PR001
16-Sep-11

Preliminary Report of Accident

U.S. Department of Labor
Mine Safety and Health Administration

1. Accident Type:	2. Accident Classification	3. Date/Time of Accident	4. Date/Time of Death	5. Fatal Case No
Fatal Injury	Electrical	09/13/2011 09:30 AM	09/13/2011 09:30 AM	9

6. Mine Information :

a) Mining Company Name	b) Mine Name	c) Parent of Mining Company
DeAtley Crushing Co	Plant #1	Brien DeAtley

7. Mine Location : a) City	b) County	c) State	8. Mine ID Number:	9. Union:
Oaksdale	Whitman	WA	10-01658	NO

10. Primary Mineral Mined:	11. Number of Mine Employees: a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
CONSTRUCTION SAND & GRAVEL M	10		10		

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: 5	b) Contractor Employees: 0	a) Mine Employees: 0	b) Contractor Employees: 0

19) Location of Accident

- [ ] 01-Underground
- [ ] 02-Surface at Underground
- [x] 03-Open Pit
- [ ] 06-Dredge Mining
- [ ] 07-Advance Mining
- [ ] 08-Retreat Mining
- [ ] 30-Mill/Prep Plant
- [ ] 99-Office Facility
- [ ] Other (specify)

20. Mining Height: Feet Inches

21. Nonfatal Injuries:	22. Fatal Injuries:
0	1

23. Victim Information : a) Name	b) Age
James Hussey	38

c) Regular Job Title:	d) Activity at Time of Accident:	[x] Mine Employee
Quality Control	Working on generator	

24. Experience :	Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days
a) Total:	3	22	6	b) at the mine:	3	22	6	c) at activity (23d)	3	22	6	d) with Contractor			

25. Autopsy Performed:	If Yes, Location	26. Mine Telephone No.:
YES	Colfax, Washington	(208) 413-3360

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

The victim opened a 480v feeder box at the motor control center and started to remove the leads when he was fatally shocked. This accident occurred at a portable operation.

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:	29. Model:
Caterpillar	SR4B

30. District:	32. Field Office:	33. Event Number:
M7000 Western	Boise ID	1159420

34. Accident Investigator:	35. MSHA Person Notified:	Date	Time
Gary Hebel	Kevin G. Hirsch	09/13/2011	11:05 A

36. Type of Report:	37. Name of Preparer and Date Prepared:	Date
Initial	Mike Hancher MH	09/15/2011

38. Reason For Amendment: