DEPARTMENT OF HOMELAND SECURITY OMB No: 1625-0001 U.S. Coast Guard Exp. Date: 07/31/2022 REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY Section I - Reporting Vessel/Facility Information 2. Vessel Official Number or IMO Number 1. Vessel or Facility Name 3. Vessel Flag Capt. Kirby Dupuis 1229999 HSA 4. Vessel Length 5: Vessel Gross Tons 6. Vessel Propulsion Type X Feet Meters 116 436 Diesel 7. Vessel or Facility Type 8. Vessel or Facility Service or Occupation Towing Freight/Dry Cargo 9d. Did one or more of the barges in the tow cause or 9a. Arrangement: 9b. Number of Vessels Towed: 9c, Maximum Size of Tow/Tow-Boat(s): FOR sustain damage in the marine casualty? 0 Empty Pushing Ahead Length 1102 feet TOWING Yes X No Loaded 15 ONLY Towing Astern 105 feet Width (If Yes complete and attach one or more 15 Total Towing Alongside 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 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): 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 Telephone 14. Name of Operator or Manager Telephone FMT Industries, LLC Florida Marine, LLC Email address Address Email address 15. Name of Master or Person-In-Charge (Last, First, Middle) Telephone 16. Name of Agent (Last, First, Middle) Telephone Clayton Hunt 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
November 9, 2021 @ 0630

21. Property Damage Estimated Damage Cost(s) to:
Vessel: \$>75,000
Cargo: \$N/A
Other: \$N/A
Other: \$N/A

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)

Section IV - Casualty Information

River Mile Marker:
OR 530

Describe the Extent of Property Damage
Fire damage to main engines and engine room. A damage survey
will be conducted once the vessel arrives at the shipyard.

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Dead: 0

Missing: 0

Injured: 0

Total Number of Persons:

On Board the Vessel: 6

Section IV - Casualty Information (continued)			
23. Was This Casualty a Serious Marine Incident (SMI) as Defined in 46 CFR 4.03-2?			
		es or Is Likely to Become an SMI complete/attach one or mor	e CG-2692B forms to this report)
24a. Is there any evidence of alcohol or drug use involved in the casualty?	by or intoxication of individuals directly	24b. Did any individual directly involved in a casualty refus the administration of a timely chemical test, when directed the marine employer?	
	e individuals for whom evidence has pecify the method to obtain such c)	Yes X 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)			
Not applicable, reference	24a and 24b.		
24d. Is there evidence that alcohol use contributed to this casualty?			
Yes X 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: Underway, Northbound, Ohio River, Mile Marker (MM) 503.			
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.): On November 9, 2021, the M/V Capt. Kirby Dupuis was northbound with fifteen (15) loaded freight barges on the Ohio River, when at approximately 0630, near MM 530, the crew detected smoke coming from the engine room and determined that both main engines were on fire. The crew initiated fire fighting procedures and extinguished the fire. No injuries or unintended release of cargo was reported. The United States Coast Guard (USCG) was notified and responded. All additional required/appropriate notifications were made by FMT.			
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) 25. Date			
24 Name (<i>PRINT</i>) (Last, First, Middle) Porter, Devin Rocky	25. Signature:		26, Date 11/10/2021
27. Title	28. Address		,,
Company Representative	:		
29. Telephone No.	30, Email		