

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 11/07/2011 04:15 PM		4. Date/Time of Death 11/07/2011 04:15 PM		5. Fatal Case No 13				
6. Mine Information :												
a) Mining Company Name Anderson Sand & Gravel			b) Mine Name Anderson Sand & Gravel			c) Parent of Mining Company Bruce A. Anderson						
7. Mine Location : a) City DeWitt			b) County Clinton		c) State IA		8. Mine ID Number: 13-02166		9. Union: NO			
10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE M		11. Number of Mine Employees:		a) Total 6		b) Underground 6		c) Open Pit/Quarry 6		d) Mill/Prep Plant 6	e) Other 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: 3			b) Contractor Employees: 0			a) Mine Employees: 0			b) Contractor Employees: 0			
19) Location of Accident												
<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)		20. Mining Height: 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:			22. Fatal Injuries: 1									
23. Victim Information :			a) Name Bruce Anderson			b) Age 82						
c) Regular Job Title: Co-Owner			d) Activity at Time of Accident: Crusher Operator			<input checked="" type="checkbox"/> Mine Employee						
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days				
a) Total:		27		b) at the mine: 27		c) at activity (23d) 27		d) with Contractor				
25. Autopsy Performed: If Yes, Location YES Ankney, Iowa						26. Mine Telephone No.: (563) 659-5506						

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The victim was attempting to dislodge material from the vibrating feed hopper and either slipped or fell into the operating jaw crusher.

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: Trio			29. Model: CT2436			
30. District: M4000 North Central		32. Field Office: Fort Dodge IA			33. Event Number: 6575833	
34. Accident Investigator: Thadeus J. Sichmeller			35. MSHA Person Notified: Bill Pomroy		Date 11/07/2011	Time 06:35 PM
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>			Date 11/09/2011	
38. Reason For Amendment:						