PR001
26-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	Slip or Fall of Person	09/23/2011 08:30 AM	09/23/2011 10:15 AM	10

6. Mine Information :

a) Mining Company Name	b) Mine Name	c) Parent of Mining Company
Lafarge North America, Inc.	Freedom Pit	Lafarge S A

7. Mine Location : a) City	b) County	c) State	8. Mine ID Number:	9. Union:
Delevan	Cattaraugus	NY	30-01582	YES

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	6		6		

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:	a) Mine Employees:	b) Contractor Employees:

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:
	1

23. Victim Information : a) Name	b) Age
John P. Collingwood	32

c) Regular Job Title:	d) Activity at Time of Accident:	[x] Mine Employee
Plant Operator	Plant Maintenance	

24. Experience :	Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days
a) Total:	10	1		b) at the mine:	10	1		c) at activity (23d)	10	1		d) with Contractor			

25. Autopsy Performed:	If Yes, Location	26. Mine Telephone No.:
NO		(716) 353-4633

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

The victim was changing a screen in the plant when he fell approximately 56 feet to the ground below.

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:
Not listed	

30. District:	32. Field Office:	33. Event Number:
M2000 Northeastern	Geneva NY	6567476

34. Accident Investigator:	35. MSHA Person Notified:	Date	Time
Thomas J. Shilling	Kevin H. Abel	09/23/2011	09:02 A

36. Type of Report:	37. Name of Preparer and Date Prepared:	Date
Initial	Mike Hancher MH	09/23/2011

38. Reason For Amendment: