

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

1. OCCURRED

DATE: **26-JAN-2007** TIME: **0800** HOURS

2. OPERATOR:

**Pogo Producing Company**

REPRESENTATIVE: **Jeff Clarke**

TELEPHONE: **(713) 422-4715**

CONTRACTOR: **Diamond Offshore Drilling, Inc**

REPRESENTATIVE: **Jimmy Robicheaux**

TELEPHONE: **(281) 647-2293**

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

4. LEASE:

**G26226**

AREA: **EW** LATITUDE:

BLOCK: **948** LONGITUDE:

5. PLATFORM:

RIG NAME: **DIAMOND OCEAN CONCORD**

6. ACTIVITY:

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

7. TYPE:

HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days) 1

RW/JT (1-3 days)

RW/JT (>3 days)

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 **offloading pipe with crane**

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: **730** FT.

10. DISTANCE FROM SHORE: **80** MI.

11. WIND DIRECTION: **ENE**  
 SPEED: **8** M.P.H.

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

13. SEA STATE: **3** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Bundles of 3.5 inch drill pipe were being backloaded onto a work boat. The load was swung over the boat and landed on the boat. The bundle of pipe was sat down across two bundles of pipe. The employee on the forward end of the pipe retrieved his tag line on the starboard bow. The other employee moved down the port side of the boat to gain access to his tag line. When he was approximately 20 feet from the end of the pipe bundle, the boat heaved and the load swung toward the port side of the boat. The employee moved behind the bull works to get out of the way of the pipe. Then, he came from underneath the bull works and was reaching for his tag line. The bundle of pipe struck the employee in his chest and pinned him against the bull works. The injured employee was found lying across bundles of pipe on the boat deck. He was alert and oriented but stated that he initially went unconscious. He complained of pain in the sides of his chest and the entire upper back. Also, he complained of having difficulty breathing. He was spitting up small amounts of blood. He was transferred to shore for medical attention. The injured party is undergoing medical treatment for three broken ribs and two punctured lungs. He is expected to return to work in three to four months.

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

The boat heaved due to sea conditions and moved the load towards the injured party.

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

None

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

**None**

NATURE OF DAMAGE:

**n/a**

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE 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:

**n/a**

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: **25-MAR-2007**

# 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: **Diamond Offshore Drilling, Inc. / 20293**

BUSINESS ADDRESS: **111 Veterans Memorial Blvd.**

CITY: **Metairie**

STATE: **LA**

ZIP CODE: **70005**