DEPARTMENT OF HOMELAND SECURITY

ILS Coast Guard

OMB No: 1625-0001

1. Vessel or Facility Name		Official Number of	r IMO Number	3. Vessel Flag						
Carolyn Skaves 4. Vessel Length 180 Feet Mete		Gross Tons		U.S. 6. Vessel Propulsion Type None						
7. Vessel or Facility Type	8. Vessel	8. Vessel or Facility Service or Occupation								
Deck Barge		ruction								
9a. Arrangement: 9b. Number of Strangement: 9b.			um Size of Tow/Tow-Boat(s): ngth feet dth feet	9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty? Yes No (If Yes complete and attach one or more CG-2692A forms to this report)						
Sec 10. The above vessel was involved in a Marine	Control of the second of the second s	CALL OF THE SALES OF THE SALES OF THE SALES	g this Report (Check all that	apply)						
1. Unintended grounding or an unintended 2. Intended grounding or intended strike of criteria in 3 through 8 below 3. Loss of main propulsion, primary steerin 4. Occurrence materially and adversely affer 5. Loss of life 6. Injury that requires professional medical commercial service, that renders the individer 7. Occurrence causing property damage in 8. Occurrence involving significant harm to 11. The above facility or vessel was involved in 1. Loss of life 2. Diving-related injury to any person causin 3. Diving-related injury to any person requir 12. The above facility or vessel was involved in 1. Death 2. Injury to 5 or more persons in a single in 3. Injury causing any person to be incapacided 4. OCS Facility only - Damage affecting the 5. OCS Facility only - Damage to the facility 6. OCS Facility only - Damage to a floating	g, or any associate ected the vessel's streatment (treatmedual unfit to perform excess of \$75,000 the environment in a Commercial Ing incapacitation foring hospitalization in an OCS Facility cident tated for more than a usefulness of printy exceeding \$25,00 OCS facility exceed	ed component or or seaworthiness or frent beyond first aid in his or her routine. Diving Casualty or more than 72 hor for more than 24 hor Casualty Results 72 hours mary lifesaving or figo resulting from a iding \$25,000	control system that reduces the malitness for service or route d) and, if the person is engaged or e duties involving (46 CFR 197.484): ours hours liting in (33 CFR 146.30 and 16) irefighting equipment collision by a vessel with the facility	neuverability of the vessel employed on board a vessel						
The state of the s			ormation (Fill all fields that a	apply)						
13. Name of Owner Sterling Equipment	100000000000000000000000000000000000000	elephone -273-1110	14. Name of Operator or Ma Seaward Marine C		Telephone 757-558-3939					
Address 555 South St, Quincy MA		mail address	Address 602 Ford Drive,	M~Norfolk, VA	Email address					
15. Name of Master or Person-In-Charge <i>(Last, First,</i> Nathan Subura (Seaward)	, Middle) Te	elephone	16. Name of Agent (Last, Fi	irst, Middle)	Telephone					
Address	En	nail address	Address		Email address					
17. Name of Dive Supervisor (Last, First, Middle)	Те	lephone	18. Name of Pilot (Last, Firs	st, Middle)	Telephone					
Address	En	nail address	Address		Email address					
	Se	ction IV - Casu	alty Information							
9. Date/Time (local) of Occurrence 2/8/2022 1. Property Damage Estimated Damage Cost(s) to:	20. Location-l	Location-Name of Body of Water or Waterway: Latitude: 36.962 Lloughby Bay Longitude: 076.275 OR								
		Extent of Proper								

,															
WG()	11868	12 14	The H		Section IV - Casualty	Informati	on (co	ntinue	ed)		100000		maria di Ta		
23. Wa	s This C	asuali	ty a S	erious Marine Incident (SMI) as De	fined in 46 CFR 4.03-2?										
×			No		ely to Become an SMI (If Ye	es or Is Likely	to Bed	ome an	SMI co.	mplete/a	ttach one	or more C	CG-2692B f	iorms to this re	port)
	there ar d in the			of alcohol or drug use by or intoxic	ation of individuals directly		istration	of a tim						, or cooperate rcement office	
] Yes	\boxtimes	No	(If Yes, identify those individuals been obtained and specify the me evidence in block 24c)			Yes	× N	lo (#)	res, note	the indivi	dual(s) wi	ho refused	in block 24c)	
24c. In 25c)	dividual	s with	evide	nce of drug or alcohol use, evidence	ce of intoxication, or who refu	used to subm	nit/coop	erate in a	a timely	chemica	al test (if n	nore spac	e is needed	i, continue in b	lock
N/A															
24d. ls	there e	vider	nce th	nat alcohol use contributed to the	nis casualty?										
Г	Yes	X	No	(If Yes, discuss in block 25b)											
25 Nat	ire and	Circur	netan	ce of the Casualty:											
				tion Being Conducted at the Time of	of the Casualty:										
				e and barge for da	The state of the s										
258	. Desc	ription	of the	Casualty (casualty events and the	conditions and actions that	were believe	d to be	causal f	factors a	s well a	s any haza	ards creat	ed as a res	ult of the	
cas	ualty. A	Attach	additi	onal sheets if necessary.): of positioning th											200
				the water. No inj									1,000	SICIONII	19
				to determine if th										n factor	cs
were	inv	OTA	ed.	A salvage and pol	lution mitigati	on pla	n ar	e cu	rren	tly .	in pro	ocess	•		
0.5															
				nts, including with respect to use of Hazmat responded,				and	oil	are	conta	ined	withi	n the	
cran	e and	d no	ot :	leaking. Site was l	hard boomed and										11
Resp	onse	cer	nte:	r (report # 132838	6)										
(No. day)					Section V - Person	Making th	nis Re	port	9750						or and a
24. Nam				rst, Middle)	25. Signature: Shane				ally sign	ed by Sha	ne Alexande	26. [22	
27. Title	- MI	Adi	iue.		28. Address			- pacer		421431	40 00	02,	/09/20	22	_
Comp.	Liano	ce C	off	icer	602 Ford Drive	, Norfo	olk '	VA 23	3523						
9. Tele	phone N	lo.			30. Email										