

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

1. OCCURRED

DATE: **29-JUN-2006** TIME: **0810** HOURS

2. OPERATOR:

**Apache Corporation**

REPRESENTATIVE: **Dan Orr**

TELEPHONE: **(337) 280-4195**

CONTRACTOR: **ISLAND OPERATORS CO. INC.**

REPRESENTATIVE: **Clay Belanger**

TELEPHONE: **(409) 745-2238**

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

4. LEASE:

**G02754**

AREA: **HI** LATITUDE:

BLOCK: **A 376** LONGITUDE:

5. PLATFORM:

**A**

RIG NAME:

6. ACTIVITY:

EXPLORATION(POE)

DEVELOPMENT/PRODUCTION  
 (DOC/POD)

7. TYPE:

HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury

FATALITY **0**

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: **341** FT.

10. DISTANCE FROM SHORE: **111** MI.

11. WIND DIRECTION: **SE**  
 SPEED: **9** M.P.H.

12. CURRENT DIRECTION: **E**  
 SPEED: **3** M.P.H.

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

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

An Island Operating Company (IOC) employee (the rigger) was performing rigging duties and positioned his body outside of the "safe zone of the lift" and was standing between the tote tank and a basket which was positioned next to the tote tank on the deck while the lift was being made. Another IOC employee was operating the crane. When he lifted the tank approximately one to two feet off the deck, the tank was not centered with the ball and it began to sway toward the basket. The rigger attempted to stop the tank with both arms, pinning his right arm from the wrist to the elbow between the tote tank and the basket. The Apache area medic evaluated the injured rigger and deemed it necessary to have him transported to University Medical Center in Galveston, TX. Further evaluation determined that the rigger had suffered a fractured right wrist and elbow.

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

- 1) The rigger allowed himself to be caught outside of the "safety zone of the lift".
- 2) The ball was not centered over the load.

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

The deck was cluttered with equipment, allowing the rigger no escape.

21. PROPERTY DAMAGED:

**N/A**

NATURE OF DAMAGE:

**N/A**

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

**The Lake Jackson District recommends a Safety Alert be issued to all operators and contractors re-emphasizing the fact that all lifting hazards should be addressed prior to the lift.**

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

**09-JUL-2006**

26. ONSITE TEAM MEMBERS:

**Henry Hite /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Ed. Smith**

APPROVED

DATE: **14-AUG-2006**

# 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: **ISLAND OPERATORS CO. INC. / 20324**

BUSINESS ADDRESS: **108 ZACHARY**

CITY: **LAFAYETTE**

STATE: **LA**

ZIP CODE: **70583**

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY: **ISLAND OPERATORS CO. INC. / 20324**

BUSINESS ADDRESS: **108 ZACHARY**

CITY: **LAFAYETTE**

STATE: **LA**

ZIP CODE: **70583**