

04-38-038-038

STATE OF WISCONSIN DEPARTMENT OF NATURAL RESOURCES

# 04-38-038038

TOXIC AND HAZARDOUS INCIDENT REPORT FORM 3200-49 REV. 7-79

800624 - OR

STATE DIV. EMERGENCY GOVT. 608/266-3232 U.S. NAT'L RESPONSE CENTER 800/24-8802 CHEMTREC/PESTICIDES/CHLORINE 800/24-8300

DATE OF INCIDENT 6/24/80	DAY OF WEEK TUES.	TIME OF INCIDENT 9:00 AM	REPORTED BY (NAME) LARRY MURDOCK	TELEPHONE NUMBER 414 1743-9448
DATE REPORTED 6/25/80	DAY OF WEEK WEDS.	TIME REPORTED 9:00 AM	AGENCY OR FIRM REPORTING U.S.C.G.	REPORTED THRU DIV. EMERGEN. GOVT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SUBSTANCE INVOLVED HYDRAULIC OIL	QUANTITY 1	UNITS QT.	PERSON OR FIRM RESPONSIBLE MARINETTE MARINE CORP.
SUBSTANCE INVOLVED	QUANTITY	UNITS	CONTACT NAME JIM MACKIE
			TELEPHONE NUMBER N/A

PHYSICAL CHARACTERISTICS  
 SOLID  LIQUID  SEMISOLID  GAS  
 COLOR \_\_\_\_\_ ODOR \_\_\_\_\_

CAUSE OF INCIDENT  
 TRANSP. RELATED  FACILITY RELATED  SPPC PLAN  YES  NO  N/A

EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.)  
 MARINETTE MARINE CORP  
 COUNTY LOCATION  
 MARINETTE DOOR

ADDRESS - STREET OR ROUTE  
 54 STREET

CITY, STATE, ZIP CODE  
 MARINETTE, WISCONSIN

ACTION TAKEN BY SPILLER  
 NO ACTION  NO NOTIFICATION  DELAYED NOTIFICATION  
 CONTAINMENT; TYPE CONTAINMENT BOOM  
 CLEANUP; METHOD \_\_\_\_\_  
 DISPOSAL; LOCATION \_\_\_\_\_  
 FIRE DEPARTMENT ACTION \_\_\_\_\_  
 CONTRACTOR HIRED; NAME \_\_\_\_\_  
 OTHER ACTION \_\_\_\_\_

DNR DISTRICT  
 LM

SURFACE WATERS AFFECTED  
 YES  NO  POT

DRAIN BASIN  
 D.M.

NAME OF SURFACE WATER  
 MENOMINEE RIVER

NEAREST SURF. WATER  
 0 FT.

NEAREST STORM SEWER  
 N/A FT.

WEATHER CONDITIONS  
 TEMPERATURE \_\_\_\_\_ °F  
 WIND SPEED \_\_\_\_\_ MPH  
 DIRECTION OF WIND \_\_\_\_\_  
 PRECIPITATION:  YES  NO

DATE DISTRICT NOTIFIED  
 6/25/80

DAY OF WEEK  
 WEDS.

TIME DISTRICT NOTIFIED  
 9:00 AM

DATE INVESTIGATED  
 6/24/80

DAY OF WEEK  
 TUES

TIME INVESTIGATED  
 9:00 AM

DIRECTION OF SPILL MOVEMENT \_\_\_\_\_

DISTRICT PERSON NOTIFIED  
 THOMAS W. ROBERTS

TELEPHONE NUMBER  
 414 1497-4010

PERSON INVESTIGATING  
 W.F. RUNNERS U.S.C.G.

TELEPHONE NUMBER  
 414 1743-9448

ACTION TAKEN BY DNR  
 NO ACTION TAKEN  INVESTIGATION  29.29 ENFORCEMENT  
 CONTAINMENT; TYPE \_\_\_\_\_  
 CLEANUP; METHOD \_\_\_\_\_  
 SUPERVISE CLEANUP (PERSON) \_\_\_\_\_  
 DISPOSAL; LOCATION \_\_\_\_\_

SPILLER REQUIRED TO TAKE ACTION; TYPE \_\_\_\_\_

CONTRACTOR HIRED BY DNR; NAME \_\_\_\_\_

DNR SPILL EXPENSE SENT TO MADISON CENTRAL OFFICE.

EVIDENCE COLLECTED:  
 PHOTOGRAPHS \_\_\_\_\_  STATEMENTS OF WITNESSES \_\_\_\_\_  
 SAMPLES \_\_\_\_\_  OTHER \_\_\_\_\_

ENVIRONMENTAL HAZARD/DAMAGE  
 REAL  POTENTIAL

VEGETATION \_\_\_\_\_  
 FISH \_\_\_\_\_  
 WILDLIFE \_\_\_\_\_  
 BIRDS \_\_\_\_\_  
 OTHER \_\_\_\_\_  
 NONE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

OTHER AGENCIES ON SCENE

LOCAL \_\_\_\_\_

STATE \_\_\_\_\_

FEDERAL U.S.C.G.

PERSON FILING THIS REPORT (PRINT NAME)  
 THOMAS W. ROBERTS

SIGNATURE  
 Thomas W. Roberts

DATE SIGNED  
 7/29/80

ADDITIONAL COMMENTS:  
See attached report from U.S.C.G.

Closed 7/29/80  
TA 1/26/18

DATE OF INCIDENT <b>6/24/80</b>		DAY OF WEEK <b>TUES.</b>		TIME OF INCIDENT <b>9:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		REPORTED BY (NAME) <b>LARRY MURDOCK</b>		TELEPHONE NUMBER <b>414 1 743 - 9448</b>	
DATE REPORTED <b>6/25/80</b>		DAY OF WEEK <b>WEDS.</b>		TIME REPORTED <b>9:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		AGENCY OR FIRM REPORTING <b>U.S.C.G.</b>		REPORTED THRU DIV. EMERGEN. GOVT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SUBSTANCE INVOLVED <b>HYDRAULIC OIL</b>			QUANTITY <b>1</b>		UNITS <b>QT.</b>	PERSON OR FIRM RESPONSIBLE <b>MARINETTE MARINE CORP.</b>			
SUBSTANCE INVOLVED			QUANTITY		UNITS	CONTACT NAME <b>JIM MACKIE</b>		TELEPHONE NUMBER <b>N/A</b>	
PHYSICAL CHARACTERISTICS <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMISOLID <input type="checkbox"/> GAS COLOR _____ ODOR _____						ADDRESS - STREET OR ROUTE <b>524 STREET</b>			
CAUSE OF INCIDENT <b>BAD SEAL IN PROPELLER</b>						CITY, STATE, ZIP CODE <b>MARINETTE, WISCONSIN</b>			
<input type="checkbox"/> TRANSP. RELATED <input checked="" type="checkbox"/> FACILITY RELATED			SPCC PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA			ACTION TAKEN BY SPILLER <input type="checkbox"/> NO ACTION <input type="checkbox"/> NO NOTIFICATION <input type="checkbox"/> DELAYED NOTIFICATION <input checked="" type="checkbox"/> CONTAINMENT; TYPE <b>CONTAINMENT ROOM</b>			
EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.) <b>MARINETTE MARINE CORP.</b>						<input type="checkbox"/> CLEANUP; METHOD _____			
COUNTY LOCATION <b>MARINETTE COOK</b>		1/4, 1/4, SECTION, TOWN, RANGE _____, _____, _____, T____, R____				<input type="checkbox"/> DISPOSAL; LOCATION _____			
DNR DISTRICT <b>2M</b>	DNR AREA <b>TRAD.</b>	SURFACE WATERS AFFECTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POT		DRAIN BASIN <b>2.M.</b>		<input type="checkbox"/> FIRE DEPARTMENT ACTION _____			
NAME OF SURFACE WATER <b>MEMONINEE RIVER</b>		NEAREST SURF. WATER <b>0</b> FT.		NEAREST STORM SEWER <b>N/A</b> FT.		WEATHER CONDITIONS <b>N/A</b>			
GROUNDWATERS AFFECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POT		NEAREST WELL <input type="checkbox"/> PRIV. <input type="checkbox"/> MUNIC. <b>N/A</b> FT.				TEMPERATURE _____ °F			
DATE DISTRICT NOTIFIED <b>6/25/80</b>		DAY OF WEEK <b>WEDS.</b>		TIME DISTRICT NOTIFIED <b>9:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		WIND SPEED _____ MPH DIRECTION OF WIND _____			
DATE INVESTIGATED <b>6/25/80</b>		DAY OF WEEK <b>WEDS.</b>		TIME INVESTIGATED <b>9:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		PRECIPITATION: <input type="checkbox"/> YES <input type="checkbox"/> NO			
ACTION TAKEN BY DNR <input checked="" type="checkbox"/> TAKEN <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> 29.29 ENFORCEMENT						DIRECTION OF SPILL MOVEMENT _____			
CONTAINMENT; TYPE _____			CLEANUP; METHOD _____			DISTRICT PERSON NOTIFIED <b>THOMAS W. ROBERTS</b>		TELEPHONE NUMBER <b>414 1 497 - 4010</b>	
SUPERVISE CLEANUP (PERSON) _____			DISPOSAL; LOCATION _____			PERSON INVESTIGATING <b>J.F. RUMAS U.S.C.G.</b>		TELEPHONE NUMBER <b>414 1 743 - 9448</b>	
SPILLER REQUIRED TO TAKE ACTION; TYPE _____			CONTRACTOR HIRED BY DNR; NAME _____			LIST HUMAN HAZARDS OR CASUALTIES <input type="checkbox"/> REAL <input type="checkbox"/> POTENTIAL <input checked="" type="checkbox"/> NONE			
DNR SPILL EXPENSE SENT TO MADISON CENTRAL OFFICE. <input type="checkbox"/>			EVIDENCE COLLECTED: <input type="checkbox"/> PHOTOGRAPHS _____ <input type="checkbox"/> STATEMENTS OF WITNESSES _____ <input type="checkbox"/> SAMPLES _____ <input type="checkbox"/> OTHER _____			ENVIRONMENTAL HAZARD/DAMAGE <input type="checkbox"/> REAL <input checked="" type="checkbox"/> POTENTIAL			
OTHER AGENCIES ON SCENE _____						VEGETATION _____			
LOCAL _____						FISH _____			
STATE _____						WILDLIFE _____			
FEDERAL <b>U.S.C.G.</b>						BIRDS _____			
ADDITIONAL COMMENTS: <b>See attached report from U.S.C.G.</b>						OTHER _____			
						PERSON FILING THIS REPORT (PRINT NAME) <b>THOMAS W. ROBERTS</b>			
						SIGNATURE <b>Thomas W. Roberts</b>		DATE SIGNED <b>7/29/80</b>	

JUL 30 1980

DEPARTMENT OF TRANSPORTATION  
U. S. COAST GUARD  
CCGD9-162 (10-76) (mep)

POLREP ONE-AND-FINAL

UNIT:  
USO STURGEON BAY, WISCONSIN

A. DATE 23 JUNE 1980 B. PROJECT NO. N/A C. UCN 130-014-80

D. LOCATION MARINETTE, WISCONSIN E. WATER AFFECTED VERONIA LEE RIVER

F. SOURCE STANDARD PROPELLER OF USMS G. SUBSTANCE BILGARD STE-26 HYDRAULIC OIL  
LOW 39.

H. QUANTITY APPROXIMATELY 1/2-1 QUART

I. CAUSE AN OIL LEAK FROM CONTROLLABLE PITCH PROPELLER

J. RESPONSE ACTION MARINETTE MARINE COOPERATION DEPLOYED A CENTALMENT BOOM AROUND  
STEEL OF VESSEL. COAST GUARD PERSONNEL SAW SMALL AMOUNT OF VISIBLE OIL ON  
THE DISCONTINUOUS BOOM.

K. FUTURE PLANS ENTER MONROE AREA FOR SIGNS OF OIL.

- L. REPORTS TO BE SUBMITTED TO CCGD9:
- 1. CG-3639.....
  - 2. CG-2636.....
  - 3. CCGD9-157.....
  - 4. CG-4890A.....
  - 5. Pollution Fund Documentation....

M. COMMENTS VESSEL IS TO BE TOWED TO MONROE TO HAVE OIL FILLED 1 JULY 1980

N. COPY TO: FIELD SERVICE

TELETYPE

LOG

RELEASED BY: *[Signature]*

U. S. COAST GUARD, P.O. 0800

DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CG-1639 (Rev. 5-74)		<b>WATER POLLUTION VIOLATION REPORT</b>	
INSTRUCTIONS: Prepare in triplicate. Retain one copy for case file. Submit original and one copy to District Commander(s).			
REPORTING UNIT NSG Sturgeon Bay, Wisconsin		DATE OF VIOLATION 24 June 1980	CASE NUMBER 100014/80
<b>PART I - DISCHARGE DATA</b>			
1. TIME OF OCCURRENCE 0800	2. LOCATION Marinette Marine Corp.	3. WATER BODY Menominee River	
4. SOURCE NSIS HAVAJO		5. CAUSE Pul seal in propeller.	
6. MATERIAL Hydraulic Oil	7. QUANTITY Approximately 1 Quart	8. DISCHARGER NSIS HAVAJO	
9. REMARKS			
<b>PART II - REPORTING DATA</b>			
1. NAME OF PERSON REPORTING DISCHARGE (First, middle, last) <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. Jim B. Mackie		2. ADDRESS OF PERSON REPORTING DISCHARGE Ely Street Marinette, Wisconsin	
3. GOVERNMENT AGENCY RECEIVING REPORT U. S. COAST GUARD		4. TIME/DATE OF REPORT 0900 25 June 1980	
5. WAS THE PERSON REPORTING THE INCIDENT EMPLOYED BY OR ACTING IN BEHALF OF THE SUSPECTED VIOLATOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
6. REMARKS Report of incident was first sent to Washington D. C.			
<b>PART III - FACILITY DATA</b>			
1. NAME OF ONSHORE/OFFSHORE FACILITY		2. ADDRESS OF ONSHORE/OFFSHORE FACILITY	
3. TYPE OF FACILITY		4. PERSON-IN-CHARGE	
5. NAME OF OWNER(S)/OPERATOR(S)		6. ADDRESS OF OWNER(S)/OPERATOR(S)	
7. REMARKS			
<b>PART IV - VESSEL DATA</b>			
1. NAME OF VESSEL USNS HAVAJO		2. NATIONALITY U. S.	3. CALL SIGN/OFFICIAL NO. HOYK
4. HOMEPORT San Francisco, California		5. TYPE OF VESSEL Tug	
6. NAME OF OWNER(S)/OPERATOR(S) U. S. Navy		7. ADDRESS OF OWNER(S)/OPERATOR(S)	
8. NAME OF LOCAL AGENT		9. ADDRESS OF LOCAL AGENT	
10. NAME OF INSURANCE UNDERWRITER N/A		11. ADDRESS OF INSURANCE UNDERWRITER N/A	
12. NAME OF MASTER P. J. ROSTER	13. LICENSE/DOCUMENT NO.	14. NAME OF PERSON-IN-CHARGE	15. LICENSE/DOCUMENT NO.
16. CERTIFICATE OF FINANCIAL RESPONSIBILITY DATED		17. CERTIFICATE NUMBER	
19. REMARKS			

Certified to be  
a True Copy

## PART V - PHOTOGRAPHS

1. WERE PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. DIRECTION FROM WHICH TAKEN
3. NUMBER TAKEN	4. NAME OF PHOTOGRAPHER
5. DATE/TIME TAKEN	
6. REMARKS	

## PART VI - SAMPLES

1. WERE SAMPLES TAKEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. LOCATION TAKEN (Attach evidence sheet)
3. NUMBER TAKEN	4. NAME OF PERSON WHO TOOK SAMPLES
5. DATE/TIME TAKEN	
6. REMARKS	

## PART VII - STATEMENTS

1. WERE STATEMENTS TAKEN? Yes	2. NUMBER TAKEN 3	3. STATEMENTS TAKEN FROM <input checked="" type="checkbox"/> WITNESSES <input type="checkbox"/> SUSPECTED VIOLATOR
4. REMARKS P. J. Rosten Master of the vessel admitted that the vessel had lost about 1 quart of oil out of their starboard propeller.		

## PART VIII - WITNESSES

1. NAME OF WITNESS(ES) Jim B. Mackie	2. ADDRESS OF WITNESS(ES) Ely Street Marinette, Wisconsin
3. REMARKS	

## PART IX - SUMMARY OF EVENTS (Include list of enclosures)

After notification of spill was received on the 25th, our office sent an investigator to Marinette Marine Corporation. Upon arrival a small amount of sheen was seen in a boomed off area at the stern of the USNS HAWAJO. Jim Mackie, an employee of MMC stated the sheen was hydraulic oil from the starboard propeller of the vessel. Upon talking to P.J. ROSTEN, Master of the vessel he stated that the vessel had lost oil out of their controllable pitch propeller on the starboard side. After taking Mr. Mackie's statement we left. Mr. Rosten sent our office a statement on 23 July 1980.

Enclosures: (1) Jim Mackie's statement  
(2) Philip J. Rosten's Statement  
(3) Message from ship  
(4) Investigator's statement

REPORTED IMPACT OF INCIDENT None		
NAME AND TITLE OF INVESTIGATING OFFICER J. F. RUHAAS, DC1, USCG	SIGNATURE OF SUBMITTING OFFICER L. A. MURDOCK, CAPT, USCG, CO	DATE 27 June 80

## PART X - CIVIL PENALTY ACTION TAKEN

PART X - CIVIL PENALTY ACTION TAKEN		
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04-38-038038

1979-80/065

DEPARTMENT OF TRANSPORTATION  
U. S. COAST GUARD  
CCGD9-162 (10-76) (mep)

POLREP ONE-AND-FINAL

UNIT: 06-24-1980  
MSO STURGEON BAY, WISCONSIN

A. DATE 25 JUNE 1980 B. PROJECT NO. N/A C. UCN 10D-014-80

D. LOCATION MARINETTE, WISCONSIN E. WATER AFFECTED MENOMINEE RIVER

F. SOURCE STARBOARD PROPELLER OF USNS NAVAJO. G. SUBSTANCE MOBILEGARD DTE-26 HYDRAULIC OIL

H. QUANTITY APPROXIMATELY 1/2-1 QUART

I. CAUSE BAD SEAL IN CONTROLLABLE PITCH PROPELLER

J. RESPONSE ACTION MARINETTE MARINE CORPORATION DEPLOYED A CONTAINMENT BOOM AROUND STERN OF VESSEL. COAST GUARD PERSONNEL SAW SMALL AMOUNT OF VISIBLE SHEEN ON WATER. UNRECOVERABLE AMOUNT.

K. FUTURE PLANS MONITOR BOOMED AREA FOR SIGNS OF SHEEN.

- L. REPORTS TO BE SUBMITTED TO CCGD9:
- 1. CG-3639.....
  - 2. CG-2636.....
  - 3. CCGD9-157.....
  - 4. CG-4890A.....
  - 5. Pollution Fund Documentation....

M. COMMENTS VESSEL IS GOING INTO DRYDOCK TO HAVE SEAL FIXED 1 JULY 1980

N. COPY TO: F & M SERVICE

WIS DDP  
NRC

RELEASED BY:

L. A. MURDOCK, COR. USCG

WATER POLLUTION VIOLATION REPORT

INSTRUCTIONS: Prepare in triplicate. Retain one copy for case file. Submit original and one copy to District Commander(m).

REPORTING UNIT <b>MSO Sturgeon Bay, Wisconsin</b>	DATE OF VIOLATION <b>24 June 1980</b>	CASE NUMBER <b>100014/80</b>
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PART I - DISCHARGE DATA

1. TIME OF OCCURRENCE <b>0900</b>	2. LOCATION <b>Marinette Marine Corp.</b>	3. WATER BODY <b>Menominee River</b>
4. SOURCE <b>USNS NAVAJO</b>	5. CAUSE <b>Bad seal in propeller.</b>	
6. MATERIAL <b>Hydraulic Oil</b>	7. QUANTITY <b>Approximately 1 Quart</b>	8. DISCHARGER <b>USNS NAVAJO</b>
9. REMARKS		

PART II - REPORTING DATA

1. NAME OF PERSON REPORTING DISCHARGE (First, middle, last) <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <b>Jim B. Mackie</b>	2. ADDRESS OF PERSON REPORTING DISCHARGE <b>Ely Street Marinette, Wisconsin</b>	
3. GOVERNMENT AGENCY RECEIVING REPORT <b>U. S. COAST AGUARD</b>	4. TIME/DATE OF REPORT <b>0900 25 June 1980</b>	
5. WAS THE PERSON REPORTING THE INCIDENT EMPLOYED BY OR ACTING IN BEHALF OF THE SUSPECTED VIOLATER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
6. REMARKS <b>Report of incident was first sent to Washington D. C.</b>		

PART III - FACILITY DATA

1. NAME OF ONSHORE/OFFSHORE FACILITY	2. ADDRESS OF ONSHORE/OFFSHORE FACILITY	
3. TYPE OF FACILITY	4. PERSON-IN-CHARGE	
5. NAME OF OWNER(S) /OPERATOR(S)	6. ADDRESS OF OWNER(S) /OPERATOR(S)	
7. REMARKS		

PART IV - VESSEL DATA

1. NAME OF VESSEL <b>USNS NAVAJO</b>	2. NATIONALITY <b>U. S.</b>	3. CALL SIGN/OFFICIAL NO. <b>NOYK</b>
4. HOMEPORT <b>San Francisco, California</b>	5. TYPE OF VESSEL <b>Tug</b>	
6. NAME OF OWNER(S) /OPERATOR(S) <b>U. S. Navy</b>	7. ADDRESS OF OWNER(S) /OPERATOR(S)	
8. NAME OF LOCAL AGENT	9. ADDRESS OF LOCAL AGENT	
10. NAME OF INSURANCE UNDERWRITER <b>N/A</b>	11. ADDRESS OF INSURANCE UNDERWRITER <b>N/A</b>	
12. NAME OF MASTER <b>P.J. ROSTEN</b>	13. LICENSE/DOCUMENT NO.	14. NAME OF PERSON-IN-CHARGE
15. LICENSE/DOCUMENT NO.		16. CERTIFICATE OF FINANCIAL RESPONSIBILITY DATED
17. CERTIFICATE NUMBER		18. REMARKS

Certified to be  
a True Copy

## PART V - PHOTOGRAPHS

1. WERE PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. DIRECTION FROM WHICH TAKEN	
3. NUMBER TAKEN	4. NAME OF PHOTOGRAPHER	5. DATE/TIME TAKEN
6. REMARKS		

RECEIVED DNR

JUL 29 1980

Lake Mich. Dist.

## PART VI - SAMPLES

1. WERE SAMPLES TAKEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. LOCATION TAKEN (Attach evidence sheet)	
3. NUMBER TAKEN	4. NAME OF PERSON WHO TOOK SAMPLES	5. DATE/TIME TAKEN
6. REMARKS		

## PART VII - STATEMENTS

1. WERE STATEMENTS TAKEN? Yes	2. NUMBER TAKEN 3	3. STATEMENTS TAKEN FROM <input checked="" type="checkbox"/> WITNESSES <input type="checkbox"/> SUSPECTED VIOLATOR
4. REMARKS P. J. Rosten Master of the vessel admitted that the vessel had lost about 1 quart of oil out of their starboard propeller.		

## PART VIII - WITNESSES

1. NAME OF WITNESS(ES) Jim B. Mackie	2. ADDRESS OF WITNESS(ES) Ely Street Marinette, Wisconsin
3. REMARKS	

## PART IX - SUMMARY OF EVENTS (Include list of enclosures)

After notification of spill was received on the 25th, our office sent an investigator to Marinette Marine Corporation. Upon arrival a small amount of sheen was seen in a boomed off area at the stern of the USNS NAVAJO. Jim Mackie, an employee of MMC stated the sheen was hydraulic oil from the starboard propeller of the vessel. Upon talking to P.J. ROSTEN, Master of the vessel he stated that the vessel had lost oil out of their controllable pitch propeller on the starboard side. After taking Mr. Mackie's statement we left. Mr. Rosten sent our office a statement on 23 July 1980.

Enclosures: (1) Jim Mackie's statement  
(2) Philip J. Rosten's Statement  
(3) Message from ship  
(4) Investigator's statement

## REPORTED IMPACT OF INCIDENT

None

NAME AND TITLE OF INVESTIGATING OFFICER J. F. RUNAAS, DC1, USCG	SIGNATURE OF SUBMITTING OFFICER L. A. MURDOCK, CDR, USCG, CO (Type Title)	DATE 27 June 80
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## PART X - CIVIL PENALTY ACTION TAKEN