

UNITED STATES DEPARTMENT OF THE INTERIOR
 MINERALS MANAGEMENT SERVICE
 GULF OF MEXICO REGION
ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **13-FEB-2009** TIME: **2200** HOURS

2. OPERATOR: **Kerr-McGee Oil & Gas Corporation**

REPRESENTATIVE: **John Amberg**

TELEPHONE: **(713) 822-8113**

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR
 ON SITE AT TIME OF INCIDENT:

4. LEASE: **G09184**

AREA: **EB** LATITUDE:

BLOCK: **643** LONGITUDE:

5. PLATFORM: **A-Boomvang Spar**

RIG NAME:

6. ACTIVITY:

- EXPLORATION(POE)
 DEVELOPMENT/PRODUCTION
 (DOCD/POD)

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION
 - LTA (1-3 days)
 - LTA (>3 days)
 - RW/JT (1-3 days)
 - RW/JT (>3 days) 1
 - Other Injury

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

- LWC HISTORIC BLOWOUT
- UNDERGROUND
 - SURFACE
 - DEVERTER
 - SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION HISTORIC >\$25K <=\$25K

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER

6. OPERATION:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

8. CAUSE:

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER _____

9. WATER DEPTH: **3650** FT.

10. DISTANCE FROM SHORE: **120** MI.

11. WIND DIRECTION: **S**
 SPEED: **6** M.P.H.

12. CURRENT DIRECTION: **S**
 SPEED: **4** M.P.H.

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Injured Party (IP) was removing a severely corroded chain fall and trolley from an "I" beam located over the pipeline pumps. The chain fall and trolley were secured by a "come-along" wench. The trolley shafts were cut using a reciprocating saw. One side of the trolley was pried off of the I beam with a pry bar. The opposite side of the trolley remained hung on the I beam. The IP then attempted to rotate the remaining part of the trolley off the beam using his hands. The load shifted pinching his finger between the trolley and the come-along hook causing IP's finger tip to be severed.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

Improper Hand Placement

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

Failure to identify pinch point

JSA was not utilized to address the tasks, potential hazards and hazard barriers to prevent the incident

20. LIST THE ADDITIONAL INFORMATION:

It was determined that the IP should have used a pry bar instead of his hands to remove the remaining side of the trolley. In addition two "come alongs" should have been used to secure the load and minimize potential shifting.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The MMS Lake Jackson District makes no recommendation to the MMS Regional Office of Safety Management (OSM)

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

16-FEB-2009

26. ONSITE TEAM MEMBERS:

Phillip Couvillion / Marco Deleon
/

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

John McCarroll

APPROVED

DATE: **04-MAY-2009**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :