

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 01-APR-2007 TIME: 1645 HOURS

2. OPERATOR: Newfield Exploration Company  
REPRESENTATIVE: Gary Harrington  
TELEPHONE: (281) 847-6096  
CONTRACTOR: Danos & Curole Marine Contracto  
REPRESENTATIVE: Brad Baronne  
TELEPHONE: (985) 641-3853

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

4. LEASE: G12024  
AREA: ST LATITUDE:  
BLOCK: 193 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 Laceration from sawzall  
blade

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: 121 FT.

10. DISTANCE FROM SHORE: 36 MI.

11. WIND DIRECTION: S  
SPEED: 10 M.P.H.

12. CURRENT DIRECTION: NE  
SPEED: 2 M.P.H.

13. SEA STATE: 4 FT.

17. INVESTIGATION FINDINGS:

The Injured Party (IP) was holding a clamp on the hydraulic return line for the crane with a pair of channel locks. Another operator was cutting a rusted bolt from the clamp with a battery powered Sawzall. The blade stuck in the bolt and the saw jumped causing the IP to retract his hand. When the IP moved his hand, the saw blade struck the back of the IP's left hand causing a one inch laceration. The lacerated area was covered with grease and contaminants. The wound was field dressed, and then the IP was evacuated in order to receive immediate medical attention. The IP did not receive stitches at that time, but was given some prescription medication. The next day, the IP saw an orthopedic surgeon because of stiffness in three fingers. The IP's hand required surgery to repair ligaments that were damaged during the incident. The IP was placed on light duty on 9 April 2007 and was returned to full duty on 30 April 2007.

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

The blade of the saw got stuck causing the saw to jump. The IP moved his hand to try and get out of the way, but his hand was struck with the blade.

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

None.

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:  
**Amy Wilson /**

29. ACCIDENT INVESTIGATION  
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Michael J. Saucier**

APPROVED

DATE: **31-MAY-2007**

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER \_\_\_\_\_

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER \_\_\_\_\_

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Platform Crane Services

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

