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 1. Vessel or Facility Name 3. Vessel Flag BOW TRIUMPH 9669902 Norway 5. Vessel Gross Tons 6. Vessel Propulsion Type 4. Vessel Length Feet X Meters Diesel Direct 182.66 30,521 8. Vessel or Facility Service or Occupation 7 Vessel or Facility Type Chemical Tanker Merchant 9d. Did one or more of the barges in the tow cause or 9a Arrangement 9b. Number of Vessels Towed: 9c. Maximum Size of Tow/Tow-Boat(s): FOR sustain damage in the marine casualty? Empty Pushing Ahead Length TOWING feet Yes No Loaded ONLY Towing Astem Width (If Yes complete and attach one or more feet Total 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 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): 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 Telephone 14. Name of Operator or Manager Telephone Goldex Fortune Ltd 81-6540185 Odfjell Management AS +47-55270000 Address Email address Address Email address 80 Broad Street Conrad Mohrs Veg 29 ops.bow. 7oceans@socea Monrovia, Liberia 5072 Bergen triumph@odfjel ns.com Norway 1.com 15. Name of Master or Person-In-Charge (Last, First, Middle) Telephone 16. Name of Agent (Last, First, Middle) Telephone 843-974-5951 Gayanilo, Eduardo, Pagunsan Host Agency Email address Email address Address Address See block 14. Charleston charleston@hos tagency.com Telephone 17. Name of Dive Supervisor (Last, First, Middle) Telephone 18. Name of Pilot (Last, First, Middle) Email address Address Email address Address Section IV - Casualty Information 19. Date/Time (local) of Occurrence 20. Location-Name of Body of Water or Waterway: Latitude: River Mile Marker: 5-Sept-2022 / 1604 hours Cooper River, Pier Bravo Longitude 21. Property Damage Estimated Damage Cost(s) to: Describe the Extent of Property Damage Damage to section of Pier Bravo, Joint Base Charleston. Vessel: \$300,000 Cargo: \$ Facility: \$ UNKOWN Other: \$ 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:26

Injured: 0

Dead: 0

Missing: 0

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 L	ikely to Become an SMI (If Ye	es or is	Likely to	Beco	me an S	MI com	plete/a	tach one	or more	CG-2692B	forms to this report)
		y evidenc casualty?	e of alcohol or drug use by or into	xication of individuals directly	the a		ration	of a time						o, or cooperate in, forcement officer or by
	Yes	⊠ No	(If Yes, identify those individua been obtained and specify the evidence in block 24c)			_ Y	'es	No.	(If Ye	s, note	the indiv	idual(s) v	vho refused	1 in block 24c)
	dividual	s with evid	ence of drug or alcohol use, evide	ence of intoxication, or who refu	used to	submit/	coope	rate in a	timely o	hemica	l test (if r	nore spa	ce is neede	d, continue in block
25c) N/A														
24d. ls	there e	evidence	that alcohol use contributed to	o this casualty?										
	Yes	X No	(If Yes, discuss in block 25b)											
25. Nat	ure and	Circumsta	nce of the Casualty:											
			ation Being Conducted at the Tim							- 1				
The	vess	el ca	st off from the B	P terminal to sh	lit	down	rive	er to	o the	e Od	ijeii	terr	minal.	
25	Deen	rintion of t	he Casualty (casualty events and	the conditions and actions that	were b	elieved	to be o	ausal fa	ctors a	well a	s anv haz	ands cre	ated as a re	esult of the
cas	ualty.	Attach add	itional sheets if necessary.):											
			o Pier Bravo, the	_										
			rned but the ship, but the ship did							_				
			he ship did not.	_					_			-		
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			er. We ordered the											
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	. Any o	ther comn	nents, including with respect to us	e of or need for emergency res	sponse e	equipmo	ent:							
N/A.														
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				Section V - Perso	on Mak	ing th	is Re	port		h				
	-		First, Middle) ardo, Pagunsan	25. Signature:	7								S. Date Sept	2022
27. Title		Luui	and a againment	28. Address	0		_	5			-	10	Dept	- UEA
Mast					1		_							
29. Tele	phone	No.		30. Email										

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