

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

1. OCCURRED

DATE: **27-MAR-2008** TIME: **1400** HOURS

2. OPERATOR:

Chevron U.S.A. Inc.

REPRESENTATIVE: **George, Noel**

TELEPHONE: **(985) 773-6542**

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER

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

6. OPERATION:

4. LEASE:

G02445

AREA: **VK** LATITUDE:

BLOCK: **900** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM:

A

RIG NAME:

6. ACTIVITY:

- EXPLORATION(POE)
- DEVELOPMENT/PRODUCTION (DOC/POD)

8. CAUSE:

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER _____

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

- 9. WATER DEPTH: **340** FT.
- 10. DISTANCE FROM SHORE: **21** MI.
- 11. WIND DIRECTION:
SPEED: M.P.H.
- 12. CURRENT DIRECTION:
SPEED: M.P.H.
- 13. SEA STATE: FT.

COLLISION HISTORIC >\$25K <=\$25K

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On March 27, 2008, at approximately 1400 hours, on Chevron U.S.A. Inc.'s OCS-G 2445, Viosca Knoll (VK), Block 900, Platform A, an employee received a compound fracture to his right little finger when it was struck by a work station, as it was being lowered to him. Injured Person (IP) was evacuated for medical attention and was placed on restricted duty.

Sequence of Events:

The IP's workstation was being lowered to him, when the work station hung up. The IP pushed with his foot, at the bottom of the station, causing the work station to twist and kick back, striking the IP in the right little finger. IP was sent in to seek medical attention and was diagnosed with a compound fracture. IP was placed on Restricted Duty.

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

Human Error:

IP was inattentive to what he was doing.

IP used poor judgment in kicking the workstation free.

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

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 makes 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: **07-APR-2008**