

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
BARGE ADDENDUM

OMB No: 1625-0001
Exp. Date: 03/31/2019

Note: This form shall be used to report data on barges causing or sustaining damage in the marine casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information - Casualty Date/Time

1. Towing Vessel Name	2. Date/Time (<i>local</i>) of Occurrence
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Section II - Barge(s) Causing or Sustaining Damage

3a. Barge Name	3b. Barge Official Number	3c. Barge Flag
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3d. Barge Length <input type="checkbox"/> feet <input type="checkbox"/> meters	3e. Barge Gross Tons	3f. Load Condition <input type="checkbox"/> Loaded <input type="checkbox"/> Empty
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3g. Barge Class/Type	3h. Barge Service or Occupation
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3i. Name of Barge Owner	3j. Name of Barge Agent
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3k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage
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4a. Barge Name	4b. Barge Official Number	4c. Barge Flag
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4d. Barge Length <input type="checkbox"/> feet <input type="checkbox"/> meters	4e. Barge Gross Tons	4f. Load Condition <input type="checkbox"/> Loaded <input type="checkbox"/> Empty
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4g. Barge Class/Type	4h. Barge Service or Occupation
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4i. Name of Barge Owner	4j. Name of Barge Agent
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4k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage
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5a. Barge Name	5b. Barge Official Number	5c. Barge Flag
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5d. Barge Length <input type="checkbox"/> feet <input type="checkbox"/> meters	5e. Barge Gross Tons	5f. Load Condition <input type="checkbox"/> Loaded <input type="checkbox"/> Empty
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5g. Barge Class/Type	5h. Barge Service or Occupation
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5i. Name of Barge Owner	5j. Name of Barge Agent
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5k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage
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6a. Barge Name	6b. Barge Official Number	6c. Barge Flag
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6d. Barge Length <input type="checkbox"/> feet <input type="checkbox"/> meters	6e. Barge Gross Tons	6f. Load Condition <input type="checkbox"/> Loaded <input type="checkbox"/> Empty
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6g. Barge Class/Type	6h. Barge Service or Occupation
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6i. Name of Barge Owner	6j. Name of Barge Agent
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6k. Property Damage Estimated Damage Cost(s) to: Barge: \$ _____ Cargo: \$ _____	Describe the Extent of Property Damage
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**INSTRUCTIONS FOR COMPLETION OF FORM CG-2692A
BARGE ADDENDUM**

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is .5 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-INV), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

WHEN TO USE THIS FORM

1. This form, when submitted in conjunction with a CG-2692, satisfies the requirement for written reports of casualties and accidents found in the Code of Federal Regulations for vessels. Specifically, it provides information on one or more barges that cause or sustain damage as a result of their involvement in a reportable marine casualty. This form may only be used in addition to form CG-2692, never alone.
2. One or More Barges as Part of a Tow. This form shall be used to enter information on all barges that were part of the tow and that caused or sustained damage as a result of the marine casualty reported on the CG-2692.
3. Multiple Anchored or Moored Barges. This form shall be used to enter information on multiple barges that were moored or anchored (such as in a fleeting area) and either cause or sustained damage or broke away and caused or sustained damage during an incident that meets the criteria of a marine casualty required to be reported on a CG-2692.
4. This form should not be use if the incident involves only a single barge while moored or anchored. This type of incident shall be documented as any other vessel using the CG-2692.

COMPLETION OF THIS FORM

5. In accordance with 46 CFR §4.05-10 this form shall be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a block is not applicable, the abbreviation "NA" should be entered in that space. If the answer is unknown and cannot be obtained before the report has to be submitted (i.e. within 5 days of the accident), the abbreviation "UNK" should be entered in that block. If "NONE" is the correct response, enter it in the block.
6. If more than 4 barges caused or sustained damage in the marine casualty additional CG-2692As should be completed necessary to enter the required information for all barges.
7. Once completed, deliver, email, or fax this form with a corresponding CG-2692 within 5 days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port. <http://www.uscg.mil/top/units/>

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.