

January 09, 2023

On January 09, 2023 A was approaching L.M. 308 before 0200 and checked for 5/3 traffic above Point Breeze. Mr. Big D responded he was 5/3 near Old River Point and it wasn't necessary to hold up. We called to discuss passing arrangements and mentioned hold the point and running across to the head and one or two whistles. A thought the agreement was to meet on two whistles. The Big D's AIS indicator was showing him heading to the head like A expected so A held the point. When A realized it wasn't going to work A went to full astern and also asked Big D if he could stop. We were not able to stop in time to avoid a collision.

# INGRAM MARINE GROUP - WITNESS REPORT

## INSTRUCTIONS

- For Injury/ Illness/ MOB events, all members of same watch as injured/ sick/ fall overboard associate must complete either a Witness Report or a Non-Witness/Non-Injury Statement.
- For Collision/ Allision/ Grounding events, any crewmember on the vessel (both watches) must complete either a Witness Report or a Non-Witness/Non-Injury Statement.
- Use separate forms for each associate.

M/V or Facility Name: Carol McManus

Date of Event: Jan, 9, 2023

Description of event witnessed (include the names of anyone injured):

We was heading north bound. Just got done checking for water and putting out new running lights. Came back to the boat on standby, then heard him backing on the engine not too long after heard popping noises.

Name of Witness: Titus Smith Position: inexperience Deckhand

Did you sustain an injury of any severity in the event?  Yes  No  
- if Associate checks YES, please have associate fill out an Injury/ Illness/ MOB Event Report

1. Where were you when you witnessed this event? (Be specific)

Sitting in the Decklocker on watch, recently just got done checking water and sounders on standby

2. What activities were going on at the time of the event? What were you doing?

Sitting in the decklocker ~~on~~ on standby on my watch, and heard Engines start backing then pretty soon heard popping, the boat vibrates while backing down but i did not feel a jolt or sudden stop.

3. Describe what you witnessed - immediately prior (before the event happened)

~~Got in started backing up~~ Long I seen out two strings loose, ~~file~~ wire broken and there tow scattered

At the time of the event:

I think it was maybe 2:00 or 3:00

4. What did you do following the event?

Try to catch our barges but it was too late, all deck crew was on deck checking for water and damages

Signature: 

The above is a complete and accurate description of my knowledge of this event.

Associate: 

Date: Jan, 9, 2023

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M/V or Facility Name: Carol McManus

Date of Event: 01/09/23

Description of event witnessed (include the names of anyone injured):

~~At 03:00~~ we was North bound just checked for water & swap heard gears out made it back to boat not long after Capt van started backing on motors and then 3min later popping happened and barges broke loose and our secondarily and long wires broke 14 of our barges was broke from our tow

Name of Witness: \_\_\_\_\_

Position: \_\_\_\_\_

Did you sustain an injury of any severity in the event?  Yes  No

- if Associate checks YES, please have associate fill out an Injury/ Illness/ MOB Event Report

1. Where were you when you witnessed this event? (Be specific)

I was on watch in Deck Locker standing by on Channel 78

2. What activities were going on at the time of the event? What were you doing?

I was in deck locker and heard Engines kick out and Capt van started backing on them for extensive period of time and then I began to hear lots of popping

3. Describe what you witnessed - immediately prior (before the event happened)

I just seen our 2 strings of barges separated and other vessel barges was hitting ours and hit our boat I didn't feel any jolt from collision

At the time of the event:

I believe it was around 03:00/03:30

4. What did you do following the event?

We got our face wires out the water all deck crew was on deck after it settled went check for water and damages

Signature: \_\_\_\_\_

The above is a complete and accurate description of my knowledge of this event.

Associate: \_\_\_\_\_

Date: 01/09/23

# INGRAM MARINE GROUP - NON-WITNESS/ NON-INJURY STATEMENT

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M/V or Facility Name: Carol Mcmanus "CAM" Date of Event: 1-9-23

Name of Associate: Brian Ketchum Position: Sr. Mate

I hereby state that I did not witness the event that occurred on the vessel on the above-listed date.

*[If associate checks disagree, associate must complete Witness Report]*

Agree Disagree

I hereby state that I was not injured in any way by the event that occurred on the vessel on the above-listed date.

*[If associate checks disagree, associate must complete Injury /Illness/ MOB Event Report]*

  
Associate Signature:

1-9-23  
Today's Date

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M/V or Facility Name: "CAM" Coral Mumanus Date of Event: 1-09-23

Name of Associate: Jeffery Smith Position: Deckhand

I hereby state that I did not witness the event that occurred on the vessel on the above-listed date.  
*[If associate checks disagree, associate must complete Witness Report]*

Agree  Disagree

I hereby state that I was not injured in any way by the event that occurred on the vessel on the above-listed date.  
*[If associate checks disagree, associate must complete Injury /Illness/ MOB Event Report]*

  
Associate Signature:

1-09-23  
Today's Date

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M/V or Facility Name: Carol McManus Date of Event: 1/9/2023

Name of Associate: Zane Whaley Position: Jr. Engineer

	Agree	Disagree
I hereby state that I did not witness the event that occurred on the vessel on the above-listed date. <i>[If associate checks disagree, associate must complete Witness Report]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I hereby state that I was not injured in any way by the event that occurred on the vessel on the above-listed date. <i>[If associate checks disagree, associate must complete Injury /Illness/ MOB Event Report]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

  
Associate Signature:

1/9/2023  
Today's Date

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M/V or Facility Name: CAROL McMAHONS Date of Event: 1-9-2023

Name of Associate: DAVID HOVLS Position: CHIEF ENGINEER

	Agree	Disagree
I hereby state that I did not witness the event that occurred on the vessel on the above-listed date. <i>[If associate checks disagree, associate must complete Witness Report]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I hereby state that I was not injured in any way by the event that occurred on the vessel on the above-listed date. <i>[If associate checks disagree, associate must complete Injury /Illness/ MOB Event Report]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

  
\_\_\_\_\_  
Associate Signature:

1-9-2023  
\_\_\_\_\_  
Today's Date

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M/V or Facility Name: Carol McManus Date of Event: 1-9-23  
Name of Associate: Dennis King Position: Capt

I hereby state that I did not witness the event that occurred on the vessel on the above-listed date.  
*[If associate checks disagree, associate must complete Witness Report]*

Agree  Disagree

I hereby state that I was not injured in any way by the event that occurred on the vessel on the above-listed date.  
*[If associate checks disagree, associate must complete Injury /Illness/ MOB Event Report]*

  
Associate Signature:

1-9-23  
Today's Date





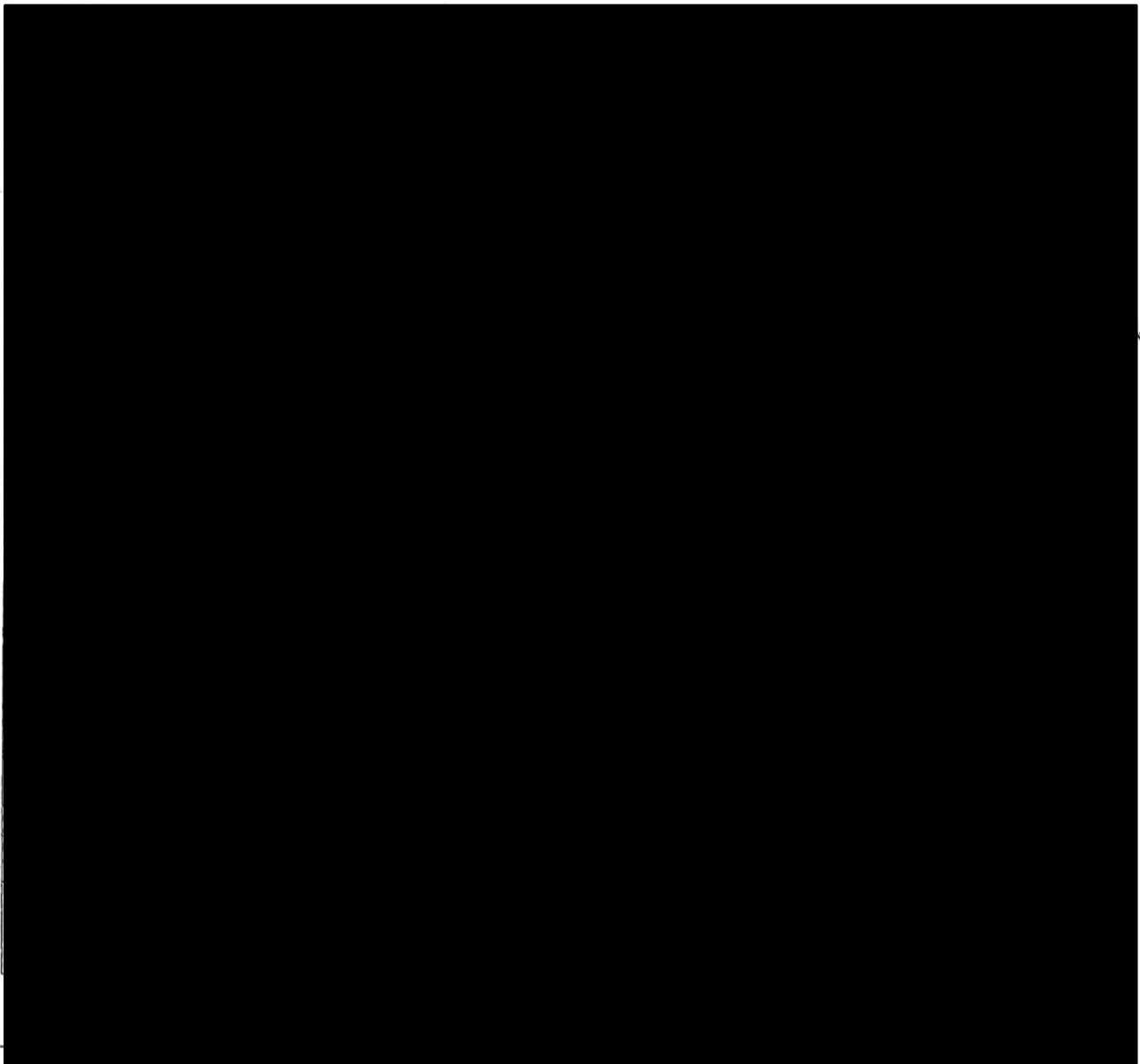
# Injury / Illness/ Man Overboard Event Report

Please Print

This form is to be completed by the Associate who is injured, sick, or who fell overboard.

NO other person should complete any part of this form under any circumstance.

Name of Vessel/ Facility: CAM	Date Reported: 9 Jan, 23
Date of Event/ Illness: 9 Jan, 23	Time of Event/ Illness: 2:00am



Signature of Associate \_\_\_\_\_ Date of Report \_\_\_\_\_

Upon Completion: Follow instructions at the end of the "Vessel Event Report".