## DEPARTMENT OF HOMELAND SECURITY OMB No: 1625-0001 U.S. Coast Guard Exp. Date: 07/31/2022 REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY Section I - Reporting Vessel/Facility Information 2. Vessel Official Number or IMO Number 3. Vessel Flag 1. Vessel or Facility Name 638353 IISA JACQUELINE A 6. Vessel Propulsion Type 5 Vessel Gross Tons 4. Vessel Length Feet DIESEL REDUCTION Meters 59.8 98 8. Vessel or Facility Service or Occupation 7. Vessel or Facility Type PRIVATE VOYAGE, NOT FOR HIRE TUGBOAT 9d. Did one or more of the barges in the tow cause or 9c. Maximum Size of Tow/Tow-Boat(s): 9b. Number of Vessels Towed: 9a. Arrangement: sustain damage in the marine casualty? FOR **Empty** Pushing Ahead Lenath feet **TOWING** Yes No Loaded ONLY Towing Astern Width (If Yes complete and attach one or more feet Towing Alongside 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 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) 14. Name of Operator or Manager Telephone 13. Name of Owner Telephone JACKSON CREEK MARINE, JACKSON CREEK MARINE, LLC Email address Email address Address Address P.O. BOX 1172 P.O. BOX 1172 DELTAVILLE, VA DELTAVILLE, VA Telephone 15. Name of Master or Person-In-Charge (Last, First, Middle) Telephone 16. Name of Agent (Last, First, Middle) McGallagher, Clifford, David N/A Email address Address **Email address** Address

18. Name of Pilot (Last, First, Middle) Telephone 17. Name of Dive Supervisor (Last, First, Middle) Telephone N/A N/A Email address Fmail address Address Address Section IV - Casualty Information 20. Location-Name of Body of Water or Waterway: Latitude: 33-46.245N River Mile Marker: 19. Date/Time (local) of Occurrence OR 8Aug2023, 1830 hrs Atlantic Ocean Longitude: 078-40.159W 21. Property Damage Estimated Damage Cost(s) to: Describe the Extent of Property Damage **TBD** Vessel sank. Vessel: \$ 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) Dead: 0 On Board the Vessel: 3 Injured: 0 Missina: 0 Total Number of Persons:

Section IV - Casualty Information (continued)				
23. Was This Casualty a Serious Marine Incident (SMI) as Define	ed 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 SM	Il complete/attach one or mo	ore CG-2692B forms to this report)
24a. Is there any evidence of alcohol or drug use by or intoxication in the casualty?	on of individuals directly			use to submit to, or cooperate in, d by a law enforcement officer or by
Yes No (If Yes, identify those individuals for been obtained and specify the methe evidence in block 24c)		Yes No	(If Yes, note the individual(	s) who refused in block 24c)
24c. Individuals with evidence of drug or alcohol use, evidence 25c)	of intoxication, or who refu	sed to submit/cooperate in a tir	mely chemical test (if more s	space is needed, continue in block
N/A.				
24d. Is there evidence that alcohol use contributed to this casualty?				
Yes X 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:				
Private, not-for-hire voyage to shipyard in Louisiana.				
25h. Description of the Convolty (equally experts and the conditions and actions that were halfound to be according to the conditions and the conditions are described to the conditions and the conditions and the conditions are described to the conditions and the conditions are described to the conditions are des				
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 engine room flooded through two, 5-inch pipe conduits from the lazarette. The source of flooding in the lazarette is presently unknown. The vessel sank.				
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25c. Any other comments, including with respect to use of or need for emergency response equipment:  The vessel's crew were rescued by a municipal fireboat.				
	Section V - Perso	n Making this Report		
24. Name (PRINT) (Last, First, Middle) Ward, John, E.	25. Sigr	111		26. Date 11 Aug 2023
27. Title	28. Address	Deltawille	22042	
Managing Partner 29. Telephone No.	P.O. Box 1172, 30. Email	Deltaville, VA	23043	
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