

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

1. OCCURRED

DATE: **21-JUL-2007** TIME: **1100** HOURS

2. OPERATOR:

**Shell Offshore Inc.**

REPRESENTATIVE: **DiCarlo, Theresa**

TELEPHONE: **(504) 728-6237**

CONTRACTOR: **Grand Isle Shipyard, Inc.**

REPRESENTATIVE: **Daigrepoint, Paul**

TELEPHONE: **(504) 728-5853**

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

4. LEASE:

AREA: **MC** LATITUDE:  
 BLOCK: **809** LONGITUDE:

5. PLATFORM:

**A-Ursa TLP**

RIG NAME:

6. ACTIVITY:

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

7. TYPE:

HISTORIC INJURY  
 REQUIRED EVACUATION 1  
 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: **3800** FT.

10. DISTANCE FROM SHORE: **67** MI.

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

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

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On July 21, 2007 at 1100 hours on Shell Offshore Inc's OCS-G 5868, Mississippi Canyon (MC) Block 809, Platform A-Ursa TLP an employee was injured when he closed a door on his left middle finger and ring finger. As a result, he pinched and tore skin off of his middle finger, distal end, bottom pad and had a small cut to his ring finger. Injured Person (IP) was sent in for medical attention.

Diagnosis: Dr. used micro-sutures to re-attach finger tip. IP is working in GIS Galliano Office on restricted duty so that he can make subsequent visits to Dr. for purpose of monitoring progress.

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

**Carelessness**

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

**Not paying attention to what he was doing.**

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

**None**

NATURE OF DAMAGE:

**None**

ESTIMATED AMOUNT (TOTAL):

**\$**

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

**The New Orleans District has no recommendations to MMS.**

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

**No Onsite Investigation /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Troy Trosclair**

APPROVED

DATE: **19-SEP-2007**