

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

**Section I - Reporting Vessel/Facility Information**

1. Vessel or Facility Name <b>Tremont</b>		2. Vessel Official Number or IMO Number <b>529154</b>		3. Vessel Flag <b>US</b>	
4. Vessel Length <b>116</b> <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons <b>399</b>		6. Vessel Propulsion Type <b>Diesel</b>	
7. Vessel or Facility Type <b>Fishing</b>		8. Vessel or Facility Service or Occupation <b>Vessel</b>			
9. FOR TOWING ONLY	9a. Arrangement:	9b. Number of Vessels Towed:		9c. Maximum Size of Tow/Tow-Boat(s):	
	<input type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside	Empty _____ Loaded _____ Total <b>0</b>		Length _____ feet Width _____ feet	
9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes complete and attach one or more 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
- 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 <b>Tremont Fisheries LLC</b>		14. Name of Operator or Manager <b>Michael Walsh</b>	
Address [Redacted]		Address <b>Same</b>	
15. Name of Master or Person-In-Charge (Last, First, Middle) <b>Seah Wilson</b>		16. Name of Agent (Last, First, Middle) <b>N/A</b>	
Address [Redacted]		Address <b>N/A</b>	
17. Name of Dive Supervisor (Last, First, Middle) <b>N/A</b>		18. Name of Pilot (Last, First, Middle) <b>N/A</b>	
Address <b>N/A</b>		Address <b>N/A</b>	

**Section IV - Casualty Information**

19. Date/Time (local) of Occurrence  
**0130 APPROX**

20. Location-Name of Body of Water or Waterway: Latitude: **37.39 APPROX** River Mile Marker:  
**Mid Atlantic / Delmarva** Longitude: **74.17 APPROX**

21. Property Damage Estimated Damage Cost(s) to:  
 Vessel: \$ **4 mil** Cargo: \$ **750,000.00**  
 Facility: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
**Total loss**

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: **13** 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)

None

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: Collision and sinking

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

Fishing

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.):

The Tremont and Rita were involved in a Collision, The Tremont was taking on water and sank shortly after. Rita damage is unknow All hand on tremont were saved and no injuries were reported

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

Abandon ship procedure was orderly USCG rescue assistance was timely

Section V - Person Making this Report

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

Walsh F Walsh

25. Signature:

[Redacted Signature]

26. Date

11/2/22

27. Title

Pres / owner

28. Address

[Redacted Address]

29. Telephone No.

[Redacted Telephone No.]

30. E-mail

[Redacted E-mail]