

REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY**Section I - Reporting Vessel/Facility Information**

1. Vessel or Facility Name M/V RC CREPPEL		2. Vessel Official Number or IMO Number 1240427		3. Vessel Flag UNITED STATES	
4. Vessel Length 68.9 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 98.0		6. Vessel Propulsion Type TWIN DIESEL ENGINES	
7. Vessel or Facility Type TOWING VESSEL		8. Vessel or Facility Service or Occupation INLAND RIVER TOWING OF TANK BARGES			
9. FOR TOWING ONLY	9a. Arrangement:	9b. Number of Vessels Towed:		9c. Maximum Size of Tow/Tow-Boat(s):	
	<input checked="" type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside	Empty <u>1</u> Loaded <u>1</u> Total <u>2</u>	Length <u>568 est.</u> feet Width <u>42</u> feet		9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes complete and attach one or more CG-2692A forms to this report)</i>

Section II - Reason for Submitting this Report (Check all that apply)

10. The above vessel was involved in a Marine Casualty consisting in (46 CFR 4.05-1 and 4.05-10):

1. Unintended grounding or an unintended strike of (allision with) a bridge
2. Intended grounding or intended strike of a bridge that created a hazard to navigation, the environment or the safety of the vessel, or that meets any of the criteria in 3 through 8 below
3. Loss of main propulsion, primary steering, or any associated component or control system that reduces the maneuverability of the vessel
4. Occurrence materially and adversely affected the vessel's seaworthiness or fitness for service or route
5. Loss of life
6. Injury that requires professional medical treatment (treatment beyond first aid) and, if the person is engaged or employed on board a vessel in commercial service, that renders the individual unfit to perform his or her routine duties
7. Occurrence causing property damage in excess of \$75,000
8. Occurrence involving significant harm to the environment

11. The above facility or vessel was involved in a Commercial Diving Casualty involving (46 CFR 197.484):

1. Loss of life
2. Diving-related injury to any person causing incapacitation for more than 72 hours
3. Diving-related injury to any person requiring hospitalization for more than 24 hours

12. The above facility or vessel was involved in an OCS Facility Casualty Resulting in (33 CFR 146.30 and 146.35):

1. Death
2. Injury to 5 or more persons in a single incident
3. Injury causing any person to be incapacitated for more than 72 hours
4. OCS Facility only - Damage affecting the usefulness of primary lifesaving or firefighting equipment
5. OCS Facility only - Damage to the facility exceeding \$25,000 resulting from a collision by a vessel with the facility
6. OCS Facility only - Damage to a floating OCS facility exceeding \$25,000

Section III - Associated Parties Information (Fill all fields that apply)

13. Name of Owner ELITE TOWING, INC.		Telephone (225) 445-0983	14. Name of Operator or Manager ELITE TOWING, INC.		Telephone (225) 752-5500
Address 32 PINEHURST DR. NEW ORLEANS, LA 70131		Email address [REDACTED]	Address 32 PINEHURST DR. NEW ORLEANS, LA 70131		Email address [REDACTED]
15. Name of Master or Person-in-Charge (Last, First, Middle) PUCHEU, SHAWN AARON (MISSING)		Telephone [REDACTED]	16. Name of Agent (Last, First, Middle) ROSS CREPPEL		Telephone (225) 752-5500
Address [REDACTED]		Email address [REDACTED]	Address [REDACTED]		Email address [REDACTED]
17. Name of Dive Supervisor (Last, First, Middle) N/A		Telephone N/A	18. Name of Pilot (Last, First, Middle) NAQUIN, LESTER ANTOINE, JR. (MISSING)		Telephone [REDACTED]
Address N/A		Email address N/A	Address [REDACTED]		Email address [REDACTED]

Section IV - Casualty Information

19. Date/Time (local) of Occurrence Jan 26, 2020 at approx. 5:30 am, CST		20. Location-Name of Body of Water or Waterway: Latitude: UNK LOWER MISSISSIPPI RIVER Longitude: UNK		River Mile Marker: OR 123
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$ UNK Cargo: \$ UNK Facility: \$ UNK Other: \$ UNK		Describe the Extent of Property Damage SINKING OF VESSEL (M/V RC CREPPEL) ; DAMAGE TO TWO (2) BARGES.		
22. Status of Involved Persons (If there are 1 or more injured, dead or missing persons complete and attach one or more CG-2692C forms to this Report) Total Number of Persons: On Board the Vessel: <u>4</u> Injured: <u>1</u> Dead: <u>UNK</u> Missing: <u>3</u>				

Section IV - Casualty Information (continued)

23. Was This Casualty a Serious Marine Incident (SMI) as Defined in 46 CFR 4.03-2?

Yes No Not at this Time, But is Likely to Become an SMI (If Yes or is Likely to Become an SMI complete/attach one or more CG-2692B forms to this report)

24a. Is there any evidence of alcohol or drug use by or intoxication of individuals directly involved in the casualty?

Yes No (If Yes, identify those individuals for whom evidence has been obtained and specify the method to obtain such evidence in block 24c)

24b. Did any individual directly involved in a casualty refuse to submit to, or cooperate in, the administration of a timely chemical test, when directed by a law enforcement officer or by the marine employer?

Yes No (If Yes, note the individual(s) who refused in block 24c)

24c. Individuals with evidence of drug or alcohol use, evidence of intoxication, or who refused to submit/cooperate in a timely chemical test (if more space is needed, continue in block 25c)

NONE

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 RC CREPPEL WAS HEADING DOWNSTREAM WITH TWO (2) BARGES, RHA-2204 AND SCC-95, NEAR MILE MARKER 123 OF THE LOWER MISSISSIPPI RIVER.

25b. Description of the Casualty (casualty events and the conditions and actions that were believed to be causal factors as well as any hazards created as a result of the casualty. Attach additional sheets if necessary.):

THE M/V RC CREPPEL WAS HEADING DOWNSTREAM WITH TWO (2) BARGES, ONE LOADED AND ONE UNLOADED, WHEN A COLLISION OCCURRED BETWEEN THE M/V RC CREPPEL AND THE M/V COOPERATIVE SPIRIT.

25c. Any other comments, including with respect to use of or need for emergency response equipment:

Section V - Person Making this Report

24. Name (PRINT) (Last, First, Middle) CREPPEL, ROSS E.	25. Signature: 	26. Date 01-30-20
27. Title OWNER, ELITE TOWING, INC.	28. Address 32 PINEHURST DRIVE, NEW ORLEANS, LA 70131	
29. Telephone No. (225) 752-5500	30. Email 	

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
INVOLVED PERSONS AND WITNESSES ADDENDUM

OMB No: 1625-0001
Exp. Date: 07/31/2022

Note: This form shall be used to report data on persons involved or witnessing an OCS-related casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information - Casualty Date/Time

1. Vessel or Facility Name MV RC CREPPEL	2. Date/Time (local) of Occurrence 1/26/2020 @ 05:30 A.M., CST
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Section II - Involved Persons and Witnesses Details

3a. Name (Last, First, Middle) DUGAN, NATHAN ANDREW, JR.	3b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>DECKHAND</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	3c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness
3d. Address [REDACTED]		
3e. Telephone [REDACTED]	3f. Email address [REDACTED]	
4a. Name (Last, First, Middle) PUCHEU, SHAWN AARON	4b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>CAPTAIN</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	4c. Status <input checked="" type="checkbox"/> Involved Person <input type="checkbox"/> Witness
4d. Address [REDACTED]		
4e. Telephone [REDACTED]	4f. Email address [REDACTED]	
5a. Name (Last, First, Middle) NAQUIN, LESTER ANTOINE, JR.	5b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>PILOT</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	5c. Status <input checked="" type="checkbox"/> Involved Person <input type="checkbox"/> Witness
5d. Address [REDACTED]		
5e. Telephone [REDACTED]	5f. Email address [REDACTED]	
6a. Name (Last, First, Middle) BRIGALIA, MATTHEW JAMES	6b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>DECKHAND</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	6c. Status <input checked="" type="checkbox"/> Involved Person <input type="checkbox"/> Witness
6d. Address [REDACTED]		
6e. Telephone [REDACTED]	6f. Email address [REDACTED]	
7a. Name (Last, First, Middle)	7b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	7c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
7d. Address		
7e. Telephone	7f. Email address	
8a. Name (Last, First, Middle)	8b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	8c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
8d. Address		
8e. Telephone	8f. Email address	
9a. Name (Last, First, Middle)	9b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	9c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
9d. Address		
9e. Telephone	9f. Email address	
10a. Name (Last, First, Middle)	10b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	10c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
10d. Address		
10e. Telephone	10f. Email address	

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
BARGE ADDENDUM

OMB No: 1625-0001
Exp. Date: 07/31/2022

Note: This form shall be used to report data on barges causing or sustaining damage in the marine casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information - Casualty Date/Time

1. Towing Vessel Name M/V RC CREPPEL	2. Date/Time (local) of Occurrence JAN 26, 2020 @ 05:30 A.M., CST
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Section II - Barge(s) Causing or Sustaining Damage

3a. Barge Name RHA-2204	3b. Barge Official Number 1244044	3c. Barge Flag UNITED STATES
3d. Barge Length 250 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	3e. Barge Gross Tons 1058	3f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty

3g. Barge Class/Type ABS CLASS TANK BARGE	3h. Barge Service or Occupation TANK BARGE LIQUID CARGO
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3i. Name of Barge Owner RHODIA, INC.	3j. Name of Barge Agent UNK
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3k. Property Damage Estimated Damage Cost(s) to: Barge: \$ UNK Cargo: \$ UNK	Describe the Extent of Property Damage UNK
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4a. Barge Name SCC-95	4b. Barge Official Number UNK	4c. Barge Flag UNITED STATES
4d. Barge Length 195 x 40 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	4e. Barge Gross Tons UNK	4f. Load Condition <input type="checkbox"/> Loaded <input checked="" type="checkbox"/> Empty

4g. Barge Class/Type TANK BARGE	4h. Barge Service or Occupation TANK BARGE LIQUID CARGO
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4i. Name of Barge Owner RHODIA, INC.	4j. Name of Barge Agent UNK
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4k. Property Damage Estimated Damage Cost(s) to: Barge: \$ UNK Cargo: \$ UNK	Describe the Extent of Property Damage UNK
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5a. Barge Name	5b. Barge Official Number	5c. Barge Flag
5d. Barge Length <input type="checkbox"/> feet <input type="checkbox"/> meters	5e. Barge Gross Tons	5f. Load Condition <input type="checkbox"/> Loaded <input type="checkbox"/> Empty

5g. Barge Class/Type	5h. Barge Service or Occupation
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5i. Name of Barge Owner	5j. Name of Barge Agent
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5k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage
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6a. Barge Name	6b. Barge Official Number	6c. Barge Flag
6d. Barge Length <input type="checkbox"/> feet <input type="checkbox"/> meters	6e. Barge Gross Tons	6f. Load Condition <input type="checkbox"/> Loaded <input type="checkbox"/> Empty

6g. Barge Class/Type	6h. Barge Service or Occupation
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6i. Name of Barge Owner	6j. Name of Barge Agent
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6k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage
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