			>	T OF US	MELAND OFOURTY		1D N 4005 0001				
		ı			MELAND SECURITY	OMB No: 1625-0001					
					st Guard	Exp. Date: 07/31/2022					
REPO	RI of MARINE C	ASUALTY	COMMER	CIAL D	IVING CASUALTY	, or OCS-RELA	IED CASUALTY				
					sel/Facility Information	•					
	Facility Name		2. Vessel Officia 648357	l Number or li	MO Number	3. Vessel Flag					
				Tone		USA					
4. Vessel Lei 160	ngth X Fee	et Meters	5. Vessel Gross 883	ions	6. Vessel Propulsion Type Diesel						
7. Vessel or				. Vessel or Facility Service or Occupation							
Towboat		·		Cargo Transportation							
9. FOR	9a. Arrangement: 9b. Number of Vessels Tow				imum Size of Tow/Tow-Boat(s): 9d. Did one or more of the barges in the tow cause of sustain damage in the marine casualty?						
TOWING		Pushing Aneau 25		Length 1000 feet		X Yes No					
75				Width 175 feet			ttach one or more				
1 owing Alongside							CG-2692A forms to this report)				
40 Th-	-k				this Report (Check all that	apply)					
1	above vessel was involved		,	,	4.05-1 and 4.05-10):						
ļ	 Unintended grounding or a Intended grounding or inter 			_	gation, the environment or the sa	afety of the vessel, or that m	eets any of the				
	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											
	Loss of life Injury that requires profess	ional medical treati	ment (treatment bev	vond first aid)	and, if the person is engaged or	employed on board a vesse	al in				
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											
1 ===	7. Occurrence causing proper										
	8. Occurrence involving signif			- Canualhu i							
·	above facility or vessel wa 1. Loss of life	is involved in a C	ommerciai Divini	g Casualty II	nvolving (46 CFR 197.484):						
	Diving-related injury to any	person causing in	canacitation for mor	e than 72 hou	ırs						
	3. Diving-related injury to any	-									
			,		ting in (33 CFR 146.30 and 1	46.35):					
	1. Death				-						
	Injury to 5 or more persons	s in a single inciden	t								
	3. Injury causing any person t										
	4. OCS Facility only - Damag	-	, ,	-		na.					
	OCS Facility only - DamageOCS Facility only - Damage		-		collision by a vessel with the faci	нку					
	o. Goo r dointy only Danidg			THE RESIDENCE OF THE PARTY OF T	rmation (Fill all fields that	appivi					
13. Name o	of Owner		Teleph		14. Name of Operator or N		Telephone				
1	ce Bank		1 '	6-7559	SCF Towing LLC	<u> </u>	314436-7559				
Address	S		Email a	address	Address		Email address				
					727 N. 1st St.,	Suite 600					
					St. Louis, MO 6	3102					
45 None of	f Master or Person-In-Charg	and First Adia	rate) Talanh		16. Name of Agent (Last, I		Telephone				
	n Scott Sprenger			6-7559	N/A	-II'st, ivilaalej	relephone				
Address				address	Address		Email address				
727 N.	1st St., Suite	600									
	uis, MO 63102										
	irst Middle)	Teleph	one	18. Name of Pilot (Last, Fi	rst. Middle)	Telephone					
17. Name of Dive Supervisor (Last, First, Middle) N/A			ТСІОРІІ		Roger Hester	,/	314-436-7559				
Address			Email a	address	Address		Email address				
					727 N. 1st St.,	Suite 600					
					St. Louis, MO 6	3102					
			Santia	n IV - Caru	alty Information		1				
19 Date/Ti	me (local) of Occurrence		20. Location-Nam		River Mile Marker:						
			Mississinn	•	OR 363 LMR						
104/23/2023 Mississinni River Longitude: 21. Property Damage Estimated Damage Cost(s) to: Describe the Extent of Property Damage											
Vessel: \$	Vessel: \$ Cargo: \$500,000 One barge sank, two other barges sustained dented bulkheads										
	500,000										
	Facility: \$ Other: \$ 500,000 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)										
,			P								

Section IV - Casualty Information (continued) 23. Was This Casualty a Serious Marine Incident (SMI) as Defined in 46 CFR 4.03-2?										
X Yes No Not at this Time, But is Likely	y 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 intoxicat involved in the casualty?	tion of individuals directly 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 X No (If Yes, identify those individuals for been obtained and specify the meti-										
24c. Individuals with evidence of drug or alcohol use, evidence 25c)	e of intoxication, or who refused to submit/cooperate in a timely chemical test (if more space is needed, continue in block									
N/A										
24d. Is there evidence that alcohol use contributed to thi	is 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: The M/V SUSAN K was pushing 25 loaded barges downriver.										
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 SUSAN K's tow allided with a bridge pier of the Natchez Bridge near Mile 363 LMR and										
the tow broke apart.										
25c. Any other comments, including with respect to use of	f or need for emergency response equipment:									
Section V - Person Making this Report										
24. Name (PRINT) (Last, First, Middle) Myron McDonough	25. Signature: 26. Date 5/23/2023									
27. Title Vice President	28. Address () () () () () () () () () () () () ()									
29. Telephone No.	30. El									
CG-2692 (07/19)	Page 2 of 3 Reset									

INSTRUCTIONS FOR COMPLETION OF FORM CG-2692 REPORT OF MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, OR OCS-RELATED CASUALTY

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 1 hour. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-INV), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

WHEN TO USE THIS FORM

- 1. This form satisfies the requirement for written reports of casualties and accidents found in the Code of Federal Regulations for vessels, commercial diving operations, and Outer Continental Shelf (OCS) facilities. Depending on the circumstances surrounding an incident, a written report may be required if it meets one or more of the conditions described in instructions 2 - 4
- 2. VESSELS. If you are the owner, agent, master, operator, or person in charge of a vessel, other than a public vessel or an uninspected recreational or state-numbered vessel, you must submit a report if your vessel:
 - A. is involved in a marine casualty or accident that occurs upon the navigable waters of the United States, its territories or possessions and meets any of the criteria in block 10, or
 - B, is a United States vessel involved in a marine casualty or accident, wherever such casualty or accident occurs, that meets any of the criteria in block 10, or
 - C. is a foreign vessel engaged in OCS activities as defined in 33 CFR 140.10 and is involved in a marine casualty or accident that meets any of the criteria in block 10, or
 - D. is a foreign tank vessel operating in waters subject to the jurisdiction of the United States, including the Exclusive Economic Zone (EEZ), which involves significant harm to the environment or material damage affecting the seaworthiness or efficiency of the vessel.

- A. Commercial Diving. If you are the master or person in charge of a vessel or facility from which a commercial diving operation is conducted: (1) at any deepwater port or the safety zone thereof as defined in 33 CFR Part 150; (2) from any artificial island, installation, or other device on the Outer Continental Shelf (OCS) and the waters adjacent thereto as defined in 33 CFR Part 147 or otherwise related to activities on the OCS; (3) from any vessel required to have a certificate of inspection issued by the Coast Guard, including mobile offshore drilling units, regardless of their geographic location; or (4) from any vessel connected with a deepwater port or within the deepwater port safety zone or from any vessel engaged in activities related to the OCS, you must submit a report if there is a diving casualty meeting the criteria in block 11, except if the diving operation is:
 - 1. performed solely for marine scientific research and development purposes by educational institutions,
 - 2, performed solely for research and development for the advancement of diving equipment and technology, or
 - 3. performed solely for search and rescue or related public safety purposes by or under the control of a governmental agency.
- B: All Other Diving. Any occurrence of injury or loss of life to any person while diving from a vessel subject to instruction 2 and using underwater breathing apparatus must be reported under instruction 2.
- 4. OUTER CONTINENTAL SHELF (OCS) FACILITIES. If you are the owner, operator, or person in charge of an OCS facility engaged in OCS activities as defined in 33 CFR 140.10, you must submit a report if your facility is involved in a casualty or accident that meets any of the criteria in block 12.

- 5. In accordance with 46 CFR §4.05-10, 46 CFR §197.486, and 33 CFR §146.35, this form shall be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a block is not applicable, the abbreviation "NA" should be entered in that space. If the answer is unknown and cannot be obtained before the report has to be submitted (i.e. within 5 days of the accident), the abbreviation "UNK" should be entered in that block. If "NONE" is the correct response, enter it in the block.
- 6. Once completed, deliver, email, or fax this form within 5 days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port. https://www.uscg.mil/Units/Organization/
- 7. Tugs or towboats with tows under their control shall complete blocks 9a through 9d and, if one or more barges in their tow causes or sustains damage or meets any other reporting criteria, use the "Barge Addendum," CG-2692A to report information on the barge(s) involved.
- 8. If an incident involves multiple barges suffering or causing damage while moored or anchored (such as in a fleeting area), or breaking away from their moorage and causing or sustaining damage, enter the location of the moorage in Block 1 of the CG-2692 and complete the form except for blocks 2-8. Details for the barges will be entered on the CG-2692A. If a single barge is involved in a marine casualty while moored or anchored, it shall be documented as any other vessel using the CG-2692.
- 9. If the casualty meets the criteria for a serious marine incident as defined in 46 CFR §4.03, use the "Chemical Drug and Alcohol Testing Addendum," CG-2692B to report information on required drug and alcohol testing following a serious marine incident.
- 10. If one or more persons on the vessel or facility were injured, killed, or missing as a result of the casualty, use the "Personnel Casualty" Addendum," CG-2692C to report information
- 11. For facilities and vessels engaged in OCS activities who are reporting a casualty in accordance with 33 CFR §146.35 or 33 CFR §146.303, use the "Involved Persons and Witnesses Addendum, "CG-2692D to provide a list of all involved persons and witnesses to the casualty being reported. The CG-2692D may also be used to provide data on persons involved or vitnessing a marine casualty or commercial diving casualty.
- 12. Block 20 "Location": Always identify the body of water or waterway. Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In those cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible.

Privacy Act Notice

(CG-2692, CG-2692A, CG-2692B, CG-2692C and CG-2692D)

Authority: Title 46, United States Code (U.S.C.) §5301, Title 46, Code of Federal Regulations (CFR), Parts 4 and 197, and Title 33, CFR Part 146 authorizes the collection of this information. Specifically, 46 CFR §4,05-10 mandates that vessel owners, agents, masters, operators, or persons in charge file a written report of any marine casualty required to be reported under 46 CFR §4,05-1, 46 CFR §197,486 mandates that persons in charge of vessels or facilities file a report of any diving casualty required to be reported under 33 CFR §197.484, and 46 CFR §146.35 mandates that owners, operators, or persons in charge of an OCS activities file a report of any OCS-related casualty required to be reported under 33 CFR §146.30. For marine casualties, diving casualties when the diving installation is on a vessel, and The written report must be provided on Form CG-2692 (Report of Marine Casualty, commercial Diving Casualty, or OCS-Related Casualty) supplemented as necessary by appended Forms CG-2692 (Report of Marine Casualty Addendum), CG-2692B (Ceresonal Dura and Alcohol Testing Addendum), CG-2692B (Ceresonal Casualty Addendum), and CG-2692B (Involved Persons and Witnesses Addendum). The forms may be used for diving casualties when the diving installation is on a facility or for OCS-related casualties that are not also marine casualties under 46 CFR Part 4.

Purpose: The Coast Guard uses this information in gathering facts to determine causes surrounding reportable marine casualties. This information assists in promotling the safety of life, property, and the protection of the marine environment through preventing the reoccurrence of accidents.

Routine Uses: Reportable marine casualty information is needed for Coast Guard investigations of vessel casualties involving injury, death, property damage, environmental damage and dangerous conditions and for preparation and submission of data reports mandated by Congress (see 46 U.S.C. 6301). Information gathered is also used to determine whether new or revised safety laws, regulations, and policies are necessary. Additionally, chemical testing information is needed to improve Coast Guard detection and reduction of drug use by mariners. The information contained on forms CG-2692A, CG-2692B, CG-2692C, and CG-2692D may be disclosed under the Freedom of Information Act (FOIA) in response to a written FOIA request.

Disclosure: Furnishing this information is mandatory per 46 CFR §4.05-10. Failure to furnish the requested information for occurrences that are reportable marine casualties, diving casualties, or OCS-related casualties may result in civil penalty sanctions as outlined in 33 CFR Part 1. Coast Guard credentialed mariners may be subject to administrative adjudication per 46 CFR Part 5 for reporting failures. Some of the casualty information collected on this form may be made available for public inspection; however, information collected is protected from use in civil litigation per 46 U.S.C. §6308. Personal privacy information will not be disclosed routinely. Social Security numbers are not mandated on this form.

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DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

	U.S. Coast	Guard	Exp. Date: 07	/31/2022						
	BARGE ADDE	NDUM	·							
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 - Re	eporting Vessel/Facility Inf	ormation - Casualty D	ate/Time							
1. Towing Vessel Name			2. Date/Time (local) of Occurrence							
M/V SUSAN K			04/23/2023 22:45							
Sec	tion II - Barge(s) Causing o									
3a. Barge Name SCF 11133B	3b. Barge Official Number 1231388		Bc. Barge Flag USA							
3d. Barge Length 200	3e. Barge Gross Tons		of. Load Condition Classification Empty							
3g.Barge Class/Type Frieght Barge	3h. Barge Service or Occupation Dry Cargo	ion								
3i. Name of Barge Owner SCF Barge Line LLC	3j. N	lame of Barge Agent								
3k. Property Damage Estimated Damage Cost(s) to:	Describe the Extent of Propert	ty Damage								
Barge: \$ 50,000 Cargo: \$ 0	Dented deck and bu	ılkheads								
4a. Barge Name SCF 14119B	4b. Barge Official Number 1251230	l l	lc. Barge Flag USA							
4d, Barge Length 200	4e. Barge Gross Tons	1	¥f. Load Condition							
4g. Barge Class/Type Freight Barge	4h. Barge Service or Occupati Dry Cargo	ion								
4i. Name of Barge Owner SCF Barge Line LLC	4j. Name of Barge Agent									
4k. Property Damage Estimated Damage Cost(s) to: Barge: \$ 50,000 Cargo: \$	Describe the Extent of Properting Dented deck and but	-								
5a. Barge Name SCF 24145B	5b. Barge Official Number 1155061	i i	ōc. Barge Flag USA							
5d. Barge Length 200 X feet meters	5e. Barge Gross Tons		5f. Load Condition Karlon Empty							
5g. Barge Class/Type Freight Barge	5h. Barge Service or Occupation Dry Cargo									
5i. Name of Barge Owner SCF Barge Line LLC	5j. N	Name of Barge Agent								
5k. Property Damage Estimated Damage Cost(s) to: Barge: \$ 400,000 Cargo: \$ 500,000	Describe the Extent of Property Damage Barge sank in the Mississippi River									
6a, Barge Name	6b. Barge Official Number		6c. Barge Flag							
6d. Barge Length	6e. Barge Gross Tons		6f. Load Condition Loaded Empty							
6g. Barge Class/Type	6h. Barge Service or Occupation									
6i. Name of Barge Owner	6j. N	Name of Barge Agent								
6k. Property Damage Estimated Damage Cost(s) to:	Describe the Extent of Proper	ty Damage								
Barge: \$										
Cargo: \$										

OMB No: 1625-0001

INSTRUCTIONS FOR COMPLETION OF FORM CG-2692A BARGE ADDENDUM

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is .5 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-INV), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

WHEN TO USE THIS FORM

- 1. This form, when submitted in conjunction with a CG-2692, satisfies the requirement for written reports of casualties and accidents found in the Code of Federal Regulations for vessels. Specifically, it provides information on one or more barges that cause or sustain damage as a result of their involvement in a reportable marine casualty. This form may only be used in addition to form CG-2692, never alone.
- 2. One or More Barges as Part of a Tow. This form shall be used to enter information on all barges that were part of the tow and that caused or sustained damage as a result of the marine casualty reported on the CG-2692.
- 3. Multiple Anchored or Moored Barges. This form shall be used to enter information on multiple barges that were moored or anchored (such as in a fleeting area) and either cause or sustained damage or broke away and caused or sustained damage during an incident that meets the criteria of a marine casualty required to be reported on a CG-2692.
- 4. This form should not be use if the incident involves only a single barge while moored or anchored. This type of incident shall be documented as any other vessel using the CG-2692.

COMPLETION OF THIS FORM

- 5. In accordance with 46 CFR §4.05-10 this form shall be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a block is not applicable, the abbreviation "NA" should be entered in that space. If the answer is unknown and cannot be obtained before the report has to be submitted (i.e. within 5 days of the accident), the abbreviation "UNK" should be entered in that block. If "NONE" is the correct response, enter it in the block.
- 6. If more than 4 barges caused or sustained damage in the marine casualty additional CG-2692As should be completed necessary to enter the required information for all barges.
- 7. Once completed, deliver, email, or fax this form with a corresponding CG-2692 within 5 days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port. https://www.uscq.mil/Units/Organization/

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

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