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

1. OCCURRED
   DATE: 09-FEB-2007   TIME: 0801 HOURS

2. OPERATOR: Chevron U.S.A. Inc.
   REPRESENTATIVE: Noel George
   TELEPHONE: (504) 583-2670
   CONTRACTOR: Diamond Offshore Drilling, Inc
   REPRESENTATIVE: Jacob White
   TELEPHONE: (504) 592-7503

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

4. LEASE: 00462
   AREA: ST   LATITUDE: 28.65519276
   BLOCK: 135   LONGITUDE: -90.26008267

5. PLATFORM: Z
   RIG NAME: DIAMOND OCEAN DRAKE

6. ACTIVITY: ☑ EXPLORATION (POE)
   ☑ DEVELOPMENT/PRODUCTION (DOCD/POD)

7. TYPE:
   ☑ HISTORIC INJURY
   ☑ REQUIRED EVACUATION
     LTA (1-3 days) 1
     LTA (>3 days) 1
   ☑ RN/JT (1-3 days)
   ☑ RN/JT (>3 days)
   ☑ Other Injury
   ☑ PATALITY
   ☑ POLLUTION
   ☑ FIRE
   ☑ EXPLOSION
   ☑ LWC
     HISTORIC BLOWOUT
     UNDERGROUND
     SURFACE
     DEVERTER
     SURFACE EQUIPMENT FAILURE OR PROCEDURES
   ☑ COLLISION
     ☑ HISTORIC
     ☑ >$25K
     ☑ <=$25K

8. CAUSE:
   ☑ EQUIPMENT FAILURE
   ☑ HUMAN ERROR
   ☑ EXTERNAL DAMAGE
   ☑ SLIP/TRIP/FALL
   ☑ WEATHER RELATED
   ☑ LEAK
   ☑ UPSET H2O TREATING
   ☑ OVERBOARD DRILLING FLUID
   ☑ OTHER

9. WATER DEPTH: 107 FT.

10. DISTANCE FROM SHORE: 29 MI.

11. WIND DIRECTION: SSE
    SPEED: 10 M.P.H.

12. CURRENT DIRECTION: N
    SPEED: 1 M.P.H.

13. SEA STATE: 4 FT.
17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The crew was in the process of putting the rear mud pump cover back over mud pump #2. The hook on one of the chainfalls that are used to lift the cover binded up on the top rail of the mud pump support frame. This caused the hook to rotate towards the opening of the hook. The strap inside of the hook then pulled out of the hook and pulled the safety latch through the hook end. This caused the cover to tilt down and strike the instep of the injured party's right foot. He was flown in to Leeville and taken to West Bank Medical Center. His foot was examined and x-rays were taken. Two fractures were found in his right foot. The doctor installed an orthopedic boot on his foot. The injured party was away from work for eight weeks and was released to full duty on April 2, 2007. He returned to work on April 6, 2007, the next crew change.

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

There were several causes that lead to this accident. First, the crew did not properly survey the area before starting the job and they did not realize that there were no padeyes in place to properly attach the chainfalls. Instead, the chainfalls were attached to a wire support tray. Second, there was minimal room between the tensioner frame and the gear housing to move the pump cover around. The crew failed to revise the JSA to reflect the support frame being modified. Third, they did not have enough people in the area of the job. They failed to realize that the hook was hitting the rail.

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

n/a

20. LIST THE ADDITIONAL INFORMATION:

Since the incident, the crew revised the JSA to reflect the changes made to the belt tensioner platform and to identify the new hazards that the modifications presented. Also, they installed an overhead trolley with fixed attachment points and installed proper padeyes in the correct positions to allow the covers to be safely handled.
21. PROPERTY DAMAGED: None

NATURE OF DAMAGE: n/a

ESTIMATED AMOUNT (TOTAL): $

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Amy Wilson /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE: 05-APR-2007
<table>
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<tr>
<th>LOCAL REPRESENTATIVE</th>
<th>INJURY/FATALITY/WITNESS ATTACHMENT</th>
</tr>
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</table>

- **Operator Representative:** [ ]
- **Contractor Representative:** [X]
- **Other Witness:** [ ]

**NAME:**
**HOME ADDRESS:**
**CITY:**
**STATE:**
**WORK PHONE:**
**TOTAL OFFSHORE EXPERIENCE:**

**EMPLOYED BY:** Diamond Offshore Drilling, Inc. / 20293
**BUSINESS ADDRESS:** 111 Veterans Memorial Blvd.
**CITY:** Metairie
**STATE:** LA
**ZIP CODE:** 70005

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- **Operator Representative:** [ ]
- **Contractor Representative:** [X]
- **Other Witness:** [ ]

**NAME:** Cleveland Leday
**HOME ADDRESS:**
**CITY:**
**STATE:**
**WORK PHONE:**
**TOTAL OFFSHORE EXPERIENCE:**

**EMPLOYED BY:** Diamond Offshore Drilling, Inc. / 20293
**BUSINESS ADDRESS:** 111 Veterans Memorial Blvd.
**CITY:** Metairie
**STATE:** LA
**ZIP CODE:** 70005
INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE ☑ CONTRACTOR REPRESENTATIVE ☐ OTHER ___________________________ ☑ WITNESS

NAME: ________________________________

HOME ADDRESS: ____________________________

CITY: ___________ STATE: ___________

WORK PHONE: ____________________________ TOTAL OFFSHORE EXPERIENCE: _______ YEARS

EMPLOYED BY: Diamond Offshore Drilling, Inc. / 20293

BUSINESS ADDRESS: 111 Veterans Memorial Blvd.

CITY: Metairie STATE: LA

ZIP CODE: 70005