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

ACCIDENT INVESTIGATION REPORT

1.	OCCURRED DATE:	STRUCTURAL DAMAGE		
	20-JAN-2005 TIME: 2230 HOURS	CRANE		
		OTHER LIFTING DEVICE		
2.	OPERATOR: BP Exploration & Production Inc.	DAMAGED/DISABLED SAFETY SYS.		
	REPRESENTATIVE: Scherie Douglas	x INCIDENT >\$25K Crane equipment		
	TELEPHONE: (281) 366-6843	H2S/15MIN./20PPM REQUIRED MUSTER		
	CONTRACTOR: Transocean Offshore REPRESENTATIVE: Van Williams			
	TELEPHONE: (832) 587-8500	SHUTDOWN FROM GAS RELEASE		
	1EDEFIIONE: (632) 307-6300	X OTHER Fire		
3.	OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	6. OPERATION:		
	Ronnie Sepulvado	☐ PRODUCTION		
		X DRILLING		
4.	LEASE: G17001	WORKOVER		
	AREA: WR LATITUDE: 26.45331417	COMPLETION		
	BLOCK: 508 LONGITUDE: -90.77591333	HELICOPTER		
		MOTOR VESSEL		
5.	PLATFORM:	PIPELINE SEGMENT NO.		
	RIG NAME: T.O. DEEPWATER HORIZON			
6	ACTIVITY: X EXPLORATION(POE)	8. CAUSE:		
•	DEVELOPMENT/PRODUCTION			
	(DOCD/POD)	EQUIPMENT FAILURE X HUMAN ERROR		
7.	TYPE:	EXTERNAL DAMAGE		
	HISTORIC INJURY	SLIP/TRIP/FALL		
	☐ REQUIRED EVACUATION	WEATHER RELATED		
	LTA (1-3 days)	LEAK		
	LTA (>3 days	UPSET H2O TREATING		
	RW/JT (1-3 days)	OVERBOARD DRILLING FLUID		
	RW/JT (>3 days)	OTHER		
	Other Injury	9. WATER DEPTH: 9576 FT.		
	FATALITY 0			
	POLLUTION	10. DISTANCE FROM SHORE: 190 MI.		
	X FIRE			
	L EXPLOSION	11. WIND DIRECTION: SW		
	LWC HISTORIC BLOWOUT	SPEED: 16 M.P.H.		
	UNDERGROUND			
	SURFACE	12. CURRENT DIRECTION: SE		
	DEVERTER CUREAGE FOULDMENT FAILURE OF PROCEDURES	SPEED: 1 M.P.H.		
	SURFACE EQUIPMENT FAILURE OR PROCEDURES			
	COLLISION HISTORIC >\$25K <=\$25K	13. SEA STATE: 3 FT.		

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17. INVESTIGATION FINDINGS:

At approximately 2230 hours, the Crane Operator (CO) began refueling the starboard crane while the crane was running. The CO went back to the crane cab and forgot about the refueling operation. The CO began offloading a pallet and back-loading boxes onto the Motor Vessel "Damon B. Bankston". Around 2300 hours, the CO noticed that the fuel tank was full according to the fuel gauge in the crane cab and called the Engine Control Room (ECR) to shut off the fuel. After calling the ECR, the CO noticed smoke coming from the crane pedestal. The CO called the Bridge and reported a fire in the starboard crane engine compartment, and the Bridge announced the fire over the PA. Emergency personnel reported to their stations and the crew members reported to their muster areas until the situation was deemed safe and secure. The Fire Teams extinguished the fire using dry chemical extinguishers and firefighting water.

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

During refueling of the starboard crane, the CO returned to the crane cab and forgot about the refueling operation. The diesel filled up the tank and began overflowing. Approximately 15 gallons of fuel overflowed from the tank. All fuel, oil and fire fighting agents were contained within the engine compartment and crane pedestal.

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

N/A

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Engine compartment, electrical and mechanical equipment in crane pedestal

Burned equipment

ESTIMATED AMOUNT (TOTAL):

\$60,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

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

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:
- 25. DATE OF ONSITE INVESTIGATION:

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24-JAN-2005 NO

26. ONSITE TEAM MEMBERS:

Jerry Freeman / Amy Gresham /

29. ACCIDENT INVESTIGATION PANEL FORMED:

30. DISTRICT SUPERVISOR:
OCS REPORT:
Michael J. Saucier

APPROVED

DATE: 09-FEB-2005

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FIRE/EXPLOSION ATTACHMENT

1.	SOURCE OF IGNITION	ON: h	ot turbocharger	on eng	ine	
2.	TYPE OF FUEL:		GAS OIL			
		x	DIESEL			
			CONDENSATE			
			HYDRAULIC			
		Ш	OTHER			
3.	. FUEL SOURCE: overflowing fuel tank					
4.	. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT ? NO					
5.	TYPE OF FIREFIGHT	ring e	EQUIPMENT UTILIZ	ED: X	HANDHELD	
					WHEELED UNIT	
					FIXED CHEMICAL	
				x	FIXED WATER	
					NONE	
					OTHER	

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