

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<br><b>SABINE</b>   |   | 2. Vessel Official Number or IMO Number<br><b>1190056</b>           |  | 3. Vessel Flag<br><b>US</b>                |  |
| 4. Vessel Length<br><b>96</b> <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters  |   | 5. Vessel Gross Tons<br><b>128</b>                                  |  | 6. Vessel Propulsion Type<br><b>DIESEL</b> |  |
| 7. Vessel or Facility Type<br><b>HARBOR TUG</b>   |   | 8. Vessel or Facility Service or Occupation<br><b>HARBOR ASSIST</b> |  |  |  |
| 9. FOR TOWING ONLY  | 9a. Arrangement:  | 9b. Number of Vessels Towed:  |  | 9c. Maximum Size of Tow/Tow-Boat(s):       |  |
|   | <input type="checkbox"/> Pushing Ahead<br><input type="checkbox"/> Towing Astern<br><input type="checkbox"/> Towing Alongside | Empty _____<br>Loaded _____<br>Total _____                          |  | Length _____ feet<br>Width _____ feet      |  |
| 9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If Yes complete and attach one or more CG-2692A forms to this report)</i> |   |   |  |  |  |

**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<br><b>SEABULK TOWING SERVICES, INC</b>                              |  | Telephone<br>[REDACTED]     | 14. Name of Operator or Manager<br><b>AARON ANDRUS</b> |  | Telephone<br>[REDACTED]     |
| Address<br><b>7200 HWY 87 EAST<br/>PORT ARTHUR, TX 77642</b>                          |  | Email address<br>[REDACTED] | Address<br>[REDACTED]                                  |  | Email address<br>[REDACTED] |
| 15. Name of Master or Person-in-Charge (Last, First, Middle)<br><b>ARTHUR WOLFORD</b> |  | Telephone<br>[REDACTED]     | 16. Name of Agent (Last, First, Middle)                |  | Telephone                   |
| Address<br>[REDACTED]   |  | Email address<br>[REDACTED] | 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<br><b>11/25/2021 @ 2230</b>  |  | 20. Location-Name of Body of Water or Waterway: Latitude: <b>29°59.579'N</b> River Mile Marker:<br><b>NECHES RIVER - MOTIVA P/N</b> OR<br>Longitude: <b>093°56.404'W</b>                |  |
| 21. Property Damage Estimated Damage Cost(s) to:<br>Vessel: \$ <b>75,000</b> Cargo: \$ _____<br>Facility: \$ _____ Other: \$ _____   |  | Describe the Extent of Property Damage<br><b>starboard stack, stack casing and plating, anchor handling boom, CCTV camera, starboard bulwark, bulwark supports and rubber fendering</b> |  |
| 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)<br>Total Number of Persons: On Board the Vessel: <b>3</b> 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:


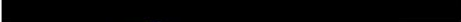

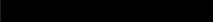
25a. Activity or Operation Being Conducted at the Time of the Casualty:

TUG WAS MOORED AT MOTIVA PORT NECHES ON THE CHANNEL SIDE, HIPPED UP TO THE TUG FLORIDA

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.):

AT APPROXIMATELY 2230, WHILE MOORED ALONGSIDE THE TUG FLORIDA AT MOTIVA DOCK - PORT NECHES, THE CAPTAIN OF THE SABINE HEARD SHIPS WHISTLE. HE WAS IN QUARTERS AND WENT UP TO WHEELHOUSE TO ASSESS SITUATION. HE NOTED THAT THE M/V GAS ARES PASSED EXTREMELY CLOSE TO MOTIVA #2 AND WAS BEARING TOWARD THE TUG SABINE. CAPTAIN RANG THE GENERAL ALARM AND TOLD CREW TO CRANK ENGINES UP TO DEPART. HE THEN TURNED TO CHANNEL 13 TO MONITOR SITUATION. REALIZING AN ALLISION WAS IMMINENT, CAPTAIN HAILED CREW TO "HANG ON". M/V GAS ARES PORT BOW MADE CONTACT WITH THE SABINE STARBOARD SIDE DAMAGING THE TUGS STARBOARD STACK, STACK CASING AND PLATING, ANCHOR HANDLING BOOM, CCTV CAMERA, STARBOARD BULWARK, BULWARK SUPPORTS AND FENDERING. MOORING LINES PARTED. ONCE ABLE, TUG VACATED ITS POSITION TO MAKE ROOM FOR THE SHIP AND TUGS CALLED TO ASSIST. AFTER DETERMINING SHIP WOULD CONTINUE UP CHANNEL, TUG SECURED BACK AT MOTIVA DOCK TO FURTHER ASSESS DAMAGES.

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

| Section V  |  |                        |
|--|--|------------------------|
| 24. Name (PRINT) (Last, First, Middle)<br>ANDRUS, AARON JUDE   | 25. Signature:<br> | 26. Date<br>11/29/2021 |
| 27. Title<br>AREA OPERATIONS MANAGER   | 28. Address<br>    |                        |
| 29. Telephone No.<br> | 30. Email<br>       |                        |

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REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY

Section I - Reporting Vessel/Facility Information

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| 1. Vessel or Facility Name<br>Florida   |   | 2. Vessel Official Number or IMO Number<br>969555            |  | 3. Vessel Flag<br>US                             |   |
| 4. Vessel Length<br>80.5 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters |   | 5. Vessel Gross Tons<br>153                                  |  | 6. Vessel Propulsion Type<br>Mechanical - Diesel |   |
| 7. Vessel or Facility Type<br>Tug   |   | 8. Vessel or Facility Service or Occupation<br>Harbor Assist |  |  |   |
| 9. FOR TOWING ONLY  | 9a. Arrangement:<br><input type="checkbox"/> Pushing Ahead<br><input type="checkbox"/> Towing Astern<br><input type="checkbox"/> Towing Alongside   |  | 9b. Number of Vessels Towed:<br>Empty _____<br>Loaded _____<br>Total _____ |  | 9c. Maximum Size of Tow/Tow-Boat(s):<br>Length _____ feet<br>Width _____ feet |
|   | 9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If Yes complete and attach one or more CG-2692A forms to this report)</i> |  |  |  |   |

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
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  - 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<br>SEABULK TOWING SERVICES, INC.                                    |  | 14. Name of Operator or Manager<br>AARON ANDRUS |  |
| Address<br>7200 HWY 87 EAST<br>PORT ARTHUR, TX 77642                                  |  | Email address                                   |  |
| 15. Name of Master or Person-in-Charge (Last, First, Middle)<br>Nutt, Donald, William |  | 16. Name of Agent (Last, First, Middle)         |  |
| Address   |  | Telephone                                       |  |
| Telephone   |  | Address   |  |
| Email address   |  | Email address                                   |  |
| 17. Name of Dive Supervisor (Last, First, Middle)                                     |  | 18. Name of Pilot (Last, First, Middle)         |  |
| Address   |  | Telephone                                       |  |
| Telephone   |  | Address   |  |
| Email address   |  | Email address                                   |  |

Section IV - Casualty Information

|   |  |   |  |
|---|--|---|--|
| 19. Date/Time (local) of Occurrence<br>11-25-21/2230  |  | 20. Location-Name of Body of Water or Waterway: Latitude: 29°59.504N<br>Neches River Longitude: 093°56.227W OR River Mile Marker: |  |
| 21. Property Damage Estimated Damage Cost(s) to:<br>Vessel: \$ 50,000 Cargo: \$ _____<br>Facility: \$ _____ Other: \$ _____   |  | Describe the Extent of Property Damage<br>Port-side fendering and hull  |  |
| 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)<br>Total Number of Persons: On Board the Vessel: 4 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:  
Moored at Motiva Port Neches #1

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):

While moored at Motiva Port Neches #1 dock, our crew heard warning blasts coming from another vessel. Captain reported to the wheelhouse to find the ship Gas Ares bearing down on our position. The ship stuck the tug Sabine, who was tied up alongside our vessel, and pushed us against the pylons at Motiva, causing damage to our tug, and the Motiva dock. No injuries were reported.

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)<br>Nutt, Donald, William | 25. Signature<br>[Redacted] | 26. Date<br>11-29-21 |
| 27. Title<br>Captain  | 28. Address<br>[Redacted]   |                      |
| 29. Telephone No.<br>[Redacted]                                 | 30. Email<br>[Redacted]     |                      |