

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Falling, Rolling or Sliding Rock /Materl		3. Date/Time of Accident 11/30/2010 02:00 PM		4. Date/Time of Death 11/30/2010 02:00 PM		5. Fatal Case No 21		
6. Mine Information :										
a) Mining Company Name Shawnee Rock Inc			b) Mine Name Portable Crusher			c) Parent of Mining Company Gary Cochran; Mark Cochran				
7. Mine Location :		a) City Pullman		b) County Whitman		c) State WA		8. Mine ID Number: 45-03112		9. Union: NO
10. Primary Mineral Mined: CRUSHED & BROKEN STONE MININ		11. Number of Mine Employees:		a) Total 5	b) Underground	c) Open Pit/Quarry 5	d) Mill/Prep Plant		e) Other	
12. Contractor Name:					13. Union		14. Contractor ID Number:			
15. Contractor Address:		a) City		b) County		c) State		d) Zip Code		
16. Number of Contractor Employees:		a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other				
17. Number of Persons in Mine at Time of Accident:					18. Number of Persons Unaccounted For:					
a) Mine Employees: 4		b) Contractor Employees:			a) Mine Employees: 0		b) Contractor Employees: 0			
19) Location of Accident								20. Mining Height:		
<input type="checkbox"/> 01-Underground	<input checked="" type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> Other (specify)				Feet	Inches	
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 99-Office Facility							
21. Nonfatal Injuries: 1		22. Fatal Injuries: 1								
23. Victim Information :				a) Name David E. Zorb		b) Age 33				
c) Regular Job Title: Mechanic			d) Activity at Time of Accident: Maintenance			<input checked="" type="checkbox"/> Mine Employee				
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		
a) Total:	14	0	0	b) at the mine:	3	14	2	c) at activity (23d)	1	
	4	0		d) with Contractor						
25. Autopsy Performed: NO					26. Mine Telephone No.: (509) 332-1381					

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
 Three persons were performing maintenance on a ten-wheeled truck (tractor portion). Two of the miners were working under the truck that was suspended by a 10-ton hoist when the truck fell and struck them. The victim died and the other person was injured.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer: Peterbilt			29. Model: 378		
30. District: M7000 Western		32. Field Office: Kent WA		33. Event Number: 1151114	
34. Accident Investigator: Ronald J. Jacobsen		35. MSHA Person Notified: Steve A. Cain		Date 11/30/2010	
				Time 02:20 P	
36. Type of Report: Amended		37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>		Date 12/01/2010	
38. Reason For Amendment: Amended Item No.2					