departed 18:30				Intended Destination Crescent Beach Marina			
Date February 7, 2014							
Time 22:00							
Description of intended training Type I signoff run on the new vessel (Bravo 5B). Interrupted by SAR tasking from 1955 to 2120. Completed tasking 191 by JRCC at 2120 and resumed training.							
Nature of operation at time of occurrence <i>(e.g., high speed, docking, cruising, shore approach, etc.)</i> Completed all training scenarios and were transiting back to Crescent Beach Marina. Heading back into marina and the vessel was positioned too far to the port side of the channel near the last set of 3 starboard hand markers. Grounded on sand bar near Blackie Spit st 2200. Raised engines and moved back into deeper water on the starboard engine. RTB at 2215.							
List of life saving appliances and/or safety equipment used <i>(life rafts, firefighting gear, pumps, etc.)</i> None						Number of persons evacuated 0	

**PART 3 — PERSONNEL** *(required for all occurrences)*

Personnel	Coxswain On duty: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Helmsman	Navigator	Other(s)
Surname	Woodward	Kozak	Tim	
Given name	Ryan	Wes	Murphy	
Hours awake before the occurrence	15.5	15	N/A	
Total hours of sleep in the last 24 hours	5.7	8	N/A	
Total duration of last sleep period	6.4	8	N/A	

**PART 4 — DAMAGE** *(in case of damage to property)*

Vessel damage	Damage to other vessel(s)/other object(s)
<input type="checkbox"/> Total loss <input type="checkbox"/> Constructive total loss <input type="checkbox"/> Partial Loss	Give brief description of damage to
	Other objects    None
Brief description of damage    No damage	Other vessels    None
	Cargo, shore installations, etc.    None
State value of damage/ total loss if known — \$0	State value of damage/ total loss if known — \$0

**PART 5 — ADDITIONAL INFORMATION RELATED TO PERSONAL INJURY/HAZARDOUS OCCURRENCE**

Type of occurrence		
<input type="checkbox"/> Disabling injury	<input type="checkbox"/> Emergency procedure	<input type="checkbox"/> Fire/explosion <input type="checkbox"/> Other ( <i>specify</i> )
Witnesses	First Aid Attendant's name and Contact ( <i>phone #</i> )	
Site of hazardous occurrence	Direct causes of accident	
Specify training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence (PPE worn?)		
Corrective measure(s) and date station will implement		
Supplementary corrective measures		
Name of person investigating		Date
Title	E-Mail	Telephone
Name of safety committee member or safety and health representative		Date
Title	E-Mail	Telephone