

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 MARQUETTE WARRIOR		2. Vessel Official Number or IMO Number 560979		3. Vessel Flag U.S.A.	
4. Vessel Length 152 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 779		6. Vessel Propulsion Type DIESEL	
7. Vessel or Facility Type TOWING VESSEL		8. Vessel or Facility Service or Occupation TOWING			
9. FOR TOWING ONLY	9a. Arrangement:	9b. Number of Vessels Towed:		9c. Maximum Size of Tow/Tow-Boat(s):	
	<input checked="" type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside	Empty 0 Loaded 35 Total 35		Length 1152 feet Width 245 feet	
9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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 MARQUETTE TRANSPORTATION CO.		Telephone 270-443-9404		14. Name of Operator or Manager MARQUETTE TRANSPORTATION CO.		Telephone 270-443-9404	
Address 150 BALLARD CIRCLE PADUCAH, KY 42001		Email address RIVERSAFETY@MARQUETTETRANS.COM		Address 150 BALLARD CIRCLE PADUCAH, KY 42001		Email address RIVERSAFETY@MARQUETTETRANS.COM	
15. Name of Master or Person-In-Charge (Last, First, Middle) MITCHELL, JOHN C.		Telephone 618-499-2606		16. Name of Agent (Last, First, Middle)		Telephone	
Address 320 TISON ROAD ELDORADO, IL 62930		Email address UNKNOWN		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 11/21/2021 @ ~12:20		20. Location-Name of Body of Water or Waterway: Latitude: LOWER MISSISSIPPI RIVER		River Mile Marker: OR 538	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$7,500 Cargo: \$1,020,000 Facility: \$0 Other: \$0		Describe the Extent of Property Damage BARGE DAMAGES AND ASSOCIATED COSTS OUTLINED IN 2692A.			
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: 9 Injured: 0 Dead: 0 Missing: 0					

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:

VESSEL WAS SOUTHBOUND ON NORMAL VOYAGE.

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.):

VESSEL WAS SOUTHBOUND WITH 35 LOADED BARGES. IN THE VICINITY OF LOWER MISSISSIPPI RIVER MILE MARKER 538, THE VESSEL EXPERIENCED A LOSS OF STEERING AND RAN UP ON THE LEFT DECENDING BANK, RESULTING IN BARGE BREAKAWAY. TUG ASSIST UTILIZED IN FREEING GROUNDED BARGES. BARGE DAMAGES OUTLINED IN ATTACHED 2692A.

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) LOGANATHAN, DHEEPA K	25. Signature: Dheepa Loganathan	26. Date 11/24/2021
27. Title SAFETY MANAGER	28. Address 150 BALLARD CIRCLE, PADUCAH, KY 42001	
29. Telephone No. 270-519-9020	30. Email dloganathan@marquettettrans.com	

INSTRUCTIONS FOR COMPLETION OF FORM CG-2692
REPORT OF MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, OR OCS-RELATED CASUALTY

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 1 hour. 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 satisfies the requirement for written reports of casualties and accidents found in the Code of Federal Regulations for vessels, commercial diving operations, and Outer Continental Shelf (OCS) facilities. Depending on the circumstances surrounding an incident, a written report may be required if it meets one or more of the conditions described in instructions 2 - 4.
2. **VESSELS.** If you are the owner, agent, master, operator, or person in charge of a vessel, other than a public vessel or an uninspected recreational or state-numbered vessel, you must submit a report if your vessel:
 - A. is involved in a marine casualty or accident that occurs upon the navigable waters of the United States, its territories or possessions and meets any of the criteria in block 10, or
 - B. is a United States vessel involved in a marine casualty or accident, wherever such casualty or accident occurs, that meets any of the criteria in block 10, or
 - C. is a foreign vessel engaged in OCS activities as defined in 33 CFR 140.10 and is involved in a marine casualty or accident that meets any of the criteria in block 10, or
 - D. is a foreign tank vessel operating in waters subject to the jurisdiction of the United States, including the Exclusive Economic Zone (EEZ), which involves significant harm to the environment or material damage affecting the seaworthiness or efficiency of the vessel.
3. **DIVING.**
 - A. **Commercial Diving.** If you are the master or person in charge of a vessel or facility from which a commercial diving operation is conducted: (1) at any deepwater port or the safety zone thereof as defined in 33 CFR Part 150; (2) from any artificial island, installation, or other device on the Outer Continental Shelf (OCS) and the waters adjacent thereto as defined in 33 CFR Part 147 or otherwise related to activities on the OCS; (3) from any vessel required to have a certificate of inspection issued by the Coast Guard, including mobile offshore drilling units, regardless of their geographic location; or (4) from any vessel connected with a deepwater port or within the deepwater port safety zone or from any vessel engaged in activities related to the OCS, you must submit a report if there is a diving casualty meeting the criteria in block 11, except if the diving operation is:
 1. performed solely for marine scientific research and development purposes by educational institutions,
 2. performed solely for research and development for the advancement of diving equipment and technology, or
 3. performed solely for search and rescue or related public safety purposes by or under the control of a governmental agency.
 - B. **All Other Diving.** Any occurrence of injury or loss of life to any person while diving from a vessel subject to instruction 2 and using underwater breathing apparatus must be reported under instruction 2.
4. **OUTER CONTINENTAL SHELF (OCS) FACILITIES.** If you are the owner, operator, or person in charge of an OCS facility engaged in OCS activities as defined in 33 CFR 140.10, you must submit a report if your facility is involved in a casualty or accident that meets any of the criteria in block 12.

COMPLETION OF THIS FORM

5. 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.
6. Once completed, deliver, email, or fax this form 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/>
7. Tugs or towboats with tows under their control shall complete blocks 9a through 9d and, if one or more barges in their tow causes or sustains damage or meets any other reporting criteria, use the "Barge Addendum," CG-2692A to report information on the barge(s) involved.
8. If an incident involves multiple barges suffering or causing damage while moored or anchored (such as in a fleeting area), or breaking away from their moorage and causing or sustaining damage, enter the location of the moorage in Block 1 of the CG-2692 and complete the form except for blocks 2-8. Details for the barges will be entered on the CG-2692A. If a single barge is involved in a marine casualty while moored or anchored, it shall be documented as any other vessel using the CG-2692.
9. If the casualty meets the criteria for a serious marine incident as defined in 46 CFR §4.03, use the "Chemical Drug and Alcohol Testing Addendum," CG-2692B to report information on required drug and alcohol testing following a serious marine incident.
10. If one or more persons on the vessel or facility were injured, killed, or missing as a result of the casualty, use the "Personnel Casualty" Addendum," CG-2692C to report information on the extent of all personnel casualties.
11. For facilities and vessels engaged in OCS activities who are reporting a casualty in accordance with 33 CFR §146.35 or 33 CFR §146.303, use the "Involved Persons and Witnesses Addendum," CG-2692D to provide a list of all involved persons and witnesses to the casualty being reported. The CG-2692D may also be used to provide data on persons involved or witnessing a marine casualty or commercial diving casualty.
12. Block 20 - "Location": Always identify the body of water or waterway. Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In those cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible.

Privacy Act Notice

(CG-2692, CG-2692A, CG-2692B, CG-2692C and CG-2692D)

Authority: Title 46, United States Code (U.S.C.) §8301, Title 46, Code of Federal Regulations (CFR), Parts 4 and 197, and Title 33, CFR Part 146 authorizes the collection of this information. Specifically, 46 CFR §4.05-10 mandates that vessel owners, agents, masters, operators, or persons in charge file a written report of any marine casualty required to be reported under 46 CFR §4.05-1, 46 CFR §197.486 mandates that persons in charge of vessels or facilities file a report of any diving casualty required to be reported under 33 CFR §197.484, and 46 CFR §146.35 mandates that owners, operators, or persons in charge of an OCS facility or vessel engaged in OCS activities file a report of any OCS-related casualty required to be reported under 33 CFR §146.30. For marine casualties, diving casualties when the diving installation is on a vessel, and The written report must be provided on Form CG-2692 (Report of Marine Casualty, Commercial Diving Casualty, or OCS-Related Casualty) supplemented as necessary by appended Forms CG-2692A (Barge Addendum), CG-2692B (Chemical Drug and Alcohol Testing Addendum), CG-2692C (Personnel Casualty Addendum), and CG-2692D (Involved Persons and Witnesses Addendum). The forms may be used for diving casualties when the diving installation is on a facility or for OCS-related casualties that are not also marine casualties under 46 CFR Part 4.

Purpose: The Coast Guard uses this information in gathering facts to determine causes surrounding reportable marine casualties. This information assists in promoting the safety of life, property, and the protection of the marine environment through preventing the recurrence of accidents.

Routine Uses: Reportable marine casualty information is needed for Coast Guard investigations of vessel casualties involving injury, death, property damage, environmental damage and dangerous conditions and for preparation and submission of data reports mandated by Congress (see 46 U.S.C. 6301). Information gathered is also used to determine whether new or revised safety laws, regulations, and policies are necessary. Additionally, chemical testing information is needed to improve Coast Guard detection and reduction of drug use by mariners. The information contained on forms CG-2692, CG-2692A, CG-2692B, CG-2692C, and CG-2692D may be disclosed under the Freedom of Information Act (FOIA) in response to a written FOIA request.

Disclosure: Furnishing this information is mandatory per 46 CFR §4.05-10. Failure to furnish the requested information for occurrences that are reportable marine casualties, diving casualties, or OCS-related casualties may result in civil penalty sanctions as outlined in 33 CFR Part 1. Coast Guard credentialed mariners may be subject to administrative adjudication per 46 CFR Part 5 for reporting failures. Some of the casualty information collected on this form may be made available for public inspection; however, information collected is protected from use in civil litigation per 46 U.S.C. §6308. Personal privacy information will not be disclosed routinely. Social Security numbers are not mandated on this form.

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
BARGE ADDENDUM

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

Note: This form shall be used to report data on barges causing or sustaining damage in the marine casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information - Casualty Date/Time

1. Towing Vessel Name MARQUETTE WARRIOR	2. Date/Time (local) of Occurrence 11/21/2021 @ ~12:20
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Section II - Barge(s) Causing or Sustaining Damage

3a. Barge Name PGM 272B	3b. Barge Official Number 1304167	3c. Barge Flag U.S.A.
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3d. Barge Length 200 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	3e. Barge Gross Tons 764	3f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty
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3g. Barge Class/Type HOPPER BARGE	3h. Barge Service or Occupation FREIGHT SERVICE	
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3i. Name of Barge Owner EASTSIDE	3j. Name of Barge Agent UNKNOWN
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3k. Property Damage Estimated Damage Cost(s) to: Barge: \$ 5,000 Cargo: \$ _____	Describe the Extent of Property Damage STBD #1 WINGTANK 6' FORWARD OF AFT BULKHEAD EXTENDING 4', SIDE SHELL FOUND SET IN 0-3" OAO 4'X4" AND ADJACENT DECK & GUNWALE SET UP 0-3" OAO 4'X1'	
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4a. Barge Name HBM 4038	4b. Barge Official Number 1262217	4c. Barge Flag U.S.A.
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4d. Barge Length 200 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	4e. Barge Gross Tons 764	4f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty
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4g. Barge Class/Type HOPPER BARGE	4h. Barge Service or Occupation FREIGHT SERVICE	
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4i. Name of Barge Owner HEARTLAND	4j. Name of Barge Agent UNKNOWN
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4k. Property Damage Estimated Damage Cost(s) to: Barge: \$ 65,000 Cargo: \$ _____	Describe the Extent of Property Damage LOCATED IN THE BOW STARTING AT THE AFT BULKHEAD EXTENDING FORWARD 16' THE RAKE BOTTOM PLATE SET IN 0-6" FOR WIDTH	
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5a. Barge Name BIG 510	5b. Barge Official Number 1100348	5c. Barge Flag U.S.A.
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5d. Barge Length 200 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	5e. Barge Gross Tons 764	5f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty
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5g. Barge Class/Type HOPPER BARGE	5h. Barge Service or Occupation FREIGHT SERVICE	
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5i. Name of Barge Owner CCI MARINE	5j. Name of Barge Agent UNKNOWN
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5k. Property Damage Estimated Damage Cost(s) to: Barge: \$ 65,000 Cargo: \$ _____	Describe the Extent of Property Damage BOW STARTING AT AFT BULKHEAD EXTENDING FORWARD 16', RAKE BOTTOM PLATE SET IN 0-6", PINHOLE SHINGLED TO 99% APPROX. 4' FROM PORT KNUCKLE DIRECTLY IN FRONT OF AFT BULKHEAD	
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6a. Barge Name LTD 204	6b. Barge Official Number 1050364	6c. Barge Flag U.S.A.
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6d. Barge Length 200 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	6e. Barge Gross Tons 764	6f. Load Condition <input checked="" type="checkbox"/> Loaded <input type="checkbox"/> Empty
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6g. Barge Class/Type HOPPER BARGE	6h. Barge Service or Occupation FREIGHT SERVICE	
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6i. Name of Barge Owner LMR	6j. Name of Barge Agent UNKNOWN
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6k. Property Damage Estimated Damage Cost(s) to: Barge: \$ 80,000 Cargo: \$ _____	Describe the Extent of Property Damage BOW STARTING AT COLLISION BULKHEAD EXTENDING FORWARD APPROX. 18'-0" THE RAKE BOTTOM SET IN 0'-12" FOR WIDTH.	
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**INSTRUCTIONS FOR COMPLETION OF FORM CG-2692A
BARGE ADDENDUM**

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 vessels. Specifically, it provides information on one or more barges that cause or sustain damage as a result of their involvement in a reportable marine casualty. This form may only be used in addition to form CG-2692, never alone.
2. One or More Barges as Part of a Tow. This form shall be used to enter information on all barges that were part of the tow and that caused or sustained damage as a result of the marine casualty reported on the CG-2692.
3. Multiple Anchored or Moored Barges. This form shall be used to enter information on multiple barges that were moored or anchored (such as in a fleeting area) and either cause or sustained damage or broke away and caused or sustained damage during an incident that meets the criteria of a marine casualty required to be reported on a CG-2692.
4. This form should not be use if the incident involves only a single barge while moored or anchored. This type of incident shall be documented as any other vessel using the CG-2692.

COMPLETION OF THIS FORM

5. In accordance with 46 CFR §4.05-10 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.
6. If more than 4 barges caused or sustained damage in the marine casualty additional CG-2692As should be completed necessary to enter the required information for all barges.
7. 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.

**DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard**

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

**REPORT OF MANDATORY CHEMICAL TESTING FOLLOWING A SERIOUS MARINE INCIDENT
INVOLVING VESSELS IN COMMERCIAL SERVICE**

Note: This form shall be used to report data on persons directly involved in a serious marine incident involving a vessel in commercial service and the mandatory chemical drug and alcohol testing.

Section I - Reporting Vessel Information - Casualty Date/Time

1. Vessel Name MARQUETTE WARRIOR	2. Vessel Official Number or IMO Number 560979	3. Date/Time (local) of Occurrence 11/21/2021 @ ~12:20
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Section II - Reason for Submitting this Report (Check all that apply)

4. The above vessel is in commercial service and was involved in a Serious Marine Incident that resulted in (46 CFR 4.03-2):

- One or more deaths
- An injury to a crewmember, passenger, or other person that requires professional medical treatment beyond first aid, and, in the case of a person employed on board a vessel in commercial service, which renders the individual unfit to perform routine vessel duties
- Damage to property in excess of \$200,000
- Actual or constructive total loss of any vessel subject to inspection under 46 USC 3301
- Actual or constructive total loss of any self-propelled vessel, not subject to inspection under 46 USC 3301, of 100 gross tons or more
- A discharge of oil of 10,000 gallons or more into the navigable waters of the United States, as defined in 33 USC 1321
- A discharge of a reportable quantity of a hazardous substance into the navigable waters of the United States
- A release of a reportable quantity of a hazardous substance into the environment United States

Section III - Personnel and Testing Information

5. Individuals Directly Involved in Serious Marine Incident

5a. Name (Last, First, Middle)	5b. USCG Credentialed?	6a. Drug Test Urine Sample Provided Within 32 Hours?	6b. Alcohol Test Specimen Provided within 2 Hours?	6c. Type of Alcohol Test Specimen Provided	6d. Alcohol Test Results
MITCHELL, JOHN C	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Saliva <input type="checkbox"/> Blood <input type="checkbox"/> Breath	

7. Explanation of why test samples were not collected within required timeframes or not at all and/or why testing was not conducted (Required for each "No" checked in columns 6a or 6b)

8. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests

Name: QUEST DIAGNOSTICS
Address: 10101 RENNER BLVD.
LENEXA, KS 66700
Telephone: (800) 877-7484
Email: UNKNOWN

9. Laboratory or Individual Conducting Alcohol Tests

Name:
Address:
Telephone:
Email:

Section IV - Person Making this Report

10. Name (PRINT) (Last, First, Middle) LOGANATHAN, DHEEPA K	11. Signature Dheepa Loganathan	12. Date 11/24/2021
13. Title SAFETY MANAGER	14. Address 150 BALLARD CIRCLE, PADUCAH, KY 42001	
15. Telephone No. (270) 519-9020	16. Email dloganathan@marquettettrans.com	

INSTRUCTIONS FOR COMPLETION OF FORM CG-2692B
Report of Chemical Testing Following a Serious Marine Incident Involving a Commercial Vessel

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 or submitted alone, satisfies the requirement found in the Code of Federal Regulations for written reports of chemical drug and alcohol testing of individuals engaged or employed on board a commercial vessel who are identified as being directly involved in serious marine incidents consisting of one or more of the occurrences listed in block 4. Alcohol tests are to be conducted not later than 2 hours (unless there are safety concerns directly related to the casualty that need to be addressed by the individual(s)) and drug test specimens collected not later than 32 hours after a serious marine incident.

INDIVIDUAL DIRECTLY INVOLVED IN A SERIOUS MARINE INCIDENT

2. The term "individual Directly Involved in a Serious Marine Incident" means an individual whose order, action, or failure to act is determined to be, or cannot be ruled out as, a causative factor in the events leading to or causing a serious marine incident.

COMPLETION OF THIS FORM

3. In accordance with 46 CFR Subpart 4.06 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.

4. If more than 10 individuals are directly involved in the Serious Marine Incident additional CG-2692Bs should be completed.

5. 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>

6. Upon receipt of a report of chemical test results. The marine employer shall submit a copy of the test results for each person listed in block 5a of this form to the Coast Guard Officer in Charge, Marine Inspection where the CG-2692B was submitted in accordance with 46 CFR §4.06-60(d).

7. Block 6d - Alcohol Test Result: When the alcohol test results are available, the alcohol concentration shall be expressed numerically in percent by weight (i.e. 0.04, 0.10, etc.); otherwise indicate positive for alcohol being present or negative for no alcohol present.

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.

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-2692.
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 MARQUETTE WARRIOR	2. Date/Time (local) of Occurrence 11/21/2021 @ ~12:20
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Section II - Involved Persons and Witnesses Details

3a. Name (Last, First, Middle) MITCHELL, JOHN C	3b. Relationship to Vessel or Facility <input checked="" type="checkbox"/> Crew - Position: CAPTAIN <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	3c. Status <input checked="" type="checkbox"/> Involved Person <input type="checkbox"/> Witness
3d. Address 320 TISON ROAD, ELDORADO, IL 62930		
3e. Telephone [REDACTED]	3f. Email address UNKNOWN	
4a. Name (Last, First, Middle)	4b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other - Describe: _____	4c. Status <input type="checkbox"/> Involved Person <input checked="" type="checkbox"/> Witness
4d. Address		
4e. Telephone	4f. Email address	
5a. Name (Last, First, Middle)	5b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	5c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
5d. Address		
5e. Telephone	5f. Email address	
6a. Name (Last, First, Middle)	6b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	6c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
6d. Address		
6e. Telephone	6f. Email address	
7a. Name (Last, First, Middle)	7b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	7c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
7d. Address		
7e. Telephone	7f. Email address	
8a. Name (Last, First, Middle)	8b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	8c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
8d. Address		
8e. Telephone	8f. Email address	
9a. Name (Last, First, Middle)	9b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	9c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
9d. Address		
9e. Telephone	9f. Email address	
10a. Name (Last, First, Middle)	10b. Relationship to Vessel or Facility <input type="checkbox"/> Crew - Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other - Describe: _____	10c. Status <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
10d. Address		
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.