

CGR FORM NO. 1675-001

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-2692 (Rev. 06-04)

**REPORT OF MARINE ACCIDENT,
INJURY OR DEATH**

PGS No. G/MCP
MILE NOTIFICATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility Trent Joseph		2. Official No. 1055480		3. Nationality		4. Call Sign PE 5470		5. USCG Certificate of Inspection Issued at	
6. Type (Towing, Freight, Fish, etc.)		7. Length 72		8. Gross Tons 97		9. Year Built 1997		10. Propulsion (Steam, diesel, gas, turbine, etc.) P+Scl	
11. Hull Material (Steel, Wood, etc.) Steel		12. Draft (ft. - in.) FWD 10 AFT 10		13. If Vessel Classed, By Whom (ABS, LLOYDS, DNV, BV, etc.)		14. Date of Occurrence 11-22-2020		15. TIME (LOCAL) 2130	
16. Location (See Instruction No. 10A) Darataria Swing Bridge		17. Name, Address & Telephone No. of Operator Coastal Towing		18. Name of Master or Person in Charge Orduyne Griffin		19. USCG License		20. State License	
19a. Street Address (City, State, Zip Code)		19b. Telephone Number		20a. Street Address (City, State, Zip Code)		20b. Telephone Number		21. Estimated Loss of Damage To: VESSEL _____ CARGO _____ OTHER _____	

21. Casualty Elements (Check as many as needed and explain in Block 44)

<input type="checkbox"/> NO. OF PERSONS ON BOARD 4	<input type="checkbox"/> FLOODING, SWAMPING WITHOUT SINKING	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> DEATH - HOW MANY? 0	<input type="checkbox"/> CAPSIZING (with or without sinking)	<input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> MISSING - HOW MANY? 0	<input type="checkbox"/> FOUNDERING OR SINKING	<input type="checkbox"/> BLOW OUT (Petroleum expansion/production)
<input type="checkbox"/> INJURED - HOW MANY? 0	<input type="checkbox"/> HEAVY WEATHER DAMAGE	<input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.)
<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.)	<input type="checkbox"/> FIRE	<input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.)
<input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT	<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED	<input type="checkbox"/> COMMERCIAL DIVING CASUALTY	
<input checked="" type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.)	<input type="checkbox"/> ICE DAMAGE	
<input type="checkbox"/> GROUNTING	<input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION	
<input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> STEERING FAILURE	
	<input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE	
	<input type="checkbox"/> ELECTRICAL FAILURE	
	<input type="checkbox"/> STRUCTURAL FAILURE	

22. Conditions

A. Sea or River Conditions (wave height, river stage, etc.)	B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____	C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input checked="" type="checkbox"/> NIGHT	D. VISIBILITY <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles of visibility)
				F. AIR TEMPERATURE (F)
				G. WIND SPEED & DIRECTION
				H. CURRENT SPEED & DIRECTION

23. Navigation Information

MOORED, DOCKED OR FIXED
 ANCHORED UNDERWAY OR DRIFTING

SPEED AND COURSE: **1.4** / **5**

24. Last Port Where Bound

25. Navigation Details

FOR TOWING ONLY	NUMBER OF VESSELS TOWED	Empty	Loaded	Total	TOTAL H.P. OF TOWING UNITS	MAXIMUM SIZE OF TOW WITH TOW-BOATS (Length Width)	25d. (Describe in Block 44.)
	1	1				380 50	<input type="checkbox"/> PUSHING AHEAD <input checked="" type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW

SECTION II. BARGE INFORMATION

26. Name KS-4513		26a. Official Number		26b. Type		26c. Length		26d. Gross Tons		26e. USCG Certificate of Inspection Issued at	
26f. Year Built		26g. SINGLE SKIN <input type="checkbox"/> DOUBLE <input type="checkbox"/>		26h. Draft FWD AFT		26i. Operating Company		26j. Damage Amount		26k. Describe Damage to Barge	
BARGE _____		CARGO _____		OTHER _____							

PREVIOUS EDITION IS OBSOLETE

SECTION III. PERSONNEL ACCIDENT INFORMATION

<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a Name (Last, First, Middle Initial) 27b Address (City, State, Zip Code)	27c Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/> If Pass (Date of entry)
28 Birth Date	29 Telephone No.	30 Job Position	
31 Employer (If different from Block 16, list name, address, telephone No.)			
32 Previous Time		YEARS	MONTHS
A. IN THIS INDUSTRY			
B. WITH THIS COMPANY			
C. IN PRESENT JOB OR POSITION			
D. ON PRESENT VESSEL/FACILITY			
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED			
33 Industry of Employer (Fishing, Fishing, Shipping, Crew Supply, Loading, etc.)			
34 Was the injured Person transported 72 hours or more?			
35 Date of Death			
37 Activity of Person at Time of Accident			
38 Specific Location of Accident on Vessel/Facility			
39 Type of Accident (Fall, Caught Between, etc.)		40 Inventory Entry (Cut, Bruise, Fracture, Burn, etc.)	
41 Part of Body Injured		42 Equipment Involved in Accident	
43 Specific Object, Part of the Equipment in Block 42, or Substance (Chemical, Solvent, etc.) that directly produced the injury			

SECTION IV. DESCRIPTION OF CASUALTY

44 Describe how accident occurred. (Storage information on anchoring used vessel and recommendations for corrective safety measures. (See instructions and other sections sheets if necessary))

*Heading South To go Through Barataria Swing Bridge
Barataria
The first barge went into bridge and second barge
Came Corner of the bridge that was hanging over
The Guardrail*

45 Witness (Name, Address, Telephone No.)

46 Witness (Name, Address, Telephone No.)

SECTION V. PERSON MAKING THIS REPORT

47 Name (PRINT) (Last, First, Middle)	47a Address (City, State, Zip Code)	47b Title
<i>Orlando Griffith</i>	[REDACTED]	<i>P. Capt</i>
47c Signature		47c Telephone No.
[REDACTED]		[REDACTED]
		47d Title

FOR COAST GUARD USE ONLY		REPORTING OFFICE	
MISLE Incident Investigation Activity Data Entry		MISLE Incident Investigation Activity Number (if applicable)	
<input type="checkbox"/> NONE	<input type="checkbox"/> PRELIMINARY	<input type="checkbox"/> DATA COLLECTION	<input type="checkbox"/> INFORMAL
<input type="checkbox"/> FORMAL			
Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)
Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE