

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 Qualifier 105		2. Vessel Official Number or IMO Number 528583		3. Vessel Flag USA	
4. Vessel Length 100 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 95		6. Vessel Propulsion Type Diesel Motor	
7. Vessel or Facility Type Passanger Vessel			8. Vessel or Facility Service or Occupation Support Vessel		
9. FOR TOWING ONLY	9a. Arrangement:		9b. Number of Vessels Towed:		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 <i>(If Yes complete and attach one or more CG-2692A forms to this report)</i>
	<input type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside		Empty _____ Loaded _____ Total _____		
		9c. Maximum Size of Tow/Tow-Boat(s):			
		Length _____ feet			
		Width _____ feet			

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 Dave Mastolier/Jared Bradshaw		Telephone [REDACTED]		14. Name of Operator or Manager		Telephone	
Address [REDACTED]		Email address [REDACTED]		Address		Email address	
15. Name of Master or Person-In-Charge (Last, First, Middle)		Telephone		16. Name of Agent (Last, First, Middle)		Telephone	
Address		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 1/19/2023 1200		20. Location-Name of Body of Water or Waterway: Latitude: _____ River Mile Marker: _____ Northern Enterprize Boat Yard Longitude: _____	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$1,200,000 Cargo: \$ _____ Facility: \$ _____ Other: \$ _____		Describe the Extent of Property Damage Interior of Vessel Burned and Smoke damage.	
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: 3 _____ 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:

Dry dock maintenance, Welding, Valves

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.):

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

Fire watch while doing rounds found a fire away from the work area. Informed others aboard of fire. Fire extinguishers spent fighting fire. Fire was not able to be controlled with extinguishers and the vessel was evacuated.

Section V - Person Making this Report

24. Name (PRINT) (Last, First, Middle) Bradshaw, Jared, Garth	25. Signature:	26. Date 1/24/2023
27. Title VP	28. Address ████████████████████ ██████████	
29. Telephone No. ██████████	30. Email ████████████████████	