

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**