

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

OMB No: 1625-0001  
Exp. Date: 03/31/2019

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

Section I - Reporting Vessel/Facility Information

1. Vessel or Facility Name CINDY B		2. Vessel Official Number or IMO Number 561814		3. Vessel Flag US	
4. Vessel Length 101 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 286GRT		6. Vessel Propulsion Type DIESEL	
7. Vessel or Facility Type TUG		8. Vessel or Facility Service or Occupation TUG			
9. FOR TOWING ONLY	9a. Arrangement: <input checked="" type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside	9b. Number of Vessels Towed: Empty _____ Loaded <u>1</u> Total <u>1</u>	9c. Maximum Size of Tow/Tow-Boat(s): Length <u>352</u> feet Width <u>76</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 \$25,000
- 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 WCP. INC		Telephone [REDACTED]	14. Name of Operator or Manager WCP. INC		Telephone [REDACTED]
Address WCP INC 10050 SW WILSONVILLE ROAD WILLSONVILLE OR 97070		Email address [REDACTED]@WILSONVILLECONCRETE.COM	Address WCP INC 10050 SW WILSONVILLE ROAD WILLSONVILLE OR 97070		Email address [REDACTED]@WILSONVILLECONCRETE.COM
15. Name of Master or Person-in-Charge (Last, First, Middle) BROMLEY JOSEPH ZACHARIAH		Telephone [REDACTED]	16. Name of Agent (Last, First, Middle)		Telephone
Address [REDACTED]		Email address [REDACTED]	Address		Email address
17. Name of Dive Supervisor (Last, First, Middle)		Telephone	18. Name of Pilot (Last, First, Middle)		Telephone
Address		Email address	Address		Email address

Section IV - Casualty Information

19. Date/Time (local) of Occurrence 11/12/23, 0559		20. Location-Name of Body of Water or Waterway: Latitude: COLUMBIA RIVER PORT WESTWARD Longitude: River Mile Marker: OR 53	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$0 Cargo: \$0 Facility: \$500K-? Other: \$500K		Describe the Extent of Property Damage PIER WALK WAY TO OUTSIDE DOCK DAMAGED. PLUMBING AND ELECTRICAL DAMAGE DAMAGE TO BARGE REMOVABLES (CONVEYOR DAMAGE)	
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>3</u> Injured: <u>0</u> Dead: <u>0</u> Missing: <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 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)

N/A

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:

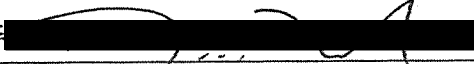


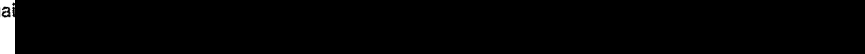
THE TUG CINDY WAS UNDERWAY PUSHING AHEAD A LOADED ROCK BARGE. SHE DEPARTED WESTPORT SLOUGH AT 0406 11/12/23. THE CAPTAIN ON WATCH LEFT DECKHAND AT THE HELM WHILE HE UTILIZED THE HEAD, AND WAS MAKING COFFEE. THE CAPTAIN WAS OUT OF THE WHEEL HOURS FOR APPROXIMATELY 15-18 MIN. DURING THAT TIME, THE DECK HAND FELL ASLEEP AND VEERED OFF COURSE STRIKING PORT WESTWARD CHEMICAL DOCK. THE INCIDENT OCCURED AT 0559 11/12/23.

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.):

IT WAS DARK, CLEAR, WIND VARIABLE, CURRENT SLIGHT EBB. THE DECK HAND FELL ASLEEP AT THE HELM.

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) Bramley Joseph Zachariah	25. Signature: 	26. Date 11/14/23
27. Title Captain	28. Address 	
29. Telephone No. 	30. Email 	

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 CINDY B	2. Date/Time (local) of Occurrence 11/12/23 0559
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**Section II - Barge(s) Causing or Sustaining Damage**

3a. Barge Name ST JOHNS	3b. Barge Official Number 575053	3c. Barge Flag US
3d. Barge Length 250 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	3e. Barge Gross Tons 1837	3f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty
3g. Barge Class/Type FLAT DECK		
3h. Barge Service or Occupation RIVER FLAT DECK		

3i. Name of Barge Owner SHAVER	3j. Name of Barge Agent TEEVIN BROS
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3k. Property Damage Estimated Damage Cost(s) to: Barge: \$ 0 Cargo: \$ 500K	Describe the Extent of Property Damage BARGE EQUIPMENT ON THE DECK DAMAGED
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4a. Barge Name	4b. Barge Official Number	4c. Barge Flag
4d. Barge Length <input type="checkbox"/> feet <input type="checkbox"/> meters	4e. Barge Gross Tons	4f. Load Condition <input type="checkbox"/> Loaded <input type="checkbox"/> Empty
4g. Barge Class/Type		
4h. Barge Service or Occupation		

4i. Name of Barge Owner	4j. Name of Barge Agent
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4k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage
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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		

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		

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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