

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

Section I - Reporting Vessel/Facility Information

1. Vessel or Facility Name NATCHEZ		2. Vessel Official Number or IMO Number 563612		3. Vessel Flag U.S.	
4. Vessel Length 265 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 1,384		6. Vessel Propulsion Type Sternwheel	
7. Vessel or Facility Type Steam-powered sternwired boat		8. Vessel or Facility Service or Occupation passenger cruises in New Orleans Harbor, currently under renovation			
9. FOR TOWING ONLY	9a. Arrangement:	9b. Number of Vessels Towed:		9c. Maximum Size of Tow/Tow-Boat(s):	
	<input type="checkbox"/> Pushing Ahead	Empty _____		Length _____ feet	
	<input type="checkbox"/> Towing Astern	Loaded _____		Width _____ feet	
<input type="checkbox"/> Towing Alongside	Total _____		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>		

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 New Orleans Steamboat Company		Telephone		14. Name of Operator or Manager		Telephone	
Address		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	
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 5/3/2022 @ approx. 2000		20. Location-Name of Body of Water or Waterway: Latitude: _____ Longitude: _____		River Mile Marker: _____ OR _____	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$ 700,000 - preliminary Cargo: \$ _____ Facility: \$ _____ Other: \$ _____		Describe the Extent of Property Damage Steel, wiring, insulation, paint replacement due to fire,			

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: **1** 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)

n/a

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:

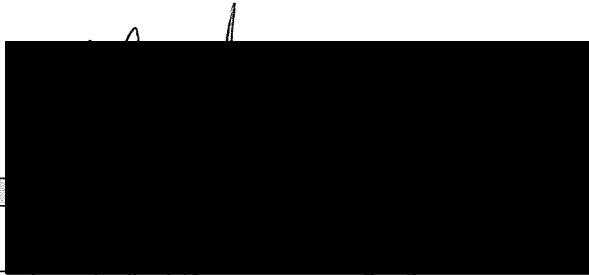
25a. Activity or Operation Being Conducted at the Time of the Casualty:

Fire after hours in generator room onboard vessel. Hot work had been ongoing in that space to remove frame work for old electrical switchboard.

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.):

Fire broke out at around 2000 in generator room. Security guard on duty saw smoke and flames, and called the fire department. NOFD responded quickly and extinguished fire.

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



24. Name (PRINT) (Last, First, Middle)

[Redacted Name]

26. Date

5/5/2022

27. Title

Director of Marine Operations

28. Address

[Redacted Address]

29. Telephone No.

30. Email

[Redacted Email]

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: NATCHEZ; 2. Vessel Official Number or IMO Number: 563612; 3. Date/Time (local) of Occurrence: 5/3/2022 @ approx. 2000

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 | 6. Drug and Alcohol Testing

Table with 4 columns: 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. Includes handwritten 'none' in 5a.

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

9. Laboratory or Individual Conducting Alcohol Tests

Name, Address, Telephone, Email fields for laboratory information, with redacted content.

10. Name (PRINT) (Last, First, Middle)

12. Date: 5/5/2022

13. Title: Director of Marine Operations

14. Address, 15. Telephone No., 16. Email fields, with redacted content.