

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

1. OCCURRED
 DATE: **05-JUN-2008** TIME: **1015** HOURS

2. OPERATOR: **GOM Shelf LLC**
 REPRESENTATIVE: **Garber, John**
 TELEPHONE: **(337) 354-8126**
 CONTRACTOR: **Wood Group Production Services**
 REPRESENTATIVE: **Rogers, Jan**
 TELEPHONE: **(985) 868-4116**

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

4. LEASE: **00129**
 AREA: **GI** LATITUDE:
 BLOCK: **41** 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) 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

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: _____ FT.

10. DISTANCE FROM SHORE: _____ MI.

11. WIND DIRECTION: **W**
 SPEED: **29** M.P.H.

12. CURRENT DIRECTION:
 SPEED: _____ M.P.H.

13. SEA STATE: **7** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On June 5, 2008, at 1000 hours on GOM Shelf LLC's Lease OCS 00129, Grand Isle (GI) Block 41, Platform A, an operator was injured during crew change, in unfavorable weather conditions, when he fell backwards out of the personnel basket causing his foot to be hung-up in the basket's webbing. Four employees were being lowered to the boat's stern deck in 5-7' seas with a 25 knot west wind. The personnel basket was being set on the stern deck when a wave's crest lifted the boat. Subsequently, the wave collapsed causing the employees to fall onto the stern deck as a result of the basket collapsing to the deck. Three of the employees fell forward bracing themselves to avoid any injury. The Injured Person (IP) fractured his ankle and fibula as a result of the weight of the IP's forward motion being restricted by the basket's webbing preventing ankle movement. The IP was evacuated for medical attention. Surgery was performed and the IP is currently resting at home.

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

Human Error:

The operator conducted a personnel basket crew change in unfavorable weather conditions. Both the sea state and winds were too strong to safely perform the operation.

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-OCT-2008**