DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

INVOLVED PERSONS AND WITNESSES ADDENDUM

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

Note: This form shall be used to report data on persons involved or witnessing an OCS-related casualty described on form CG-2592. 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 2. Date/Time (local) of Occurrence Dredge WB WOOD Section II - Involved Persons and Witnesses Details 3a. Name (Last, First, Middle) 3b. Relationship to Vessel or Facility Roberts, Frank Crew - Position: Leverman X Involved Person 3d, Address Passenger Witness Other - Describe: 3e. Telephone 3f. Email address 4a. Name (Last, First, Middle) 4c. Status 4b. Relationship to Vessel or Facility McLain, Kile Crew - Position: Deckhand Involved Person 4d. Address Passenger |X | Witness Other - Describe: 4e. Telephone 5a. Name (Last, First, Middle) 5b. Relationship to Vessel or Facility Brandon Taylor | Involved Person Crew - Position: Manager 5d. Address Witness Passenger 5821 River Road, Avondale, LA 70094 Other - Describe: 5f. Email address 5e. Telephone 6c. Status 6a. Name (Last, First, Middle) 6b. Relationship to Vessel or Facility Involved Person Crew - Position: 6d. Address Passenger Witness Other - Describe: 6e. Telephone 6f. Email address 7a. Name (Last, First, Middle) 7c. Status 7b. Relationship to Vessel or Facility Crew - Position: Involved Person 7d. Address Witness Other - Describe: 7e. Telephone 7f. Email address 8c Status 8a. Name (Last, First, Middle) 8b. Relationship to Vessel or Facility Crew - Position: Involved Person 8d. Address Passenger Witness Other - Describe: 8e. Telephone 8f. Email address 9a. Name (Last, First, Middle) 9b. Relationship to Vessel or Facility Crew - Position: Involved Person 9d. Address Passenger Witness Other - Describe: _____ 9e. Telephone 9f. Email address 10c. Status 10a. Name (Last, First, Middle) 10b. Relationship to Vessel or Facility Crew - Position: Involved Person 10d. Address Passenger Witness Other - Describe: 10e. Telephone 10f. Email address

INSTRUCTIONS FOR COMPLETION OF FORM CG-2692D INVOLVED PERSONS AND WITNESSES ADDENDUM

Note: This form shall be used to report data on persons involved or witnessing an OCS-related casualty described on form CG-2692 and may be used to report data on persons involved or witnessing a marine casualty or commercial diving casualty described on form CG-2692.

This form may only be used in addition to form CG-2692, never alone.

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 .5 hours. 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, when submitted in conjunction with a CG-2692, satisfies the requirement for written reports of casualties and accidents found in the Code of Federal Regulations for OCS-related casualties on OCS Facilities or vessels engaged in OCS activities. Specifically, it provides information on one or more persons who were involved in or witnessed the casualty. This form may only be used in addition to form CG-2692, never alone.

COMPLETION OF THIS FORM

- 2. In accordance with 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 that block. If "NONE" is the correct response, enter it in the block.
- 3. If more than 8 individuals were involved in or witnessed the casualty additional CG2692Ds should be completed.
- 4. Once completed, deliver, email, or fax this form with a corresponding CG-2692 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. https://www.uscg.mil/Units/Organization

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

Around 11:20 pm I received a phone Call from Frank
Roberts thath the Dredge was Listing to the Stro side
we talked he was down to the stonge hole he found the
hole had water in it. Frank set up a pump around 11:45
the situation appeared to be under control- around Midnight
I called Frank back to check on the situation and was fold
told the Listing had get the worken he decided to add
another phone. Though 15 minutes after midnight, I got another
Phone call I told Frank I was on My was I got another
another phone call around 12:35 the situation was even worse
I told Frank to go get the Kelly and try to get the Dredge to
the bank about 12:45 I got a call again frank was 5+71 on the
Drew W.B. and that's when WB flipped Over.

