



# BOATING ACCIDENT

Forward to: FWC Boating Safety  
620 South Meridian St, Tallahassee, FL 32399-1600  
Question: call (850) 488-5600

ACCIDENT NUMBER  
**BAR003873**

AGENCY CASE NO  
**FWNE19OFF011303**

COUNTY OF <b>ST. JOHNS (55)</b>		REPORTING AGENCY <b>FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION</b>				AGENCY CASE NO <b>FWNE19OFF011303</b>		
DATE & TIME OF ACCIDENT <b>Wed, Jul 03, 2019 12:50 PM</b>		DATE & TIME LEO ARRIVED <b>Wed, Jul 03, 2019 01:30 PM</b>		DATE & TIME OF REPORT		DATE & TIME COMPLETED <b>Fri, Jul 05, 2019 02:22 PM</b>		
INJURED <b>0</b>	FATALITIES <b>0</b>	MISSING <b>0</b>	TOWED SKIERS <b>0</b>	TOTAL SWIMMERS <b>0</b>	TOTAL VESSELS <b>1</b>	VESSEL DAMAGE \$ <b>20000</b>	PROPERTY DAMAGE \$ <b>0</b>	TOTAL DAMAGE \$ <b>20000</b>
NEAREST CITY <b>CRESCENT BEACH ()</b>		BODY OF WATER <b>TOLOMATO-MATANZAS RIVER</b>				WATERS STATE		
EXACT LOCATION <b>ICW JUST NORTH OF MATANZAS INLET</b>						<input checked="" type="checkbox"/> INTRACOASTAL NEAREST MARKER WATERWAY <b>75</b>		
ACCIDENT SITE <b>CANAL/CUT</b>		RESTRICTED AREA		PERMIT CODE		LATITUDE <b>N 29 43.8825</b>		LONGITUDE <b>W 81 15.0228</b>
WEATHER <b>CLEAR</b>		VISIBILITY <b>GOOD</b>		WATER CONDITIONS <b>CALM</b>		AIR TEMP WATER TEMP <b>96 F 82 F</b>		ACCIDENT DESCRIPTORS
		DAYTIME <b>DAY</b>		WIND CONDITIONS <b>LIGHT (0-6 MPH)</b>		WATER CURRENT <b>TIDAL CURRENT</b>		

## VESSEL(S)

V# <b>V01</b>	YEAR <b>1983</b>	MAKE <b>MAINSHIP</b>	TYPE <b>CABIN MOTORBOAT</b>	COLOR <b>WHITE</b>	HULL MATERIAL <b>FIBERGLASS</b>	LENGTH <b>34 F</b>	VESSEL NAME <b>DAYDREAMER</b>	T.SKIERS <b>0</b>	INJURED <b>0</b>	FATAL <b>0</b>	
FUEL <b>DIESEL</b>	PROPULSION <b>Propeller</b>	HP <b>350</b>	# ENG. <b>1</b>	ENGINE TYPE <b>INBOARD/OUTBO.</b>	VESSEL PRIORITY <b>NOT APPLICABLE</b>	ESTIMATED SPEED <b>10-20 MPH</b>	ESTIMATED DAMAGE \$ <b>20000</b>	FEDERAL CLASSIFICATION <b>RECREATIONAL</b>			<input type="checkbox"/> RENTED
HIN <b>MPC34006M83A</b>	REGISTRATION NO <b>DO661713</b>	STATE <b>FL</b>	EXPIRATION <b>10/31/2019</b>	DOCUMENT NO <b>DO661713</b>	<input type="checkbox"/> INSURED INSURANCE COMPANY		POLICY NUMBER			<input type="checkbox"/> BORROWED	
Name of Vessel Owner <b>ANTHONY LANCE ALRED</b>		Business <input type="checkbox"/>	Current Address <b>59 CHRISTOPHER CT</b>		City <b>PALM COAST</b>	State <b>FL</b>	Zip Code <b>32137</b>	Phone Number(s) <b>(386)225-8987</b>			
ACCIDENT TYPE PRIMARY <b>FIRE/EXPLOSION (FUEL)</b> SECONDARY TERTIARY				WHAT CONTRIBUTED TO THE ACCIDENT FIRST <b>MACHINERY FAILURE (BELOW)</b> SECOND <b>FAILURE TO VENT FUMES</b> THIRD							
MACHINERY FAILURE <b>VENTILATION SYSTEM</b>		EQUIPMENT FAILURE		SAFETY EQUIPMENT		OPERATION <b>CRUISING</b>		ACTIVITY <b>RECREATIONAL CRUISING</b>			

## PERSONS ASSOCIATED WITH VESSEL (COUNT: 4)

(See Person's Section for Complete Record)

OWNER (OPERATOR): ALRED, ANTHONY LANCE  
OCCUPANT: ALRED, BRANDIE HOOPER  
OCCUPANT: ALRED, ZOE  
OCCUPANT: ALRED, ADDISON

## PERSON(S)

S#	NAME (LAST, FIRST MIDDLE) <b>ALRED, ANTHONY LANCE</b>			PERSON'S ROLE <b>OWNER (OPERATOR)</b>		DATE OF BIRTH & AGE <b>2/8/1972 47</b>	RACE <b>W</b>	SEX <b>M</b>	HGT <b>511</b>	WGT <b>215</b>	
HAIR <b>GRY</b>	EYES <b>BRO</b>	ID NUMBER <b>A463012720480</b>	STATE <b>FL</b>	TYPE OF I.D. <b>B</b>	ID EXPIRES <b>2/8/2025</b>	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE <b>(386)225-8987</b>			
STREET <b>59 CHRISTOPHER CT</b>						CITY <b>PALM COAST</b>		STATE <b>FL</b>	ZIP CODE <b>32137</b>		
INJURY STATUS <b>UNINJURED</b>		IF OPERATOR, EXPERIENCE <b>MORE THAN 100 HOURS</b>		& HOURS IN VESSEL TYPE <b>MORE THAN 100 HOURS</b>		& OPERATOR EDUCATION <b>NONE</b>					
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input checked="" type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO <b>V01: MAINSHIP / 1983 / 34 F / WHITE / DO661713 / DAYDREAMER</b>							B.A.C.

S#	NAME (LAST, FIRST MIDDLE) <b>ALRED, BRANDIE HOOPER</b>			PERSON'S ROLE <b>OCCUPANT</b>		DATE OF BIRTH & AGE <b>3/13/1978 41</b>	RACE <b>W</b>	SEX <b>F</b>	HGT <b>503</b>	WGT <b>120</b>	
HAIR <b>BLK</b>	EYES <b>BRO</b>	ID NUMBER <b>A463068785930</b>	STATE <b>FL</b>	TYPE OF I.D. <b>E</b>	ID EXPIRES <b>3/13/2027</b>	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE			
STREET <b>59 CHRISTOPHER CT</b>						CITY <b>PALM COAST</b>		STATE <b>FL</b>	ZIP CODE <b>32137</b>		
INJURY STATUS <b>UNINJURED</b>		IF OPERATOR, EXPERIENCE		& HOURS IN VESSEL TYPE		& OPERATOR EDUCATION					
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input checked="" type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO <b>V01: MAINSHIP / 1983 / 34 F / WHITE / DO661713 / DAYDREAMER</b>							B.A.C.

S#	NAME (LAST, FIRST MIDDLE) <b>ALRED, ZOE</b>			PERSON'S ROLE <b>OCCUPANT</b>		DATE OF BIRTH & AGE <b>2/16/2007 12</b>	RACE <b>W</b>	SEX <b>F</b>	HGT	WGT
HAIR	EYES	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE		

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STREET					CITY					STATE	ZIP CODE
INJURY STATUS <b>UNINJURED</b>			IF OPERATOR, EXPERIENCE			& HOURS IN VESSEL TYPE			& OPERATOR EDUCATION		
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO <b>V01: MAINSHIP / 1983 / 34 F / WHITE / DO661713 / DAYDREAMER</b>							
BUI INFO										B.A.C.	
S#	NAME (LAST, FIRST MIDDLE) <b>ALRED, ADDISON</b>			PERSON'S ROLE <b>OCCUPANT</b>			DATE OF BIRTH & AGE <b>4/4/2009 10</b>	RACE <b>W</b>	SEX <b>F</b>	HGT	WGT
HAIR	EYES	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE			
STREET					CITY					STATE	ZIP CODE
INJURY STATUS <b>UNINJURED</b>			IF OPERATOR, EXPERIENCE			& HOURS IN VESSEL TYPE			& OPERATOR EDUCATION		
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input checked="" type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO <b>V01: MAINSHIP / 1983 / 34 F / WHITE / DO661713 / DAYDREAMER</b>							
BUI INFO										B.A.C.	

**SYNOPSIS NARRATIVE**

V1 was headed north on the ICW, just north of Matanzas Inlet when V1 caught on fire. All four passengers on board exited the vessel on to a dinghy and were able to avoid injuries.

**DETAILED NARRATIVE**

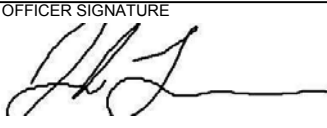

I, Officer Joshua Lawrence, with Florida Fish and Wildlife Conservation Commission (FWC), was driving south on A1a, just south of Devil's Elbow on July 3, 2019 at approximately 1250 hours, when I spotted a vessel on fire. Officers Matt Jones, Megan Thomas, and I arrived on scene at approximately 1330 hours. St. Augustine Fire Rescue was already on scene with the fire mostly under control. The vessel was burned down to the waterline. I found the owner/operator, Anthony Alred, on a nearby vessel along with his wife Brandi, and two children Zoe and Addison. I asked Anthony what happened, and he stated that he had his cruise set at 7.1 knots when he heard a couple "thuds." Anthony went and tried to find the cause of the noise when he saw part of the engine on fire. He told his family to abandon the boat and get on the dinghy. According to Anthony and Brandi, they abandoned ship in approximately 30 seconds and the vessel had already gotten completely engulfed in flames. Anthony said that they did not have insurance on the vessel but did have a Towboat U.S. membership. I was able to contact Towboat U.S. and advise Anthony that his membership did not cover salvage work. I told Anthony that he is responsible for the removal of the vessel since it is now a derelict vessel. I told him that I would be in constant communication until he gets his vessel removed.

**UPDATE 7/10/19**  
I called Anthony Alred to follow up on the removal of the vessel and he stated that he has contacted "a few" salvage companies and is waiting to hear back from them after they plan for removal.

**UPDATE 7/18/19**  
I called Anthony Alred to follow up on removal and he said the company has been out to look at the vessel. Miner, the salvage company said that it can't float and that they will have to cut it and remove it by crane. Alred said he is going to contact Miner tomorrow to get an estimated date of removal.

NOTHING FURTHER AT THIS TIME.

**OFFICER COMPLETING REPORT**

OFFICER NAME <b>LAWRENCE, JOSHUA</b>		AGENCY NAME AND ADDRESS <b>FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION 1239 SW 10TH STREET OCALA, FLORIDA 34471 AGENCY DIVISION</b>			SUPERVISOR NAME <b>JONES, MATTHEW</b>		
RANK <b>OFFICER</b>	OFFICER SIGNATURE 	AGENCY PHONE <b>(352)732-1225</b>			AGENCY ORI <b>FL0558000</b>	RANK <b>OFFICER</b>	SUPERVISOR SIGNATURE 
ORG/UNIT <b>FWNEINE REGIO</b>						ORG/UNIT <b>FWNEINE REGIO</b>	
ID NO <b>WN766</b>						ID NO <b>WN735</b>	
INVESTIGATIVE TIMES (IN HOURS)				VEHICLE MILES	BOAT ENGINE HOURS	AIRCRAFT ENGINE HOURS	
ON BOAT <b>2:00</b>	ON LAND :	IN AIR :	ADMINISTRATIVE <b>4:00</b>	TOTAL <b>6:00</b>	<b>10</b>	<b>2:00</b>	:

**DO NOT COMPLETE BELOW THIS LINE - BOATING SAFETY REVIEWING AUTHORITY ONLY**

FEDERAL ACCIDENT CLASSIFICATION:

OFF SHORE

REPORTABLE STATUS

(For Statistical Use)

ACCIDENT TYPE  
PRIMARY  
SECONDARY  
TERTIARY

ACCIDENT CONTRIBUTORS  
FIRST  
SECOND  
THIRD

REVIEWER NAME

RANK

ORG/UNIT

ID NO