

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

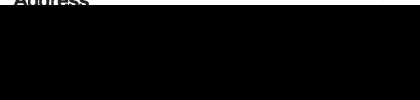

Section I - Reporting Vessel/Facility Information

1. Vessel or Facility Name CAROL JEAN		2. Vessel Official Number or IMO Number 642785		3. Vessel Flag US	
4. Vessel Length 71.9 <input type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 107		6. Vessel Propulsion Type DIESEL	
7. Vessel or Facility Type FISHING		8. Vessel or Facility Service or Occupation			
9. FOR TOWING ONLY		9a. Arrangement: <input type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside		9b. Number of Vessels Towed: Empty _____ Loaded _____ Total _____	
		9c. Maximum Size of Tow/Tow-Boat(s): Length _____ feet Width _____ feet		9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty? <input 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 CHARLES JONES		Telephone		14. Name of Operator or Manager		Telephone	
Address 		Email address 		Address Same		Email address	
15. Name of Master or Person-in-Charge (Last, First, Middle) CHARLES JONES		Telephone		16. Name of Agent (Last, First, Middle)		Telephone	
Address Same		Email address		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 16 Mar 1600		20. Location-Name of Body of Water or Waterway: AIS location OR River Mile Marker: Latitude: 32 04.703 N Longitude: 080 40.816 W	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$250K Cargo: \$ Facility: \$ Other: \$		Describe the Extent of Property Damage loss of vessel	
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: 2 Injured: Dead: Missing:			

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)

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:

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.):

SEE STATEMENT

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

Section V - Person Making this Report

24. Name (PRINT) (Last, First, Middle) CHARLES JONES	25. Signature [REDACTED]	26. Date 3-29-23
27. Title OWNER OPERATOR	28. Address [REDACTED]	
29. Telephone Number [REDACTED]	30. Email [REDACTED]	