

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

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

REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY

SECTION I - Reporting Vessel/Facility Information

1. Vessel or Facility Name Carol McManus		2. Vessel Official Number or IMO Number 521420		3. Vessel Flag US	
4. Vessel Length 162.70 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 1,053		6. Vessel Propulsion Type Diesel	
7. Vessel or Facility Type			8. Vessel or Facility Service or Occupation Towing		
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>30</u> Loaded <u>12</u> Total <u>42</u>	Length <u>1580</u> feet Width <u>210</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 (If Yes complete and attach one or more CG-2692A forms to this report)

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 a 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 or 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 (33CFR 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 Ingram Barge Company		Telephone 270-441-1600		14. Name of Operator or Manager Ingram Barge Company		Telephone 270-441-1600	
Address 4400 Harding Road , Nashville, TN 37205		Email address N/A		Address 4400 Harding Road Nashville, TN 37205		Email address	
15. Name of Master or Person-In-Charge (Last, First, Middle) Powell, Van		Telephone 270-441-1600		16. Name of Agent (Last, First, Middle) N/A		Telephone N/A	
Address PO Box 2756 Paducah, KY 42002		Email address N/A		Address N/A		Email address N/A	
17. Name of Dive Supervisor (Last, First, Middle) N/A		Telephone N/A		18. Name of Pilot (Last, First, Middle) N/A		Telephone 270-441-1600	
Address N/A		Email address N/A		Address _____		Email address N/A	

Section IV - Casualty Information

19. Date/Time (local) of Occurrence 1/9/2023 0200		20. Location-Name of Body of Water or Waterway: LMR 311		Latitude:	OR	River Mile Marker: 311.00
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$ _____ Cargo: \$ _____ Facility: _____ Other: \$ <u>Est 473K</u>		Describe the Extent of Property Damage Damage to numerous 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:	Injured:	Dead:	Missing:	
		<u>9</u>	<u>1</u>	<u>0</u>	<u>0</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 it is Likely to Become an SMI (If Yes or 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)

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 :

UNDERWAY, MAKING WAY, PUSHING AHEAD.

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

The M/V CAROL MCMANUS was upbound on the Mississippi River pushing a 42 barge tow; the M/V BIG D was downbound pushing a 19 barge tow. As the vessels rounded Point Breeze at approximately 0200, the head of the CAROL MCMANUS tow collided with the head of the BIG D tow near MM 311/312 resulting in the BIG D's tow breaking away and 14 barges from the CAROL MCMANUS's tow breaking away.

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) FORRESTER, DENNIS	25. Signature: [REDACTED]	26. Date 1/12/2023
27. Title Claim Manager	28. Address 4400 HARDING ROAD, NASHVILLE, TN 37205	
29. TelephoneNo. [REDACTED]	30. Email [REDACTED]	

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 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. Towing Vessel Name
Carol McManus

2. Date/Time (*local*) of Occurrence
1/9/2023 0200

Section II - Barge(s) Causing or Sustaining Damage

3a. Barge Name IN995450		3b. Barge Official Number 1078263		3c. Barge Flag U.S.	
3d. Barge Length 200 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		3e. Barge Gross Tons 764		3f. Load Condition <input type="checkbox"/> Loaded <input checked="" type="checkbox"/> Empty	
3g. Barge Class/Type CHOP		3h. Barge Service or Occupation			
3i. Name of Barge Owner Ingram Barge Company			3j. Name of Barge Agent Ingram Barge Company		
3k. Property Damage Estimated Damage Cost(s) to: Barge \$ <u>Est. 55 K</u> Cargo \$ _____		Describe the Extent of Property Damage BW R/S TORN & HOLED @ CENTERLINE OVER 12'. BOW FLOODED.			
4a. Barge Name IB1953		4b. Barge Official Number 1260146		4c. Barge Flag U.S.	
4d. Barge Length 200 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		4e. Barge Gross Tons 740		4f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty	
4g. Barge Class/Type DST		4h. Barge Service or Occupation			
4i. Name of Barge Owner Ingram Barge Company			4j. Name of Barge Agent Ingram Barge Company		
4k. Property Damage Estimated Damage Cost(s) to: Barge \$ <u>Est. 5K</u> Cargo \$ _____		Describe the Extent of Property Damage STB BW TMBHD PULLED - DK NOT HOLED			
5a. Barge Name IN015441		5b. Barge Official Number 1114389		5c. Barge Flag U.S.	
5d. Barge Length 200 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5e. Barge Gross Tons 764		5f. Load Condition <input type="checkbox"/> Loaded <input checked="" type="checkbox"/> Empty	
5g. Barge Class/Type CHOP		5h. Barge Service or Occupation			
5i. Name of Barge Owner Ingram Barge Company			5j. Name of Barge Agent Ingram Barge Company		
5k. Property Damage Estimated Damage Cost(s) to: Barge \$ <u>EST. 45 K</u> Cargo \$ _____		Describe the Extent of Property Damage PT BW R/S HOLED & TORN OVER 10' AREA. BOW FLOODED			
6a. Barge Name IN126427		6b. Barge Official Number 1237451		6c. Barge Flag U.S.	
6d. Barge Length 200 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		6e. Barge Gross Tons 764		6f. Load Condition <input type="checkbox"/> Loaded <input checked="" type="checkbox"/> Empty	
6g. Barge Class/Type CHOP		6h. Barge Service or Occupation			
6i. Name of Barge Owner Ingram Barge Company			6j. Name of Barge Agent Ingram Barge Company		
6k. Property Damage Estimated Damage Cost(s) to: Barge \$ <u>EST. 3K</u> Cargo \$ _____		Describe the Extent of Property Damage STB STN KEVEL BENT. (1) BROKEN WIRE.			

7a. Barge Name IN165497	7b. Barge Official Number 1268943	7c. Barge Flag U.S.
7d. Barge Length 200 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters	7e. Barge Gross Tons 764	7f. Load Condition <input type="checkbox"/> Loaded <input checked="" type="checkbox"/> Empty
7g. Barge Class/Type CHOP	7h. Barge Service or Occupation	
7i. Name of Barge Owner Ingram Barge Company		7j. Name of Barge Agent Ingram Barge Company
7k. Property Damage Estimated Damage Cost(s) to: Barge \$ EST 100K Cargo \$ _____	Describe the Extent of Property Damage STB BW KNK & R/S TORN & HOLED OVER 20'.	
8a. Barge Name ING4745	8b. Barge Official Number 964681	8c. Barge Flag U.S.
8d. Barge Length 200 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters	8e. Barge Gross Tons 978	8f. Load Condition <input type="checkbox"/> Loaded <input checked="" type="checkbox"/> Empty
8g. Barge Class/Type CHOP	8h. Barge Service or Occupation	
8i. Name of Barge Owner Ingram Barge Company		8j. Name of Barge Agent Ingram Barge Company
8k. Property Damage Estimated Damage Cost(s) to: Barge \$ EST. 25K Cargo \$ _____	Describe the Extent of Property Damage STB BK DK DISTORTED & SPLIT OVER 6' X 4' AREA. (2) BROKEN WIRES.	

3a. Barge Name IN065432		3b. Barge Official Number 1184158		3c. Barge Flag U.S.	
3d. Barge Length 200 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		3e. Barge Gross Tons 764		3f. Load Condition <input type="checkbox"/> Loaded <input checked="" type="checkbox"/> Empty	
3g. Barge Class/Type CHOP		3h. Barge Service or Occupation			
3i. Name of Barge Owner Ingram Barge Company			3j. Name of Barge Agent Ingram Barge Company		
3k. Property Damage Estimated Damage Cost(s) to: Barge \$ Est. 200K Cargo \$ _____		Describe the Extent of Property Damage MT WENT ON TOP FMT1052 SITTING ON TOP BOW MACH. & PIPING. BW RK BTM RIPPED OPEN. HOPP SPLIT 10'			
4a. Barge Name IN077504		4b. Barge Official Number 1194841		4c. Barge Flag U.S.	
4d. Barge Length 200 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		4e. Barge Gross Tons 764		4f. Load Condition <input type="checkbox"/> Loaded <input checked="" type="checkbox"/> Empty	
4g. Barge Class/Type DST		4h. Barge Service or Occupation			
4i. Name of Barge Owner Ingram Barge Company			4j. Name of Barge Agent Ingram Barge Company		
4k. Property Damage Estimated Damage Cost(s) to: Barge \$ Est. 45K Cargo \$ _____		Describe the Extent of Property Damage PT BW RK KNK HOLED & TORN OVER 10'. BOW FLOODED			
5a. Barge Name		5b. Barge Official Number		5c. Barge Flag	
5d. Barge Length 200 <input checked="" type="checkbox"/> <input type="checkbox"/>		5e. Barge Gross Tons		5f. Load Condition <input type="checkbox"/> <input checked="" type="checkbox"/>	
5g. Barge Class/Type CHOP		5h. Barge Service or Occupation			
Ingram Barge Company			Ingram Barge Company		
\$ _____ \$ _____					
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 CHOP		6h. Barge Service or Occupation			
6i. Name of Barge Owner Ingram Barge Company			6j. Name of Barge Agent Ingram Barge Company		