<u> </u>					,		
	וט			DMELAND SECURITY ast Guard		DMB No: 1625-0001	
REPORT of MARINE CAS		COMMER		IVING CASUALT		xp. Date: 03/31/2019	
4. Veneral en Encilita Manuel				ssel/Facility Information	1	The star of the	
The second		2. Vessel Official Number or IMO Number 614211			United States	3. Vessel Flag	
		5. Vessel Gross Tons		6. Vessel Propulsion Type			
64.5 X Feet Meters		82			Diesel -800 h		
		8. Vessel or Facility Service or Occupation					
		Towing, Marine Construction					
FOR Duching Aboad	Number of Vesse Empty 0	0 sustain damage in the marine casu					
TOWING ONLY Towing Astern	Loaded 1	Length 64.5 feet			A REAL AND AND A MARKED AND A		
Towing Alongside Total 1		Width 23 feet		(If Yes complete and attach one or more CG-2692A forms to this report)			
	Section II -	Reason for S	Submitting	this Report (Check all tha	and the second second second second second	nis report)	
 10. The above vessel was involved in a Unintended grounding or an unir Intended grounding or intended a criteria in 3 through 8 below Loss of main propulsion, primary 4. Occurrence materially and advertised a commercial service, that renders th Cocurrence involving significant 11. The above facility or vessel was involuted in the above facility on the above facility or vessel was involuted in the above facility or v	ntended strike of strike of a bridge y steering, or any rsely affected the medical treatmen he individual unfit mage in excess harm to the envi olved in a Corr on causing incap on requiring hosp olved in an OC single incident ncapacitated for cting the usefuln- te facility exceed	(allision with) a l that created a h vassociated com a vessel's seawo nt (treatment bey to perform his o of \$25,000 ronment mercial Diving acitation for more bitalization for more S Facility Cast more than 72 ho ess of primary life ing \$25,000 resu	bridge nazard to nav oponent or co rthiness or fil yond first aid) or her routine g Casualty i e than 72 ho ore than 24 h ualty Result ours lesaving or fir ulting from a d	igation, the environment or the introl system that reduces the miness for service or route and, if the person is engaged of duties involving (<i>46 CFR 197.484</i>): urs burs ing in (<i>33 CFR 146.30 and</i> efighting equipment	haneuverability of the vessel		
6. OCS Facility only - Damage to a				rmation (Fill all fields that	annhu)		
13. Name of Owner	ocotion in	Telepho		14. Name of Operator or N		Telephone	
Choctaw Transportation Co	, Inc.	1		Choctaw Transpo			
Address		Email a	ddress	Address		Email address	
5. Name of Master or Person-In-Charge (La.) Telepho	one	16. Name of Agent (Last,	First, Middle)	Telephone		
Address		Email ad	ddress	Address		Email address	
7. Name of Dive Supervisor (Last, First, Middle)		Telepho	ne	18. Name of Pilot (Last, Fi		Telephone	
Address		Email address	ddroee	Shaw, Michael, I Address	rancis	Email address	
			101655			N/A	
	1	and the second second		Ity Information		1	
9. Date/Time (local) of Occurrence 3.6.18/4:00pm	20. L Eve	ocation-Name	e <mark>of Body of</mark> ake	Water or Waterway: Latitud		River Mile Marker: OR 832	
1. Property Damage Estimated Damage Cost(s)		cribe the Exten		Longiti y Damage	uuc.		
essel: \$unknown Cargo: \$0 Unknown at this time. Salvage operations began 3/7/18 and are							
acility: \$ 0 Other: \$ 0				survey will be	And the second se	ow full damages.	
2. Status of Involved Persons (If there are 1 or n	nore injured, dea	d or missing per	sons comple	e and attach one or more CG-2	692C forms to this Report)		
Total Number of Persons: On Board t	he Vessel:2	Injured	d : 0	Dead: 0 Miss	sing: 0		

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	Section IV - Casualt	y Information (continued)					
23. Was This Casualty a Serious Marine Incident (SMI) as Defined in 46 CFR 4.03-2?							
Yes No X Not at this Time, But is Lik	ely to Become an SMI (If Ye	es or Is Likely to Become an SMI complete/attac	h one or more CG-2692B forms to this report)				
24a. Is there any evidence of alcohol or drug use by or intoxininvolved in the casualty?	cation of individuals directly	24b. Did any individual directly involved in a c the administration of a timely chemical test, w the marine employer?	asualty refuse to submit to, or cooperate in, hen directed by a law enforcement officer or by				
Yes X No (If Yes, identify those individuals been obtained and specify the m evidence in block 24c)		Yes X No (If Yes, note the	individual(s) who refused in block 24c)				
24c. Individuals with evidence of drug or alcohol use, evider 25c)	ice of intoxication, or who ref	used to submit/cooperate in a timely chemical te	st (if more space is needed, continue in block				
None.							
а ,							
24d. Is there evidence that alcohol use contributed to	this casualty?						
Yes 🔀 No (If Yes, discuss in block 25b)							
25. Nature and Circumstance of the Casualty:							
25a. Activity or Operation Being Conducted at the Time of the Casualty:							
The M/V Nancy C was facing up to	o a loaded aggre	egate barge in the fleeting	ng area.				
25b. Description of the Casualty (casualty events and th	e conditions and actions that	were believed to be causal factors as well as an	y hazards created as a result of the				
casualty. Attach additional sheets if necessary.): Salvage efforts were began by third parties last week (3/7/18) and are complete. A survey is							
being finalized and the investig the vessel began to take on wate pumps deployed. Crew attempted t safely reach the necessary porti injury	gation is still er from the ster to relocate and	ongoing. At this time, ho m. Dewatering efforts we deploy a third pump but w	owever, it appears that se made by the crew and was then unable to				
Injury							
25c. Any other comments, including with respect to use of or need for emergency response equipment:							
		\bigcirc					
		()					
24. Name (PRINT) (Last, First, Middle)	Sectio		26 Det-				
Ford, Greg	25. Signature		26. Date 3/15/2018				
27. Title President	28. Address		and a state of the				
29. Telephone No.	30. Email						

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