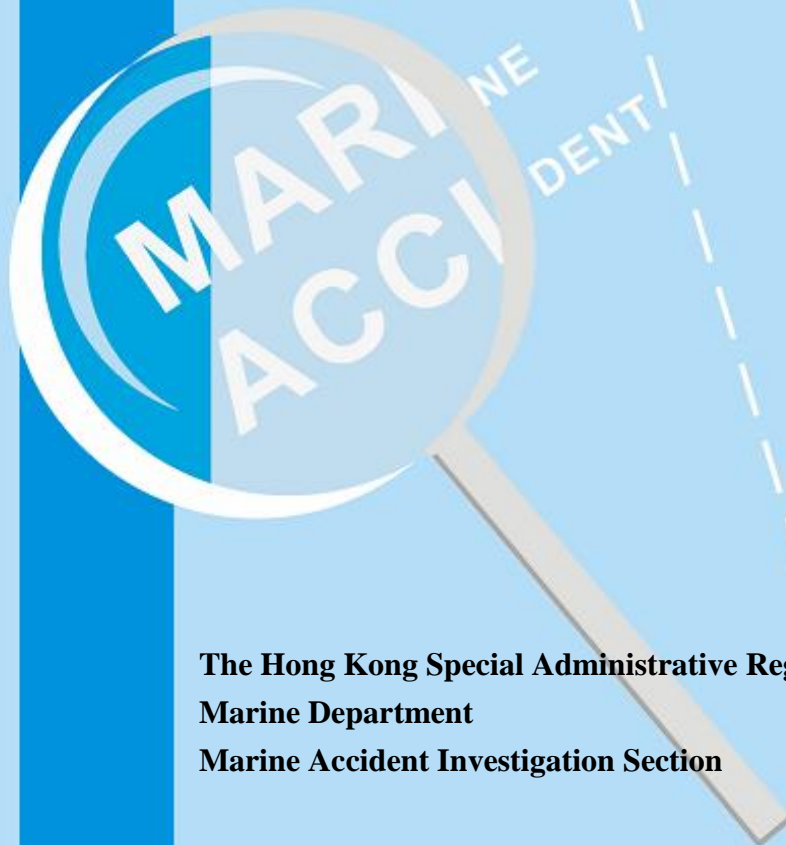




**Report of investigation
into the fatal accident
on board the Hong Kong registered
bulk carrier “*GREAT FLUENCY*”
at Liepaja, Latvia
on 16 February 2017**



**The Hong Kong Special Administrative Region
Marine Department
Marine Accident Investigation Section**

3 June 2019

Purpose of Investigation

The purpose of this investigation conducted by the Marine Accident Investigation and Shipping Security Policy Branch (MAISSPB) of Marine Department is to determine the circumstances and the causes of the incident with the aim of enhancing the safety of life at sea and avoiding similar incidents in future.

It is not intended to apportion blame or liability towards any particular organization or individual except so far as necessary to achieve the said purpose.

The MAISSPB has no involvement in any prosecution or disciplinary action that may be taken by the Marine Department resulting from this incident.

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1. Summary

- 1.1 On 12 February 2017, the Hong Kong registered bulk carrier “Great Fluency” (*the vessel*) was berthed starboard side alongside berth No. 45 of the port of Liepaja, Latvia to load cargo of coal in bulk. Upon completion of loading at 1030 hours on 15 February 2017, *the vessel* was awaiting departure.
- 1.2 During the cargo operation in the port, the assistant electrical officer (the AEO) had bought a bottle of vodka from shore. From about 1630 hours to 1900 hours on 15 February 2017 while *the vessel* was still awaiting departure, the AEO, chief cook, fitter and an oiler consumed the bottle of vodka together at the oiler’s cabin and the gathering continued until about 0045 hours on 16 February 2017. With unknown reason, the AEO then opened the weathertight door and went outside the accommodation block. About 1 to 2 minutes later, the AEO was found fallen overboard and floated on the sea surface.
- 1.3 Rescue operation was initiated immediately at 0052 hours. The AEO was recovered from the water by crew members at 0105 hours. First-aid treatment was applied immediately. He was declared dead later due to drowning.
- 1.4 Although there was no eyewitness for the AEO’s falling overboard, the investigation revealed the following contributory factors to this accident:
 - (a) The AEO, under the influence of alcohol, might have lost his balance and fell into the sea from the shipside; and
 - (b) *The vessel* failed to implement the alcohol policy set by the company.

2. Description of the vessel

Ship name	: Great Fluency
Flag	: Hong Kong, China
Port of registry	: Hong Kong
IMO number	: 9728679
Type	: Bulk Carrier
Year built, shipyard	: 2015, Jinling Shipyard, China
Gross tonnage	: 36,353
Net tonnage	: 21,596
Summer deadweight	: 63390 tonnes
Length overall	: 199.9 metres
Breath	: 32.26 metres
Engine power, type	: 8050 kW, MAN B&W 5S60ME-C8.2 Tier II
Classification Society	: Lloyd's Register (LR)
Registered owner	: Victory Action Limited
Management company	: Sinotrans Ship Management Company



Figure 1 *The vessel*

3. Sources of evidence

- a) The statements of the master, officers and other ratings of *the vessel*.
- b) Information provided by the ship management of *the vessel*.

4. Outline of events

(All times were local time UTC + 2 hours)

- 4.1 On 12 February 2017, *the vessel* was berthed starboard side alongside berth No. 45 of the port of Liepaja, Latvia to load a cargo of coal in bulk. The cargo operation was completed at 1030 hours on 15 February 2017. The harbour was closed due to dense fog and *the vessel* was awaiting departure.
- 4.2 From about 1630 hours to 1900 hours on 15 February 2017, the AEO, chief cook, fitter and an oiler consumed vodka together at the oiler's cabin. The chief cook said that the alcohol was bought by the AEO. At 1900 hours, the master looked for the chief cook to instruct him to clean up the provision store and found the above crew members were drinking alcohol at the oiler's cabin. He ordered them to stop drinking immediately and gave them verbal warning. However, he did not conduct alcohol test on the crew.
- 4.3 At about 2100 hours, the AEO went to find the chief cook and had tea together until about 0040 hours on 16 February 2017. At about 0045 hours, the AEO, chief cook and the oiler had a chat at the ship's office on "A" deck. Then, the AEO opened the weathertight door on the port side and went outside the accommodation block with unknown reason. After 1 to 2 minutes, the chief cook and the oiler went outside to look for the AEO who was found fallen overboard and floated on the sea surface. They immediately threw two lifebuoys into the sea but the AEO failed to catch the lifebuoys.
- 4.4 After being aware of the accident, the duty AB on the gangway watch on the starboard side on main deck informed the duty officer (second officer on bridge) using his portable very high frequency (VHF) radio. At 0050 hours, the second officer raised the ship's alarm and announced by public address system that the AEO had fallen overboard.
- 4.5 At 0052 hours, rescue operation was initiated. The master reported and requested the local agent to arrange for ambulance and emergency medical assistance from shore. The second officer attached himself with a rope and jumped into the water to rescue the AEO. He managed to drag the unconscious AEO onto the lower platform of the accommodation ladder which was lowered to the water level by the crew. They were then recovered on board by hoisting the accommodation ladder to deck level at 0105 hours. The AEO was then delivered to the ship's hospital for first-aid treatment by the crew.
- 4.6 The shore medical team and the agent boarded *the vessel* at 0135 hours and took charge of the emergency medical treatment for the AEO. At 0145 hours, the shore medical team declared him dead. At 0205 hours, local police boarded *the vessel* for investigation and left *the vessel* at 0240 hours.

5. Analysis

Manning of the vessel

- 5.1 *The vessel* was manned by 21 Chinese crew in compliance with the Minimum Safe Manning Certificate.
- 5.2 The master holding valid certificates had served as shipmaster in the company for about 23 months. He signed on *the vessel* as a master about 2 months before the accident happened.
- 5.3 The second officer holding valid certificates had served as a second officer in the company for about 19 months. He signed on *the vessel* as a second officer about 6 months before the accident.
- 5.4 The AEO had served as an AEO in the company and joined *the vessel* for about 3 months before the accident. He had a total sea service of more than 46 months.

Working hours and fatigue, health condition

- 5.5 There was no evidence showing that any crew on board suffered from fatigue at work. There was no information showing that the casualty had suffered from any health problem.

Weather and sea conditions

- 5.6 On the day of the accident, there was dense fog with light air and calm sea. The air temperature was 1°C and sea water temperature was about 0°C. Due to foggy weather with high relative humidity, the deck was found wet but not slippery and free from snow and ice. When the accident occurred, *the vessel* was securely moored to the berth. It was considered that the weather and the sea conditions did not contribute to the accident.

Criminal act or suicide

- 5.7 The AEO had a normal relationship with other crew. Police officers attended on board for criminal investigation after the accident and they could not identify any sign of criminal act in the accident. Furthermore, there was no evidence showing that the AEO had committed suicide.

The autopsy report

- 5.8 The autopsy report revealed that the death of the AEO was due to asphyxia subsequent to drowning in water.

Alcohol abuse and company's policy on consumption of alcohol on board

- 5.9 The company had put in place a written alcohol policy since 2003 to control the consumption of alcohol by crew on board *the vessel* with the aim of ensuring that crew would not be impaired by alcohol when performing their duties. The alcohol policy was revised periodically and was addressed to the crew frequently as a routine training item. In the investigation, however, it was found that the crew had violated the following requirements as stipulated in the latest alcohol policy of the company:

- (a) The policy only allowed table wine and beer to be consumed on board *the vessel*. However, the crew (i.e. AEO, chief cook, fitter and the oiler) consumed vodka;
- (b) The AEO bought the alcohol from shore but the alcohol policy prohibited any private purchase of alcoholic liquors;
- (c) Any crew who is or suspected to be under the influence of alcohol must not be allowed to take charge of a watch, carry out his duties and stay in the engine room, bridge and open decks. The AEO under the influence of alcohol, however, stayed outside the accommodation block on the "A" Deck; and
- (d) Even though the master found the crew concerned consumed alcohol in the oiler's cabin, he did not conduct alcohol tests or ensure the crew to stop taking vodka as required by the company's alcohol policy.

Probable cause of falling overboard

- 5.10 None of the crew witnessed the falling overboard of the AEO. However, it was suspected that the AEO might have lost his balance under the influence of alcohol and accidentally fell overboard into the water from the "A" Deck outside the accommodation block on the port side. The height of the fall was about 12 metres above the sea level.
- 5.11 Due to the loading of coal cargo, all handrails and stanchions were covered with coal dust. As the coal dust on the handrail at the forward of the liferafts on the port side of "A" deck had been rubbed off, it was believed that the AEO might have fallen overboard from this location as shown in Figure 2 below.

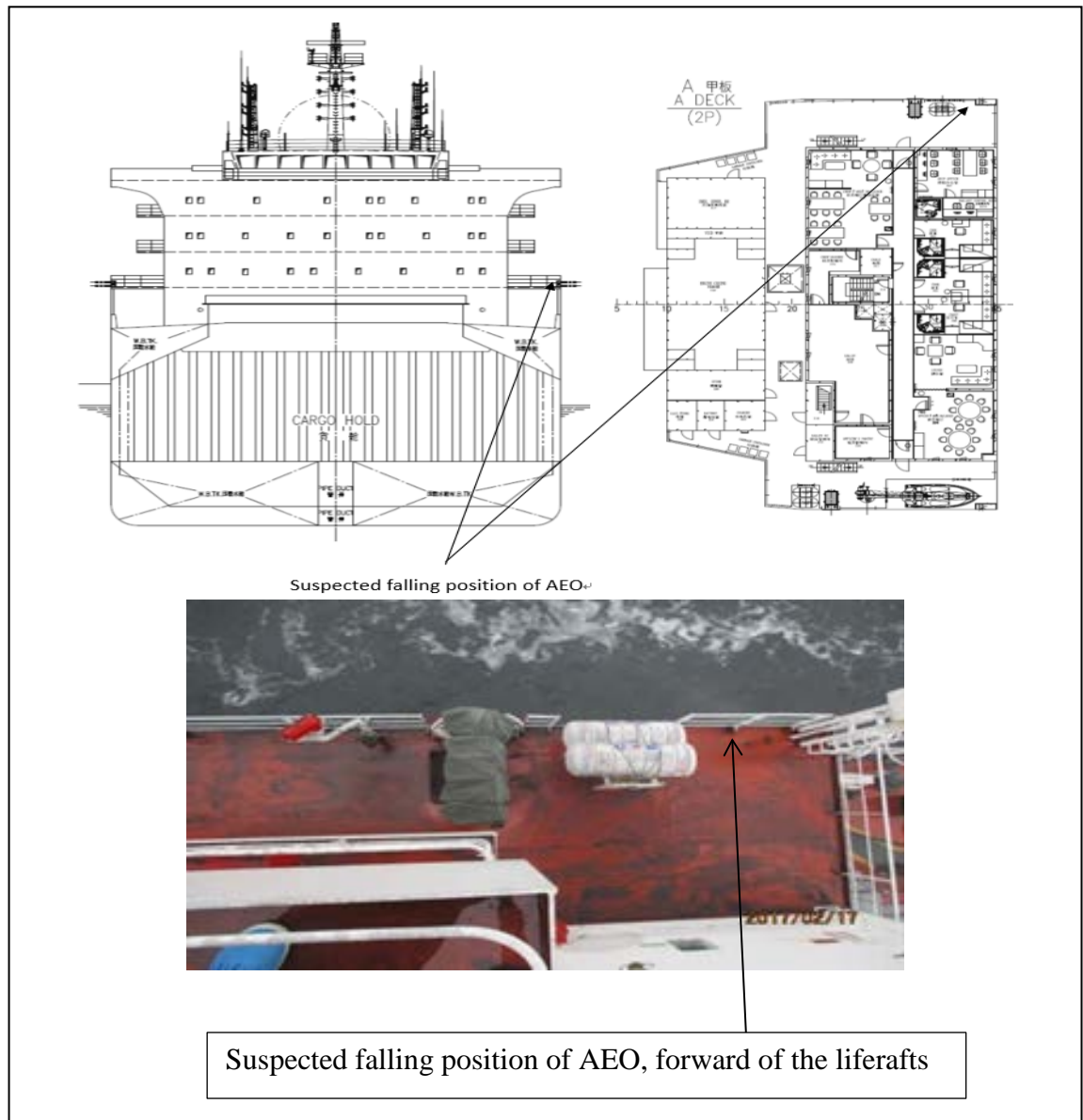


Figure 2 The suspected falling position on the port side “A” deck outside the accommodation block

Safety awareness

- 5.12 Since alcoholic effect would impair one’s abilities in concentration and making good judgement, the company’s alcohol policy did not allow crew under the influence of alcohol to stay on open deck. It was apparent that the safety awareness of the AEO was inadequate when he walked outside the accommodation block alone under the influence of alcohol for no particular reason.

6. Conclusions

- 6.1 Upon completion of cargo loading of coal in bulk at 1030 hours on 15 February 2017, *the vessel* was waiting for departure. After drinking alcohol with his colleagues in the night, the AEO fell overboard from the port side of “A” deck outside the accommodation block at about 0045 hours on 16 February 2017. The AEO was recovered from the water at 0105 hours on 16 February 2017 and first-aid treatment was applied immediately. However, he was declared dead later due to drowning.
- 6.2 Although there was no eyewitness for the AEO’s falling overboard, the investigation revealed the following contributory factors to this accident:
- (a) The AEO, under the influence of alcohol, might have lost his balance and fell into the sea from the shipside; and
 - (b) *The vessel* failed to implement the alcohol policy set by the company.

7. Recommendations

- 7.1 The owner / management company of *the vessel* should issue a safety circular to inform all masters, officers and crew on board their vessels the findings of the accident investigation and instruct its vessels to strictly follow the alcohol policy set by the company.
- 7.2 A Hong Kong Merchant Shipping Information Notice is to be issued to promulgate the lessons learnt from the accident.

8. Submission

8.1 The draft report has been sent to the following parties for their comments : -

- (a) the company and master of *the vessel*; and
- (b) the Shipping Division of Marine Department.

8.2 During the consultation period, all parties concerned replied that they did not have comments on the draft investigation report.