

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

1. OCCURRED

DATE: **02-JUL-2006** TIME: **1715** HOURS

2. OPERATOR:

GOM Shelf LLC

REPRESENTATIVE: **Dan Orr**

TELEPHONE: **(337) 280-4195**

CONTRACTOR: **ISLAND OPERATORS CO. INC.**

REPRESENTATIVE: **Wendell Baxter**

TELEPHONE: **(337) 761-4716**

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

4. LEASE:

G03079

AREA: **MI**

LATITUDE:

BLOCK: **555**

LONGITUDE:

5. PLATFORM:

C

RIG NAME:

6. ACTIVITY:

EXPLORATION(POE)

DEVELOPMENT/PRODUCTION
 (DOC/POD)

7. TYPE:

HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury

FATALITY

0

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:

75 FT.

10. DISTANCE FROM SHORE:

15 MI.

11. WIND DIRECTION: **SE**

SPEED:

15 M.P.H.

12. CURRENT DIRECTION:

SPEED:

M.P.H.

13. SEA STATE:

FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Two employees with Gulf Crane Service were performing a required annual crane inspection. One of the employees was the supervisor, and the other was an inexperienced employee==just two days into his first seven-day offshore crane injection job. One employee (the supervisor) was in the cab of the crane, and the other employee was lubricating the boom cable of the crane from the top of the gantry on the entry side of the sheave when his gloved hand was pulled into the sheave. His right little finger was fractured from the second joint outward with no missing flesh. The right ring finger was severed from the third last joint outward with bone and flesh loss. A portion of a severed finger was recovered and transported on ice with the employee to the hospital in Port Lavaca, Texas. His middle finger was crushed beyond the third last joint at tip with missing flesh.

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

The employee who was injured was greasing the cable on the entry side of the sheave and as the cable was pulled into the sheave, his gloved hand was pulled into the sheave by a splintered wire. He was a new employee with only two days on the job and should have been visibly supervised.

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

The supervisor was in the cab of the crane at the controls and could not visually supervise the injured man.

21. PROPERTY DAMAGED:

N/A

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The Lake Jackson District has no recommendations to prevent recurrence.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

07-JUL-2006

26. ONSITE TEAM MEMBERS:

**Phillip Couvillion / Ralph Tate /
Henry Hite /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Ed. Smith

APPROVED

DATE: **14-AUG-2006**

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY: **ISLAND OPERATORS CO. INC. / 20324**

BUSINESS ADDRESS: **108 ZACHARY**

CITY:

LAFAYETTE

STATE:

LA

ZIP CODE:

70583