DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

Exp. Date: 03/31/2019 REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY

KLFOI	NI OI MANIE O	•			el/Facility Information	I, OI OCO-INEL	AILD CASCALII			
1 Vessel or I	Facility Name		-		•	3. Vessel Flag	3 Vessel Flag			
	Gattle		2. Vessel Official Number or IMO Number 1184826			U.S.				
4. Vessel Length 5. Vessel G				Tons			6. Vessel Propulsion Type			
98.8 Feet Meters 320				Diesel						
			B. Vessel or Facility Service or Occupation Fowing							
		9b. Number of Vessels	Towed:	9c. Maximum	Size of Tow/Tow-Boat(s):		9d. Did one or more of the barges in the tow cause or			
FOR TOWING	Pushing Ahead	Empty 0	Length <u>299</u> feet feet				sustain damage in the marine casualty? X Yes No (If Yes complete and attach one or more			
ONLY	Towing Astern	Loaded 1								
	Towing Alongside	Total 1		feet (If res complete and attach one of more CG-2692A forms to this report)						
					his Report (Check all th	nat apply)				
_	above vessel was involved		•	•	.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 and5. Loss of life	adversely affected the v	essel's seawo	rthiness or fitn	ess for service or route					
5. Loss of life 6. Injury hat requires professional medical treatment (treatment beyond first aid) and, if the person is engaged or employed on board a vessel in commercial service, hat 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									
12. The a	above facility or vessel wa	s involved in an OCS	Facility Cas	ualty Resulti	ng in (33 <i>CFR 146.30 an</i>	d 146.35):				
	1. Death		•	•	•	•				
	2. Injury to 5 or more persons	s in a single incident								
	3. Injury causing any person	to be incapacitated for n	nore than 72 ho	ours						
	OCS Facility only - Damag	e affecting the usefulnes	ss of primary lif	esaving or fire	fighting equipment					
	5. OCS Facility only - Damag	•		•	ollision by a vessel with the f	acility				
	6. OCS Facility only - Damag				wastion (Fill all fields th					
40 Name -	-f O	Section III - A	T		mation (Fill all fields th	11 2/	Talanhana			
13. Name o	RiverService, I	nc	Telepho 318-290		14. Name of Operator o	r Manager	Telephone			
Address		.110•	Email a		Address		Email address			
10100 HWY 65 South			Ziliali d	ida ooo	/ (duriose		Linux address			
15. Name of Master or Person-In-Charge (Last, First, Middle			Telepho	one	16. Name of Agent (Last, First, Middle)		Telephone			
Steven Adams				_	A					
Address	S		Email a	address	Address		Email address			
17. Name of Dive Supervisor (Last, First, Middle)				one	18. Name of Pilot (Last, Mickey Orear	First, Middle)	Telephone			
Address				address	Address		Email address			
			Section	n IV - Casua	lty Information					
			Location-Name of Body of Water or Waterway: Latitude: River Mile Monafalaya River Longitude: OR 42							
24 B 4 B 5 II 4 1B 2 II 4						ngitude:	42			
200			escrbe the Extent of Property Damage inor damages to barge in tow							
Tin			ndetermined amount of damage to swing span of bridge							
Facility: \$ 0	Other: \$ T	<u> </u>			=		-			
	Involved Persons (If there are			ersons complet		G-2692C forms to this Repo	οπ)			

OMB No: 1625-0001

	Section IV - Casualty	Information (continu	ied)					
23. Was This Casualty a Serious Marine Incident (SMI) as Defi	ned in 46 CFR 4.03-2?							
Yes No Not at this Time, But is Likely	y to Become an SMI (If Ye	s or Is Likely to Become a	an SMI complete/attach one or me	ore CG-2692B forms to this report)				
24a. Is there any evidence of alcohol or drug use by or intoxica involved in the casualty?	tion of individuals directly	•	directly involved in a casualty ref timely chemical test, when directe	use to submit to, or cooperate in, ed by a law enforcement officer or by				
Yes No (If Yes, identify those individuals for been obtained and specify the met evidence in block 24c)		Yes X	No (If Yes, note the individual)	(s) who refused in block 24c)				
24c. Individuals with evidence of $$ drug or alcohol use, evidence 25c)	e of intoxication, or who refu	sed to submit/cooperate in	n a timely chemical test (if more	space is needed, continue in block				
24d. Is there evidence that alcohol use contributed to th	is casualtv?							
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	f the Casualty:							
Southbound approaching Krotz Spr.	ings Railroad E	3ridge						
25b. Description of the Casualty (casualty events and the	conditions and actions that	were believed to be cause	al factore as well as any hazards	created as a result of the				
casualty. Attach additional sheets if necessary.):	conditions and actions that	were believed to be cause	arracions as well as any mazarus	created as a result of the				
The m/v Edna Gattle, with one barapproaching Krotz Springs Railro. Union Pacific's bridge tender had at the bridge. After the Edna parto alter the Edna's course to refrom Krotz Springs' Railroad Bridge, to open the bridge's switches.	ad Bridge, reque d ample time to ssed the Krotz duce her speed dge, as the res	ested that the o open such sw Springs highw and stop at a sult of the fa	e bridge's swing s ving span before t vay bridge, her ca a location in the ailure of Union Pa	span be opened. The Edna arrived Aptain was forced channel upriver acific's bridge				
25c. Any o her comments, including with respect to use of	f or need for emergency res	ponse equipment:						
24. Name (PRINT) (Last, First, Middle)	Section V - Perso	n Making this Report		26. Date				
Thackston, Frank	25. Signature:			05/02/2019				
27. Tile Representation	28. Address PO BOX 918 Gre	eenville, MS 3	38702					
29. Telephone No.	30. Email							
	@ltindall.com							

CG-2692 (04/18) Page 2 of 3

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 sa isfies 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 seawor hiness or efficiency of the vessel.

3 DIVING

- 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 he 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 heir 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 he 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.

COMPLETION OF THIS FORM

- 5. In accordance wi h 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 hat 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. http://www.uscg.mil/top/units/
- 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 he casualty, use the "Personnel Casualty" Addendum," CG-2692C to report information on the extent of all personnel casualties.
- 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 witnessing 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.) §6301, 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 §40.5-1, 46 CFR §49.7486 mandates that persons in charge of any diving casualty required to be reported under 33 CFR §197.486 mandates that owners, operators, or persons in charge of an OCS facility or vessel engaged in OCS activities file a report of any OCS-related casualty required to be reported under 33 CFR §146.30. For marine 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-2692A (Barge Addendum), CG-2692B (Chemical Drug and Alcohol Testing Addendum), CG-2692D (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 promoting 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.

CG-2692 (04/18) Page 3 of 3

DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard

OMB No: 1625-0001

		DDENDUM	Exp. Date. 03/31/2019							
Note: This form shall be used to report data on barges	causing or sustaining dan		escribed 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 Edna T. Gattle			2. Date/Time (local) of Occurrence 4/25/2019 @2350							
Sec	tion II - Barge(s) Caus	ing or Sustaining Damag	e							
3a. Barge Name	3b. Barge Official Number	er	3c. Barge Flag							
TRS-2			no flag							
3d. Barge Length 200	3e. Barge Gross Tons		3f. Load Condition Loaded Empty							
3g. Barge Class/Type Spud Barge	3h. Barge Service or Occupation Rig Barge									
3i. Name of Barge Owner	3j. Name of Barge Agent		12							
Terral RiverService, Inc.										
3k. Property Damage Estimated Damage Cost(s) to: Barge: \$ <50k Cargo: \$	Describe the Extent of Property Damage Bent spud with aggravated old damage to bottom plate of barge									
4a. Barge Name	4b. Barge Official Number	er	4c. Barge Flag							
4d. Barge Length	4e. Barge Gross Tons		4f. Load Condition							
feet meters	8		Loaded Empty							
4g. Barge Class/Type	4h. Barge Service or Occ	cupation								
4i. Name of Barge Owner		4j. Name of Barge Agent								
4k. Property Damage Estimated Damage Cost(s) to:	Describe the Extent of Pr	Describe the Extent of Property Damage								
Barge: \$Cargo: \$	Bestilise the Extent of Property Sumage									
5a. Barge Name	5b. Barge Official Number	er	5c. Barge Flag							
5d. Barge Length	5e. Barge Gross Tons	8	5f. Load Condition							
feet meters		* * * * * * * * * * * * * * * * * * *	Loaded Empty							
5g. Barge Class/Type	5h. Barge Service or Occupation									
5i. Name of Barge Owner	5j. Name of Barge Agent									
5k. Property Damage Estimated Damage Cost(s) to:	Describe the Extent of P	roperty Damage								
Barge: \$										
Cargo: \$										
6a. Barge Name	6b. Barge Official Number	er	6c. Barge Flag							
6d. Barge Length	6e. Barge Gross Tons		6f. Load Condition							
feet meters	,		Loaded Empty							
6g. Barge Class/Type	6h. Barge Service or Occ	cupation								
6i. Name of Barge Owner	. 8	6j. Name of Barge Agent								
6k. Property Damage Estimated Damage Cost(s) to:	Describe the Extent of P	roperty Damage								
Barge: \$										
Cargo: \$										