

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Face, Rib, Pillar or Highwall		3. Date/Time of Accident 02/14/2012 04:30 PM		4. Date/Time of Death 02/14/2012 04:30 PM		5. Fatal Case No 2		
6. Mine Information :										
a) Mining Company Name Rare Red Rock			b) Mine Name Rare Red Rock			c) Parent of Mining Company Neil Fuller				
7. Mine Location : a) City Graysville			b) County Jefferson			c) State AL		8. Mine ID Number: 01-03273		9. Union: NO
10. Primary Mineral Mined: COMMON SHALE MINING			11. Number of Mine Employees: a) Total 10		b) Underground 10		c) Open Pit/Quarry 10		d) Mill/Prep Plant 10	e) Other 10
12. Contractor Name:						13. Union NO		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: 6		b) Contractor Employees:			a) Mine Employees:		b) Contractor Employees:			
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)		
<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		Feet Inches		
21. Nonfatal Injuries: 0			22. Fatal Injuries: 1							
23. Victim Information :										
a) Name William N. Fuller					b) Age 40					
c) Regular Job Title: Owner				d) Activity at Time of Accident: Operating Excavator						<input checked="" type="checkbox"/> Mine Employee
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total:		8 17 5		b) at the mine:		8 17 5		c) at activity (23d)		8 17 5
d) with Contractor										
25. Autopsy Performed: If Yes, Location YES Birmingham, AL								26. Mine Telephone No.: (205) 674-8889		

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The victim was operating an excavator with a rock breaker attachment. He was scaling rock from the highwall face when the face fell onto the cab of the excavator crushing him.

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: Kobelco				29. Model: SK 210				
30. District: M3000 Southeastern			32. Field Office: Birmingham AL			33. Event Number: 6584074		
34. Accident Investigator: Mike Evans				35. MSHA Person Notified: Doniece Schlick		Date 02/14/2012		Time 06:24 P
36. Type of Report: Initial			37. Name of Preparer and Date Prepared: Mike Hancher <i>mh</i>				Date 02/15/2012	
38. Reason For Amendment:								