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/Excitity Information 3. Vessel Flag 2. Vessel Official Number or IMO Number Vessel or Facility Name 04 1010005 aster 5. Vessel Gross Tons Vessei Propuision Type 4 Vessel Length 14 Feet Meters 8. Vessel or Facility Service or Occupation Vessel or Facility Type Shrimp 130at (,OMM, MENCICE 9d. Did one or more of the barges in the tow cause or Size of Tow/Tow-Boulish 9a. Arrangement: 9b. Member of Vessels Towed: 9c. Maximum sustain damage in the manne casualty? FOR Empty **Pushing Ahead** Length TOWNG Yes No Loaded Towing Astern ONLY Width If Yes complete and attach one or more Total **Towing Alongside** CG-2692A forms to this report) Sectional - 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 (alision 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 OCS Facility only - Damage to a floating OCS facility exceeding \$25,000 Section III Associated Parties Information (Full all fields that epoly) Telephone 13. Name of Owner PAD . Name of Operator or Manager Address Emall address 16. Name of Agent (Last, First, Middle) Telephone 15. Name of Master or Person-In-Charge (Last, First, Middle) Telephone Email address Address Email address Address Telephone 18. Name of Pilot (Last, First, Middle) Telephone 17. Name of Dive Supervisor (Last, First, Middle) Address Email address Email address Address Soction IV. Casualty information 19 Date/Time (local) of Occurrence 20. Location-Name of Body of Water or Waterway; Latitude; River Mile Marker OR 19/1/3020 TOUMA Longitude

Describe the Extent of Property Damage

Injured: M

Dead: N

Missing

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)

CG-2692 (07/19)

Total Number of Persons

Vessel: S

Facility: \$

21. Property Damage Estimated Damage Cost(s) to:

Cargo: \$

Other: 5

On Board the Vessei

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23. Was This C	Casualty a Se	rious Marine Incident (SMI) as Defi					
Yes Yes	☐ No						nore CG-2692B forms to this report)
24a, is there a involved in the		of alcohol or drug use by or intoxica	ation of Individuals directly	24b. Did any indi- the administration the manne emplo	n of a timely cl	involved in a casualty re hemical test, when direc	fuse to submit to, or cooperate In, ted by a law enforcement officer or by
Yes	No	(if Yes, identify those individuals t been obtained and specify the me evidence in block 24c)	for whom evidence has athod to obtain such				l(s) who refused in block 24c)
24c Individua 25c)	ls with evide	nce of drug or alcohol use, evidence	ce of intoxication, or who re	fused to submit/coop	perate in a time	ely chemical test (if mon	space is needed, continue in block
	N	A					
		hat alcohol use contributed to ((If Yes, discuss in block 25b)	this casualty?				
		nce of the Casualty:					
		ation Being Conducted at the Time	of the Casualty				
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0	n or	about Dece	ember, 1:	2020 +	he v-	essel M	aster Dylan
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25c. A	ny other com	ments, including with respect to us	e of or need for emergency	response equipment	t: -		
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24. Name	(PRINT) (Las	st, First Middle)	Speties V Fo				26. Dates 3 2020
27. Title	ryer	1 may	28 Address				11010000
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