

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 <b>Barge YD 71</b>		2. Vessel Official Number or IMO Number <b>Not Registered</b>	3. Vessel Flag <b>USA</b>
4. Vessel Length <b>110' X 45'</b> <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons	6. Vessel Propulsion Type <b>Not self propelled</b>
7. Vessel or Facility Type <b>Rig Barge</b>		8. Vessel or Facility Service or Occupation <b>Rig Barge used in Marine Construction</b>	
9. FOR TOWING ONLY <b>N/A</b>	9a. Arrangement: <input type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside	9b. Number of Vessels Towed: Empty _____ Loaded _____ Total _____	9c. Maximum Size of Tow/Tow-Boat(s): 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 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>Soggy Bottom Corporation</b>		Telephone	14. Name of Operator or Manager <b>Coastal Design &amp; Construction Inc.</b>		Telephone
Address <b>P.O. Box 650 Gloucester, VA 23061</b>		Email address	Address <b>P.O. Box 650 Gloucester, VA 23061</b>		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 <b>Sunday, 11/17/19, 9am</b>	20. Location-Name of Body of Water or Waterway: Latitude: _____ Longitude: _____ <b>Chesapeake Bay</b>		River Mile Marker: _____ OR
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$ _____ Cargo: \$ _____ Facility: \$ <b>500,000</b> Other: \$ _____		Describe the Extent of Property Damage <b>Barge broke mooring and ran into Buckroe Fishing Pier and tore a 50'+/- section of the pier.</b>	
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: <b>N/A</b> On Board the Vessel: _____ Injured: _____ Dead: _____ Missing: _____			

# 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:

N/A

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.): In preparation for high wind and waves we followed our normal operating procedure which is to unhook the wire choker from the bow bit and pull the chain up and wrap directly around the bit. We have never had a problem with this securing method before. At this time the only explanation we can come up with is that a shackle broke (we will check the mooring). The barge was pushed by the North wind about a mile South to the Buckroe Fishing Pier, where it took out a 50'+/- section of the concrete pier. At around 9:00am Sunday 11/17/2019, I was informed that our barge was adrift and had hit the pier. When we arrived the damage had been done. With the assistance of the Hampton Fire Department and Public Works we were able to secure a line to the bow (barge was side to the beach) of the barge and pull away from the pier with a Public Works excavator. We had the City pick up (with their lowboy) a Long Front Excavator close by and bring it to the barge site. We then attached 1 1/8" wire chokers to the excavators and road out the night. We filed a Mooring Plan and Salvage Plan which were approved by the US Coast Guard Monday morning and by 3:00pm the barge was free. A marine surveyor took a quick look at the barge just before dark and will be back on Tuesday to do

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

## Section V - Person Making this Report

24. Name (PRINT) (Last, First, Middle) Gunn, James R.	25. Signature: [Redacted]	26. Date 11/20/2019
27. Title President	28. Address P.O. Box 650 Gloucester, VA 23061	
29. Telephone No. [Redacted]	30. Email [Redacted]	