

Contact of *Rickey Hughes* Tow with the Vicksburg Highway 80 Bridge

On May 1, 2025, about 1454, the towing vessel *Rickey Hughes* was pushing 22 barges downbound on the Lower Mississippi River at mile 435.8 near Vicksburg, Mississippi, when the two lead barges on the starboard side of the tow contacted a fixed pier of the Vicksburg Highway 80 Bridge (see figure 1 and figure 2). As a result of the contact, seven barges broke away, six were recovered, and one sank. There were no injuries, and no pollution was reported. Damage to the barges was estimated at \$1.9 million.¹



Figure 1. Towing vessel *Rickey Hughes* in Tunica, Mississippi, in March 2026.

¹ (a) In this report, all times are central daylight time, and all miles are statute miles. (b) Visit [nts.gov](https://www.nts.gov) to find additional information in the [public docket](#) for this NTSB investigation (case no. DCA25FM034).

Casualty Summary

NTSB casualty category	Contact
Location	Lower Mississippi River, mile 435.8, near Vicksburg, Mississippi 32°18.82' N, 90°54.28' W
Date	May 1, 2025
Time	1454 central daylight time (coordinated universal time -5 hrs)
Persons on board	10
Injuries	None
Property damage	\$1.9 million est.
Environmental damage	None
Weather	Visibility 10 mi, fair skies, winds 8 mph west-southwest, air temperature 81°F, evening twilight 2011, sunset 1945
Waterway information	River; width 0.5 mi, depth 45 ft, current 5 kts (est.)



Figure 2. Area where the tow of the *Rickey Hughes* contacted the Vicksburg Highway 80 Bridge, as indicated by a circled X. (Background source: Google Maps)

1 Factual Information

1.1 Background

The 152.5-foot-long, 8,400-hp (6,178-kW), steel-hulled towing vessel *Rickey Hughes* was built in 1973 in St. Louis, Missouri, as the *Robert Crown*. In 1988, the vessel was sold, and in 1991, it was renamed the *Frank Haendiges*. In 2013, the vessel was acquired by ACBL Vessels LLC and renamed *Rickey Hughes*.

Propulsion for the *Rickey Hughes* was provided by two Caterpillar C280-12 diesel engines, each connected to a fixed pitch propeller shrouded in a fixed Kort nozzle. The vessel had two sets of rudders for maneuvering—two steering rudders and four flanking (or backing) rudders. The two steering rudders were positioned behind the propellers and were typically used while the vessel was moving in the ahead direction. The four flanking rudders were positioned forward of the propellers, two ahead of each propeller.²

The steering and flanking rudders were controlled from the pilothouse with “sticks,” or levers. The sticks in the pilothouse were arranged such that the upper sticks controlled the flanking rudders, and the lower sticks controlled the steering rudders. Both sticks were mechanically connected to a control box in the rudder room via steel shafts and rods from the pilothouse, which provided input to the hydraulic system for actuation of the rudder stocks in the rudder room (see section 1.3.2). A single movement of either the port or starboard stick for the flanking or steering rudder system actuated both corresponding rudders together.

The vessel operated under its operating company’s towing safety management system and had a valid US Coast Guard-issued certificate of inspection documenting compliance with Title 46 *Code of Federal Regulations* Subchapter M.

1.2 Event Sequence

On April 28, 2025, the *Rickey Hughes* departed Cairo, Illinois, bound for New Orleans, Louisiana, pushing 22 barges loaded with various commodities. There were 10 crewmembers aboard, including a captain, pilot, mate, chief engineer, deckhands, and two galley crewmembers. The vessel’s captain stood the “front watch” from 0600 to 1200 and from 1800 to 0000. The pilot stood the “back watch”

² *Flanking rudders* are used to provide greater maneuverability when a towing vessel and its tow are navigating river bends (flanking) with a following current, and to provide enhanced control when operating a vessel astern.

from 0000 to 0600 and from 1200 to 1800. As the tow transited the Lower Mississippi River toward New Orleans, the crew made several stops to drop off and add barges at various fleeting areas.

On May 1, the tow approached Vicksburg, Mississippi. At Vicksburg, the crew had to navigate the tow through two bridges: the Vicksburg Highway 80 Bridge and the Interstate 20 Bridge. The Vicksburg Highway 80 Bridge opened in 1930 as a highway and railroad crossing and, at the time of this report, was serving as a railway bridge (see figure 3). The Interstate 20 bridge, which opened in 1973, was built with piers spaced to match the adjacent and upriver Vicksburg Highway 80 Bridge piers. The bridges were located 1.1 miles downstream from a 121° bend in the river. In addition to the cross-currents associated with such a large change in direction of the river, the current from the Yazoo River converged in the bend.

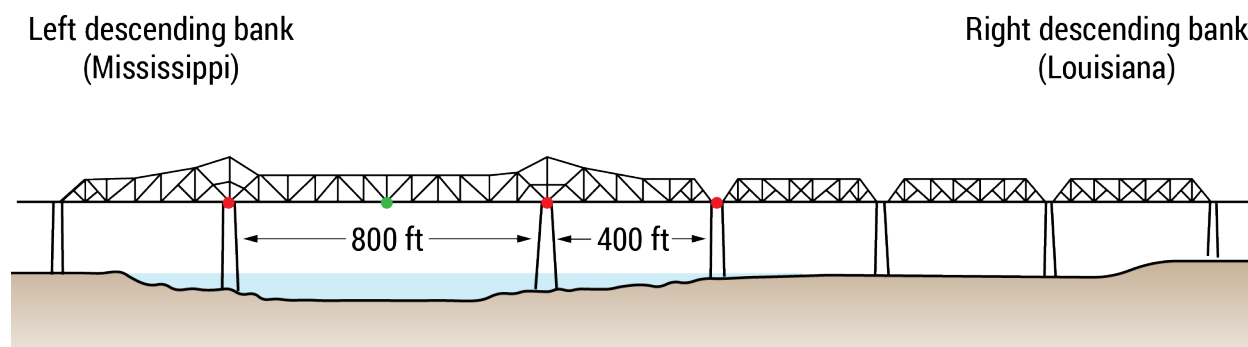


Figure 3. Illustration of the Vicksburg Highway 80 Bridge, looking downriver. (Background source: US Army Corps of Engineers)

The operating company required the captain to conduct a risk assessment, determine whether additional crew and/or an assist boat were needed, and brief all crewmembers on the prevailing circumstances before completing a transit through a bridge. Additionally, the captain was required to determine the necessity of assigning a supplemental lookout; observe the weather, visibility, vertical clearance of the bridge; and check the direction and strength of the current.

On May 1, visibility was about 10 miles, with fair skies, winds at 8 mph, and an air temperature of 81°F. Near the Vicksburg Highway 80 Bridge, the crew estimated the current to be about 5 mph downbound. At 1005 that morning, the captain and crew completed a “voyage plan update / watch change / risk assessment” form. They assessed each of the conditions as “green,” or low risk; they did not include any comments on the form.

About 1130, the *Rickey Hughes* tow stopped near Kings Point, about 5 miles upriver from the Vicksburg Bridge to pick up and drop off barges. While the tow was

at Kings Point, about 1230, a shoreside captain boarded the towing vessel. Company policy required an additional experienced captain to be aboard its vessels once the river gage at Vicksburg reached 40 feet. (The gage read 48.73 feet that day.) The purpose of having an additional captain aboard was to provide the vessel’s crew with updated river conditions and additional guidance in the area of the bridges based on his frequent trips in the area. The shoreside captain was stationed in Vicksburg, and had been joining company towing vessels for the previous 2 weeks to assist the captains of company towboats transit through the Vicksburg bridges during high-water conditions (see section 1.3.4).

After picking up the shoreside captain, the tow departed Kings Point about 1405, and about 1430, the tow was underway downriver toward the Vicksburg bridges. When the tow departed Kings Point, it was comprised of 22 barges in five strings of barges: four strings with five barges deep, and the fifth string (on the starboard side) with two barges at the rear of the tow (see figure 4). The width of the tow was 175 feet, and the total length of the *Rickey Hughes* and barges was 1,166 feet. The barges were filled with potash, petroleum coke, corn, distillers grain pellets, lead concentrate, OSB-C, OSB-D, and soybeans.³ Four of the barges—those carrying OSB-C and OSB-D—were considered chemical barges. In compliance with the Waterways Action Plan for the Lower Mississippi River, these barges were placed directly ahead of the towing vessel, surrounded by corn and soybean barges.⁴

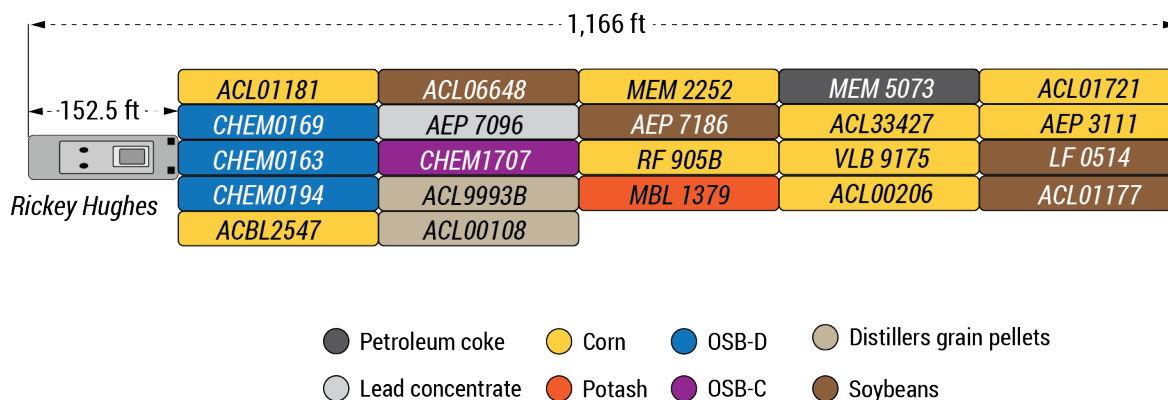


Figure 4. *Rickey Hughes*’ tow configuration on May 5, 2025. (Background source: ACBL)

³ OSB-C and OSB-D are grades of soybean oil, each classified for different uses and processing levels.

⁴ The Coast Guard, in collaboration with the Corps of Engineers and industry representatives, maintains a Waterways Action Plan, which provides maritime industry and government agencies “with a plan for facilitating the safe and orderly movement of traffic during extreme conditions on the inland rivers” within a Coast Guard sector’s area. The Waterways Action Plan defines three action phases (watch, action, and recovery) for hazardous sections of the rivers, locks & dams, and some bridges.

About 1440, the pilot, mate, and shoreside captain were in the pilothouse of the *Rickey Hughes*; the pilot was at the controls. About this time, the pilot used the intercom to call the vessel's captain, who was off watch and had requested to observe the pilot transit through the Vicksburg bridges.

The pilot was steering the vessel using the steering rudders, and the vessel was transiting about 12 mph. Both the steering and flanking rudder hydraulic systems were running, but the pilot was not using the flanking rudders. According to the shoreside captain, the pilot was not flanking the bend immediately above the bridge, and the transit would have primarily relied on the steering rudders.

About 1445, as the tow transited around Delta Point, between 1.5 and 1.75 miles upriver from the Vicksburg Highway 80 Bridge, an alarm sounded in the pilothouse, engineer's cabin, engine room control booth, engine room, and the rudder room. The pilot looked at the electronic engine alarm display on the pilothouse console and saw an "oil pressure" alarm for the flanking steering system. He silenced the alarm, continued the approach to line up on the bridges, and sent the mate from the pilothouse to the rudder room. The vessel's captain arrived in the pilothouse about this time.

At this time, the engineer was off watch and sleeping, and he was awakened by the alarm. He got dressed and went to the control booth in the upper deck of the engine room to find alarms showing low flanking system voltage and low flanking system oil pressure. He went to the rudder room to investigate the alarms, saw the flanking steering pump was not running, and tried to reset the breaker on the power panel for the flanking motor that was driving the hydraulic pump. However, the pump did not restart. About this time, the mate arrived in the rudder room to check on the engineer and see if he required assistance.

In the rudder room, the engineer began an emergency steering change over, switching over the valve alignment to change the flanking rudder hydraulic system to the auxiliary motor and pump, since the flanking pump would not restart (see section 1.3.2). After switching the third valve and starting the auxiliary pump motor, hydraulic oil erupted from the flanking rudder system's hydraulic reservoir tank through the fill cap, covering the engineer's face and body, as well as the deck, in oil. The engineer was wearing glasses, and they were also covered in oil. The engineer told investigators that he had difficulty seeing the valve tags with the valve numbers.

As the tow approached the bridge, the head of the tow fell to port due to the current. When the tow was between 0.5 and 0.75 miles from the bridge, the pilot attempted to correct the swing by moving the steering rudders to starboard. About 1452, he noticed there was no response, stated aloud that he had no steering,

and sounded the general alarm to muster the crew. The shoreside captain notified the Vicksburg Information Center on VHF channel 13 that the *Rickey Hughes* had lost steering and requested assistance from nearby tugs. The engineer called the pilothouse on a handheld radio from the rudder room, but watchstanders in the pilothouse could not understand what he said about the status of the steering system.

The tow continued toward the Vicksburg Highway 80 Bridge, approaching the main span pier on the right descending bank side of the bridge. The shoreside captain told the pilot to back full astern to try to avoid the pier or at least reduce the impact if they could not avoid it. The pilot backed full astern and tried to use the flanking rudders to steer the tow between the span of the bridges, but the flanking rudders did not respond.

In the rudder room, the engineer returned the last valve he changed to the previous position to stop the spray of oil, and switched off power to the flanking pump motor. The mate switched off the auxiliary pump motor. He stated that, while going through the process of trying of changing the valve alignment, he was "struggling to get them adjusted" and that he had "all three tanks at some point erupt oil out of them."

While the mate was in the rudder room, he attempted to inform the crew in the pilothouse of the situation using VHF radio. However, in addition to not being able to hear the engineer in the rudder room, crewmembers in the pilothouse stated they were also having trouble understanding the mate over the VHF radio due to heavy background noise from the rudder compartment. According to the engineer, the mate told him that the vessel did not have steering.

The vessel's captain, who was also in the pilothouse, asked the shoreside captain to stay in the pilothouse with the pilot while he went to the rudder room to figure out why steering had been lost. When he got to the rudder room, he met the engineer, who was covered in hydraulic oil. The vessel's captain looked into the rudder room and saw "oil everywhere." The captain observed the oil spraying out of the top of the vent cap on a hydraulic tank on the starboard side and then, as he looked to his left, he saw oil coming out of a second tank on the port side. The engineer was pointing up to the overhead piping following it with his finger. About the same time, the vessel's captain noticed the towing vessel was backing full astern.

About 1454, about 9 minutes after the flanking rudder system low oil pressure alarm and about 2 minutes after the loss of the steering rudders, the two lead barges on the starboard string contacted the main span pier on the right descending bank side of the Vicksburg Highway 80 Bridge about 9 mph (see figure 5). Seven barges on the starboard side broke free from the tow, and crewmembers noticed several loose barges drifting downriver past the stern of the *Rickey Hughes* with the river current.

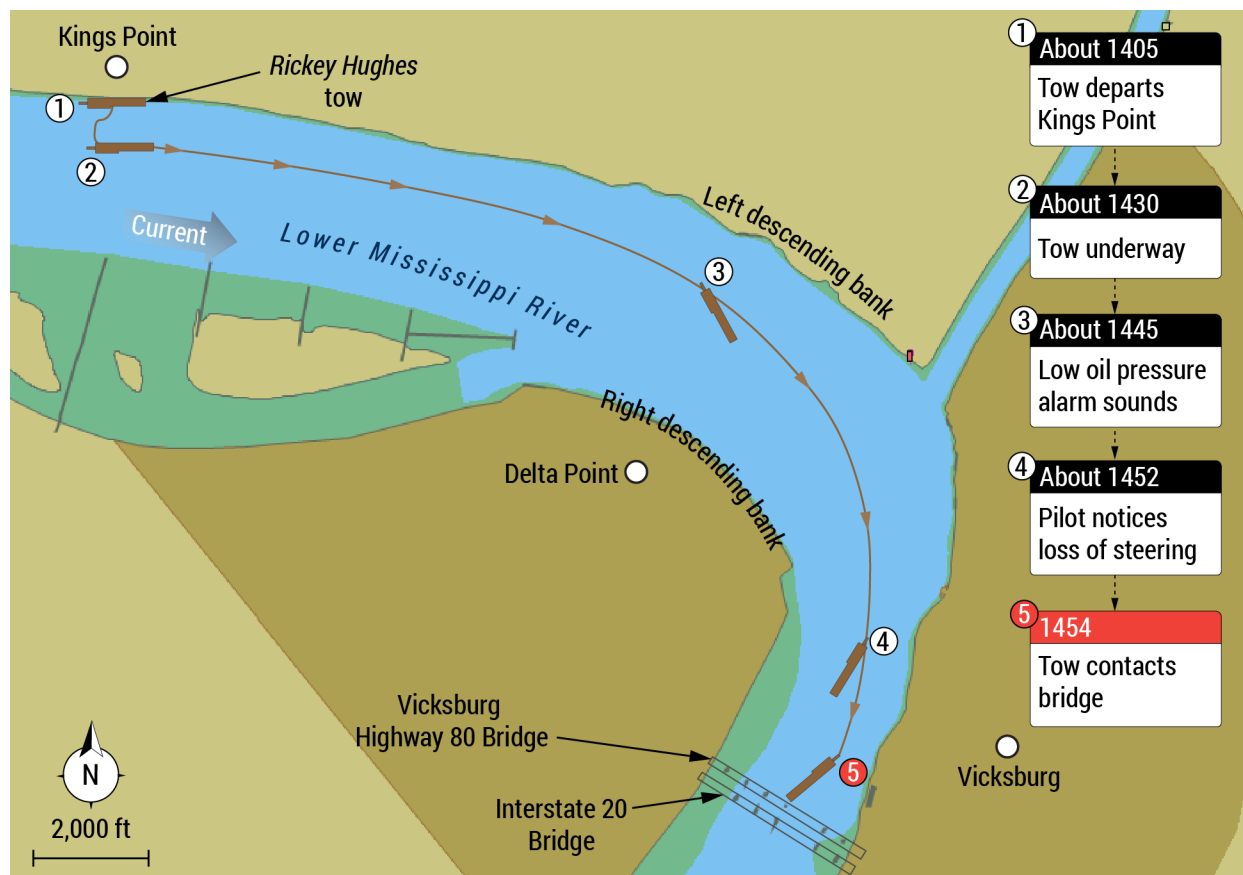


Figure 5. *Rickey Hughes* tow trackline as it approached the Vicksburg Highway 80 Bridge. (Background source: Army Corps of Engineers inland electronic navigation chart U35LM425 as viewed on Made Smart)

After the barges contacted the bridge pier, the pilot was able to maneuver the vessel and the remainder of the tow through the span of the bridges by adjusting propeller directions and speeds on both engines to control the tow (the steering rudder system still was not responding). In the rudder room, the mate, who remained in contact with crewmembers in the pilothouse via VHF radio, advised the engineer that the tow had contacted the bridge.

The vessel's captain returned to the pilothouse. He reported that there was hydraulic oil all over the rudder room and that the pumps were still not functioning properly. The pilot continued working to slow the tow, but without steering control, the current started to turn the tow around to starboard. The pilot used both engines to counteract the current. The vessel briefly regained steering rudder control as the engineer continued to switch valves and pumps in the rudder room, which allowed the pilot to get the stern back in line with the current. The engineer told investigators, "Somewhere my [valve] alignment wasn't right," and stated that due to the oil spray, he was unable to see anything. The shoreside captain advised the pilot to increase speed to match the current so they would not get overtaken by the loose barges. In

the rudder room, the engineer stated that “after much confusion, [he] was able to get [the] valve alignment correct and saw [the] flanking rudders move,” but that he did not have hydraulic pressure to the steering rudders.

A few minutes later, several nearby tugs arrived after receiving a call to assist in gathering the barges that broke free and were astern of the *Rickey Hughes*. Another tug began to push the stern of the *Rickey Hughes* toward the left descending bank and out of the channel. About 1530, the *Rickey Hughes* and its 15 remaining barges came to a stop, shoved into the left descending bank at mile 432.8, about 2.9 miles south of the bridge.

1.3 Additional Information

1.3.1 Damage

As a result of contacting a pier of the Vicksburg Highway 80 Bridge, the covered hopper barge *LF 0514*, which had been at the head of the tow and loaded with soybeans, sank. The value of the sunken barge was estimated at \$73,000 and the loss of its cargo was valued at \$610,000. Three other barges in the tow also sustained damage (see figure 6). The covered hopper barge *ACL01177*, loaded with soybeans, sustained damage to its bow (rake), and nos. 2, 3, and 4 wing tanks were taking on water. Damages to the covered hopper barge *ACL00206*, loaded with corn, resulted from flooding in the stern, which was pumped out and temporarily repaired after the casualty. The covered hopper barge *VLB 9175*, also loaded with corn, sustained damage to the box end, subsequently flooded, and could not be pumped out. The total estimated damage to the four barges was about \$1.9 million. There was no damage to the Vicksburg Highway 80 Bridge or the *Rickey Hughes*.

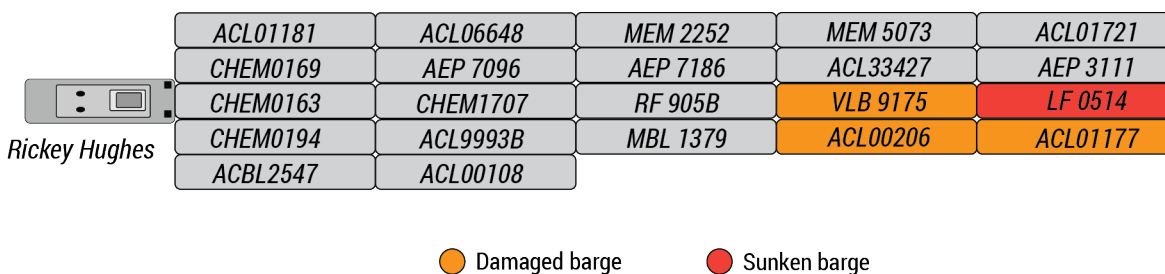


Figure 6. Barges that were damaged or sank as a result of the contact.

1.3.2 Hydraulic Systems for Steering and Flanking Rudders

The hydraulic systems for the steering rudder system and the flanking rudder system each had their own hydraulic reservoir and hydraulic pump in the rudder room (see figure 7). There was a third reservoir and pump, referred to as the auxiliary system, also in the rudder room. By changing the position of several valves in the hydraulic piping, the auxiliary system pump could be used to provide hydraulic pressure to either the steering rudder system or the flanking rudder system.

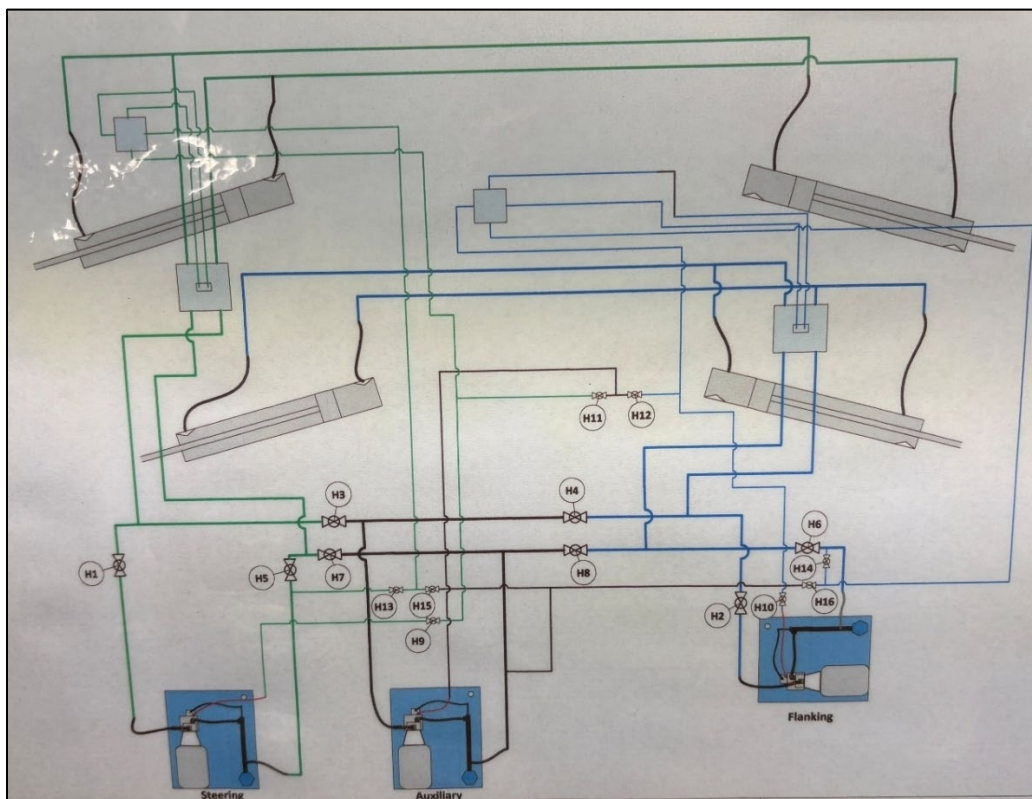


Figure 7. Hydraulic diagram for steering rudder, flanking rudder, and auxiliary steering systems posted in the *Rickey Hughes'* rudder room.

A "steering/flanking emergency response" document that provided procedures for changing the valves from the steering rudder system to the auxiliary pump system and from the flanking rudder system to auxiliary pump system was posted on the rudder room door (see figure 8). The valve handles were color coded: Yellow-handled valves were used to switch from steering to auxiliary, and blue-handled valves were used to switch from flanking to auxiliary. Each valve had a brass tag with the valve number stamped on it. Additionally, a piping diagram, a normal operation chart, and a valve designation sheet were posted on the electrical disconnect boxes and power panels for the steering pumps and auxiliary steering pumps.

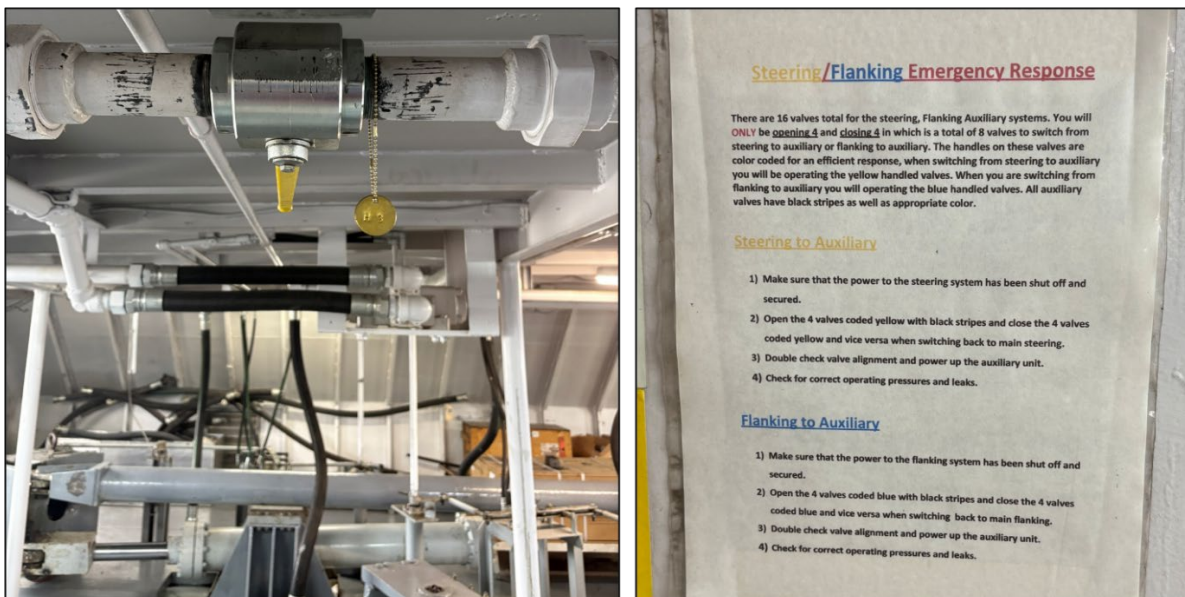


Figure 8. Left to right: Yellow-handled valve in hydraulic system with “H3” valve tag. Posted steering/flanking emergency response document on rudder room door.

After the tow’s contact with the Vicksburg Highway 80 Bridge, the operating company employed electrical and hydraulic specialists to evaluate the steering systems aboard the *Rickey Hughes*. The electrical inspection revealed that a motor-saving relay was improperly wired into the flanking system’s hydraulic motor controller, causing the motor to prematurely trip and the hydraulic pump for the system to stop.⁵ After a one-minute delay, the motor-saving relay would reset, and the motor would automatically restart. The electricians “look[ed] over [the] electrical and [made] adjustments as needed.” Later that day, the operating company had electricians remove the motor-saving relay from service in all steering pump motor controllers aboard the *Rickey Hughes*, as the company believed the motor-saving relays created a navigational risk and were not needed to effectively operate the motors. Beyond the presence of the motor-saving relay, the hydraulic specialists reported no issues with the hydraulic system on the *Rickey Hughes*.

1.3.3 Crew Experience

The engineer had about 9 years’ experience on the rivers, all with the *Rickey Hughes* operating company. He worked as a deckhand for about 5 years before becoming an assistant engineer aboard several other towing vessels in the fleet. He had been aboard the *Rickey Hughes* for four 28-day hitches. When he joined the vessel in January 2025, he completed an engineer relief checklist.

⁵ A *motor-saving relay* is an electrical monitoring device designed to prevent damage to electric motors by detecting abnormal electrical supply conditions and disconnecting the power supply.

The vessel went into layup status until the overhaul period started in February and ended in March. After the overhaul period, the vessel went into another layup period before crewing up on April 16. The engineer rejoined the vessel the day before the accident.

The engineer was the only engineer aboard the vessel. He worked from 0600 until about noon, rested until 1700, and then took readings at 1800 and 2300.

The engineer had performed a steering system swap to the auxiliary system when the vessel came out of the overhaul period on March 28, 2025. He swapped to the auxiliary system at least once during each transit but had never swapped steering systems in an emergency situation.

1.3.4 Environmental Conditions

On April 2, the National Weather Service produced a news release titled "High Water with Major Flooding in the Mississippi Valley" and advised of widespread rainfall totals of 7-10 inches, which was set to begin on April 2. The agency warned that the rainfall "could bring potentially historic rain totals with moderate to major tributary river flooding and significant localized flash flooding." River gages along the Lower Mississippi River were anticipated to rise to minor or moderate flood stages by mid-April.

On April 22, the Coast Guard included a high-water safety advisory in the Local Notice to Mariners for the Lower Mississippi River from miles 869 to 303, advising mariners to transit with caution due to the hazardous conditions associated with strong currents, severe outdrafts, missing/off station aids to navigation and diving buoys. The Coast Guard Captain of the Port (Lower Mississippi River), with the concurrence of the Lower Mississippi River Committee, recommended certain limits for tows transiting downbound between miles 869 and 303. For the Vicksburg area, when the Vicksburg gage reached 36 feet:

- Tows over 110 feet wide were restricted to daytime transit only through the Vicksburg bridges.
- Towing vessels over 6,000 hp, like the *Rickey Hughes*, had a maximum tow size of 36 barges, with a minimum of 280 hp per loaded barge, and 560 hp per oversized barge.

On the day of the casualty, the *Rickey Hughes* was pushing 22 barges (381 hp per barge).

On April 27, the Mississippi River at Vicksburg was recorded having a high level of 49.3 feet. According to the National Weather Service, this was the highest peak at the Vicksburg gage since 2020. On May 1, the day of the casualty, the Vicksburg gage read 48.73 feet, 5.73 feet above major flood stage (see figure 9).

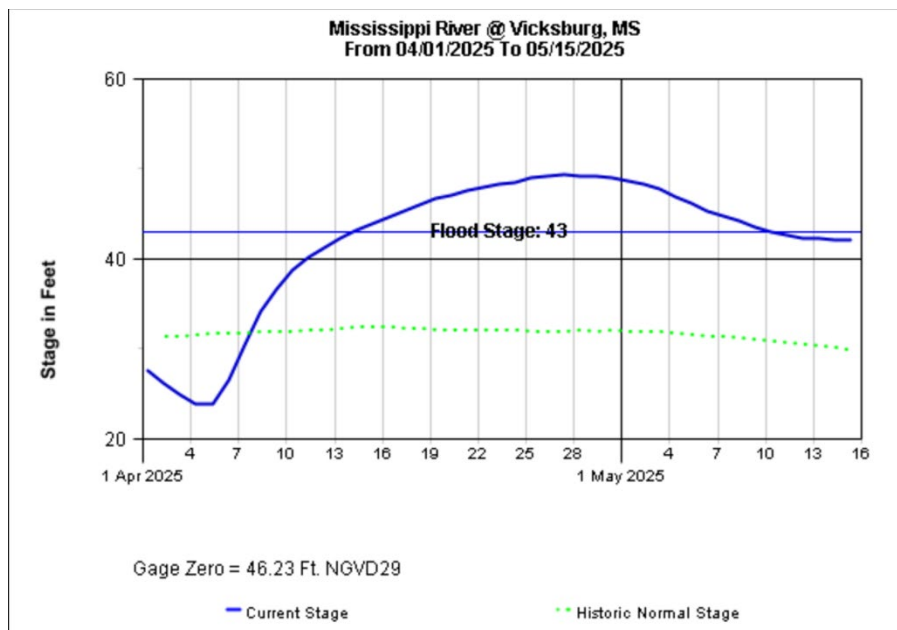


Figure 9. Mississippi River water level (in feet) at Vicksburg from April 1 to May 16. (Source: Army Corps of Engineers)

1.3.5 Postcasualty Actions

After the casualty, the operating company initiated a “steering campaign” to electrically and hydraulically inspect every steering system on each of their vessels. The port engineer also instituted a policy that every engineer on the *Rickey Hughes* was required to report that they had successfully changed hydraulic systems to the auxiliary system for the steering system. On May 18, the engineer that had been aboard the *Rickey Hughes* during the Vicksburg Highway 80 Bridge strike completed the steering system swap and notified the port engineer.

2 Analysis

While pushing 22 barges downbound in high-water conditions and an estimated 5-mph downbound current on the Lower Mississippi River, the towing vessel *Rickey Hughes* lost steering less than a mile upriver from the Vicksburg Highway 80 Bridge while the pilot was making the approach to pass between the piers of the main span. As a result, two lead barges in the starboard string contacted the bridge pier on the right descending bank side.

Initially, the *Rickey Hughes* lost only hydraulic oil pressure for the flanking rudder system. A postcasualty investigation found that the loss of hydraulic oil pressure occurred because a motor-saving relay was improperly wired into the flanking system's hydraulic motor controller. This configuration caused the motor to prematurely trip and the system's hydraulic pump to stop for a short time before resetting and then starting again. As the *Rickey Hughes* and its tow were proceeding downbound, crewmembers in the pilothouse were steering the vessel using only the steering rudders. (According to the shoreside captain, the pilot was not flanking the bend immediately above the bridge and the transit would have primarily relied on the steering rudders.) There were no issues with the steering rudder system that was in use. Therefore, even without the flanking rudder system operational, the vessel likely could have successfully transited under the Vicksburg Highway 80 Bridge.

The loss of hydraulic oil pressure caused an alarm to sound in the pilothouse and engineer's cabin, awakening the engineer and alerting him to the issue. In response, he went to the rudder room, where he was met by the mate. Responding to the steering emergency, the engineer attempted to restart the flanking rudder system's hydraulic pump but was unsuccessful. He then attempted to switch over valve alignment so that the flanking rudder hydraulic system would use the auxiliary motor and pump. However, the engineer misaligned the valves, causing hydraulic oil to overflow and erupt through the fill pipe of the flanking rudder reservoir tank and begin covering the deck. As a result, the steering rudder system—which had been operating properly—lost hydraulic oil and subsequently lost pressure. To address the overflowing hydraulic oil, the engineer shut off the power to the steering system motors. Without hydraulic oil or power to the steering system, the steering and flanking rudders could not be moved, and the crewmembers in the pilothouse were left without any steering as they approached the Vicksburg Highway 80 Bridge.

The engineer was experienced with the *Rickey Hughes* steering system and had successfully realigned the steering pumps before in a controlled environment. Additionally, resources and aids were available to him, including procedures for the changeover posted in the rudder room as well as color-coded and numbered valve handles. The immediacy of the perceived emergency situation (loss of flanking

rudder system pressure in a confined waterway) likely added additional stress and quickly created a high level of workload for the engineer, who had just woken up. This likely led to errors, such as steps in the process being omitted or executed incorrectly. Such errors, known as slips or lapses, can occur even if an individual is highly experienced and familiar with a particular task.

The high level of ambient noise in the rudder room prevented clear and effective communication via the handheld radios between the engineer in the rudder room and crewmembers in the pilothouse. Because of this, the engineer was unable to describe the situation in the rudder room and explain that the flanking rudder system motor had tripped offline to the crewmembers in the pilothouse. Likewise, the pilothouse crewmembers were unable to provide details on the vessel's proximity to the bridge or provide confirmation that the steering rudders were initially still operational. Had more effective means of communication between crewmembers been available, or had the engineer communicated with the pilothouse crewmembers before entering the rudder room, the pilothouse crewmembers may have advised the engineer to delay changing over the hydraulic system until after the tow passed through bridge, since the steering rudders were still operational at the time of the alarm.

At the time of the casualty, the Lower Mississippi River near the Vicksburg Highway 80 Bridge and the Interstate 20 Bridge was experiencing high-water conditions and strong current. The Coast Guard had tow size restrictions in place, as well as horsepower requirements for towing vessels, which the *Rickey Hughes* tow met. In accordance with operating company requirements, an additional experienced captain was aboard the *Rickey Hughes* to help the crew navigate through the two bridges. However, without the ability to use either the flanking or steering rudders, the pilot could not effectively steer the tow in the high-water conditions, resulting in the lead barges contacting the pier of the Vicksburg Highway 80 Bridge.

3 Conclusions

3.1 Probable Cause

The National Transportation Safety Board determines that the probable cause of the contact of the towing vessel *Rickey Hughes*' lead barge with the Vicksburg Highway 80 Bridge was a loss of all steering (steering and flanking rudders) due to a crewmember's misalignment of flanking rudder system hydraulic valves as he responded to a low pressure alarm and attempted to restore flanking rudder operation while the tow was approaching the bridge.

3.2 Lessons Learned

Vessel Steering System Changeovers During Emergency Situations

The loss of steering while transiting in channels or maneuvering near immediate hazards (grounding, traffic, objects), when response time is critical, demands crewmembers act quickly to mitigate potential casualties. Vessel steering systems are often designed with automatic backup systems to avoid a loss of steering and therefore, vessel maneuverability during such an emergency. However, some steering systems may require crewmembers to manually change over to standby equipment for steering to be restored. Crewmembers should be familiar with, and trained to use, these systems and their redundancies, including changeover procedures, to ensure they are able to effectively respond in emergency situations.

Vessel Particulars

Vessel	<i>Rickey Hughes</i>	<i>LF 0514</i>
NTSB Vessel Group	Towing/Barge (Towing vessel)	Towing/Barge (Hopper barge)
Owner/Operator	ACBL Vessels LLC (Commercial)	US Bank National Association (Commercial)
Flag	United States	United States
Port of registry	Jeffersonville, Indiana	New York, New York
Year built	1973	1994
Official number	551830 (US)	1023510 (US)
IMO number	N/A	N/A
Classification society	Towing Vessel Inspection Bureau (Third-party organization)	N/A
Length (overall)	152.5 ft (46.5 m)	200.0 ft (61.0 m)
Breadth (max.)	45.0 ft (13.7 m)	35.0 ft (10.7 m)
Draft (casualty)	9.3 ft (2.8 m)	11.6 ft (3.5 m)
Tonnage	742 GRT	823 GRT
Engine power; manufacturer	2 × 4,200 hp (3,132 kW); Caterpillar C280-12 diesel engines	N/A

NTSB investigators worked closely with our counterparts from **Coast Guard Marine Safety Detachment Vicksburg** throughout this investigation.

The National Transportation Safety Board (NTSB) is an independent federal agency charged by Congress with investigating every civil aviation accident in the United States and significant events in other modes of transportation—railroad, transit, highway, marine, pipeline, and commercial space. We determine the probable cause of the accidents and events we investigate, and issue safety recommendations aimed at preventing future occurrences. In addition, we conduct transportation safety research studies and offer information and other assistance to family members and survivors for any accident or event investigated by the agency. We also serve as the appellate authority for enforcement actions involving aviation and mariner certificates issued by the Federal Aviation Administration (FAA) and US Coast Guard, and we adjudicate appeals of civil penalty actions taken by the FAA.

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For more detailed background information on this report, visit the [NTSB Case Analysis and Reporting Online \(CAROL\) website](#) and search for NTSB accident ID DCA25FM034. Recent publications are available in their entirety on the [NTSB website](#). Other information about available publications also may be obtained from the website or by contacting—

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