

**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:

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

4. LEASE:

G02445

AREA:

VK

LATITUDE:

BLOCK:

900

LONGITUDE:

5. PLATFORM:

A

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: **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.

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**