

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

1. OCCURRED

DATE: **24-JAN-2007** TIME: **1200** HOURS

2. OPERATOR: **BP Exploration & Production Inc.**

REPRESENTATIVE: **Greg Wiltz**
 TELEPHONE: **(281) 366-5647**

CONTRACTOR:

REPRESENTATIVE:
 TELEPHONE:

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

4. LEASE: **G19925**

AREA: **MC** LATITUDE:
 BLOCK: **127** LONGITUDE:

5. PLATFORM: **A-Horn Mountain**

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: **5400** FT.

10. DISTANCE FROM SHORE: **60** 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:

While cleaning up after a job around the Methanol tank, Operations personnel started to remove tools from an elevated work platform. The crew was lowering a pry bar down to the work deck, attempting to tie a 1/2 inch rope around the pry bar when the pry bar slipped out of crew member's hand falling at an angle, striking the ladder cage causing the pry bar to deflect and strike the injured person (IP), who was standing approximately 5 feet from the caged ladder. The job was stopped and the IP immediately left the worksite and notified medic. HSSE Advisor and OIM was notified. IP was evacuated. The IP lost three teeth and received a laceration on his mouth/lower lip that required 25-30 stitches.

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

- 1) Not staying alert of the task at hand.
- 2) Employee on lower level not paying attention to surrounding and overhead hazards.

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

Poor planning or the lack of planning.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

No Recommendations

No Onsite Investigation

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:

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **20-APR-2007**