

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No: 1625-0001
Exp. Date: 07/31/2022

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

Section I - Reporting Vessel/Facility Information

1. Vessel or Facility Name MV Kitty		2. Vessel Official Number or IMO Number 1095430		3. Vessel Flag US
4. Vessel Length 68 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 95		6. Vessel Propulsion Type Diesel
7. Vessel or Facility Type Towing (push boat)		8. Vessel or Facility Service or Occupation Towing		
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 0 Loaded 2 Total 2	9c. Maximum Size of Tow/Tow-Boat(s): Length 662 feet Width 54 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 (If Yes complete and attach one or more 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)

13. Name of Owner Enterprise Marine Services LLC		Telephone [REDACTED]		14. Name of Operator or Manager Same as owner		Telephone	
Address 141 Bayou Dularge Rd Houma, LA 70363		Email address [REDACTED]@epr od.com		Address		Email address	
15. Name of Master or Person-in-Charge (Last, First, Middle) Naquin, Wilson J. III DOB [REDACTED]		Telephone [REDACTED]		16. Name of Agent (Last, First, Middle) NA		Telephone	
Address C/O EMS LLC 141 Bayou Dularge Rd., Houma, LA 70363		Email address [REDACTED]@epr od.com		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 July 4, 2023 @ 6:00 p.m. CST		20. Location-Name of Body of Water or Waterway: Latitude: River Mile Marker: Algiers Lock @ ICWW & LMR Longitude: OR 88	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$15,000 ≈ Cargo: \$0 Facility: \$TBD Other: \$0		Describe the Extent of Property Damage EMS 317 head log damage deferred to next scheduled maintenance. Extent of damage to channel side lock gate TBD.	
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: 6 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 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)

NA

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:

Maneuvering 2 barge loaded tow through Algiers Lock.

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.):

As the MV Kitty entered the Algiers Lock chamber from the river heading westbound with a two barge strung out loaded tow consisting of the EMS 317 (ON 1164698/lead barge) and the EMS 383 (ON 1244060/stern barge), passing deep draft ships surged the MV Kitty and her tow into the channel side lock gate, despite all three of the MV Kitty's engines being hooked up astern and the crew doing everything reasonably possible to overcome the surge and avoid an allision. The EMS 317 incurred minor damage to the head log. Extent of damage to lock gate to be determined.

No injuries or pollution associated with this incident.

25c. Any other comments, including with respect to use of or need for emergency response equipment:

NA

Section V - Person Making this Report24. Name (PRINT) (Last, First, Middle)
Johnson, Jeffrey, W

25. S

26. Date

7/10/2023

27. Title
Mgr28. Address
141 Bayou Dularge Rd., Houma, LA 70363

29. Telephone No.

30. Email
@eprod.com

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
BARGE ADDENDUM

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

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 MV Kitty	2. Date/Time (local) of Occurrence July 4, 2023 @ 6:00 p.m. CST
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Section II - Barge(s) Causing or Sustaining Damage

3a. Barge Name EMS 317	3b. Barge Official Number 1164698	3c. Barge Flag US
3d. Barge Length 297 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	3e. Barge Gross Tons 1619	3f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty
3g. Barge Class/Type Tank Barge		3h. Barge Service or Occupation carriage of grade a & lower cargoes as specified on COI CAA
3i. Name of Barge Owner Enterprise Marine Services LLC		3j. Name of Barge Agent NA
3k. Property Damage Estimated Damage Cost(s) to: Barge: \$ 15,000 ~ Cargo: \$ NA	Describe the Extent of Property Damage Inset on the port bow headlog.	

4a. Barge Name EMS 383	4b. Barge Official Number 1244060	4c. Barge Flag US
4d. Barge Length 297 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	4e. Barge Gross Tons 1619	4f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty
4g. Barge Class/Type Tank Barge		4h. Barge Service or Occupation carriage of grade a & lower cargoes as specified on COI CAA
4i. Name of Barge Owner Enterprise Marine Services LLC		4j. Name of Barge Agent NA
4k. Property Damage Estimated Damage Cost(s) to: Barge: \$ NA Cargo: \$ NA	Describe the Extent of Property Damage No damage	

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
5k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage	

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
6k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage	

U.S. Coast Guard

Exp. Date: 07/31/2022

REPORT OF MANDATORY CHEMICAL TESTING FOLLOWING A SERIOUS MARINE INCIDENT INVOLVING VESSELS IN COMMERCIAL SERVICE

Note: This form shall be used to report data on persons directly involved in a serious marine incident involving a vessel in commercial service and the mandatory chemical drug and alcohol testing.

Section I - Reporting Vessel Information - Casualty Date/Time

1. Vessel Name MV Kitty	2. Vessel Official Number or IMO Number 1095430	3. Date/Time (local) of Occurrence 7/4/2023 @ 6:00 p.m.
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Section II - Reason for Submitting this Report (Check all that apply)

4. The above vessel is in commercial service and was involved in a Serious Marine Incident that resulted in (46 CFR 4.03-2):

- ☐ One or more deaths
☐ An injury to a crewmember, passenger, or other person that requires professional medical treatment beyond first aid, and, in the case of a person employed on board a vessel in commercial service, which renders the individual unfit to perform routine vessel duties
☒ Damage to property in excess of \$200,000
☐ Actual or constructive total loss of any vessel subject to inspection under 46 USC 3301
☐ Actual or constructive total loss of any self-propelled vessel, not subject to inspection under 46 USC 3301, of 100 gross tons or more
☐ A discharge of oil of 10,000 gallons or more into the navigable waters of the United States, as defined in 33 USC 1321
☐ A discharge of a reportable quantity of a hazardous substance into the navigable waters of the United States
☐ A release of a reportable quantity of a hazardous substance into the environment United States

Section III - Personnel and Testing Information

5. Individuals Directly Involved in Serious Marine Incident 6. Drug and Alcohol Testing

5a. Name (Last, First, Middle)	5b. USCG Credentialed?	6a. Drug Test Urine Sample Provided Within 32 Hours?	6b. Alcohol Test Specimen Provided within 2 Hours?	6c. Type of Alcohol Test Specimen Provided	6d. Alcohol Test Results
Naquin, Wilson J. III	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	neg
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	

7. Explanation of why test samples were not collected within required timeframes or not at all and/or why testing was not conducted (Required for each "No" checked in columns 6a or 6b)

NA

8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests

Name: Clinical Reference Laboratory

Address: 8433 Quivira Rd
Lenexa, KS 66215

Telephone: 800-445-6917

Email: CLScontactUS@crlcorp.com

9. Laboratory or Individual Conducting Alcohol Tests

Name: Joshua E. Griffin

Address: 141 Bayou Dularge Rd
Houma, LA 70363

Telephone: [REDACTED]

Email: [REDACTED]@eprod.com

Section IV - Person Making this Report

10. Name (PRINT) (Last, First, Middle) Johnson, Jeffrey, W	11. Signature [REDACTED]	12. Date 7/10/2023
13. Title Mgr	14. Address 141 Bayou Dularge Rd, Houma, LA 70363	
15. Telephone No. [REDACTED]	16. Email [REDACTED]@eprod.com	

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
INVOLVED PERSONS AND WITNESSES ADDENDUM

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

Note: This form shall be used to report data on persons involved or witnessing an OCS-related 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. Vessel or Facility Name MV Kitty	2. Date/Time (local) of Occurrence 7/4/2023 @ 6:00 p.m.
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Section II - Involved Persons and Witnesses Details

3a. Name (Last, First, Middle) Naquin, Wilson J. III	3b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Captain</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	3c. Status <input checked="" type="checkbox"/> Involved Person <input type="checkbox"/> Witness
3d. Address [REDACTED]		
3e. Telephone [REDACTED]	3f. Email address [REDACTED]@eprod.com	
4a. Name (Last, First, Middle) Lesnak, Max, J	4b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Steersman</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	4c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness
4d. Address [REDACTED]		
4e. Telephone [REDACTED]	4f. Email address [REDACTED]@eprod.com	
5a. Name (Last, First, Middle) Carver, Thomas, E	5b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Tankerman</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	5c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness
5d. Address [REDACTED]		
5e. Telephone [REDACTED]	5f. Email address [REDACTED]@eprod.com	
6a. Name (Last, First, Middle) Beauvais, Mason, T	6b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Deckhand</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	6c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness
6d. Address [REDACTED]		
6e. Telephone [REDACTED]	6f. Email address [REDACTED]@eprod.com	
7a. Name (Last, First, Middle) Pellegrin, Lance, J	7b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: <u>Tankerman</u> <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	7c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness
7d. Address [REDACTED]		
7e. Telephone [REDACTED]	7f. Email address [REDACTED]@eprod.com	
8a. Name (Last, First, Middle)	8b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	8c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
8d. Address		
8e. Telephone	8f. Email address	
9a. Name (Last, First, Middle)	9b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	9c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
9d. Address		
9e. Telephone	9f. Email address	
10a. Name (Last, First, Middle)	10b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	10c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
10d. Address		
10e. Telephone	10f. Email address	