## PR001 24-May-12

## **Preliminary Report of Accident**

## U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Acc	2. Accident Classification					3. Date/Time	3. Date/Time of Accident 4. Date/Ti				ith	5. Fatal Case No
Fatal Injury	Mad	Machinery					05/23/20	05/23/2012 12:15 PM 05/23			23/2012 06:50 PM		7
6. Mine Information :	•								-				
a) Mining Company Name b) Mine Name									(	e) Parent o	f Mining C	ompany	
Meridian Aggregates Company, A Limited Par Broken Bow Sand & Gravel						I	Martin Marietta Materials Inc						
7. Mine Location : a) City				b) County				c) State 8.			Mine ID Number: 9. Union:		
Eagletown				Mccurtain				ок			4-00460		NO
10. Primary Mineral Mined:				11. Number of a) Total b)				l c) Open Pit/Quarry			d) Mill/Prep Plant e) Other		
CONSTRUCTION SA	AND & GF	RAVELM	Min	e Emplo	yees:	15				14			1
12. Contractor Name:		-	•						13. Uı	nion		14. Contra	ctor ID Number:
15. Contractor Address:		a) City					b) County			c) St	ate	d) Z	ip Code
16. Number of Contractor	r Employee	s:	a) Total		b)	Underground	c) Op	en Pit/C	Quarry		d) Mill/Pro	ep Plant	e) Other
17. Number of Persons in	Mine at Ti	me of Accid	dent:				18. Number	ofPers	ons Unac	counted F	or:		
a) Mine Employees:	12		b) Contr	actor En	nployee	s:	a) Mine l	mploye	es:		b) Co	ntractor Emp	oloyees:
19) Location of Accident													20. Mining Height:
01-Underground		X	03-Open	Pit		07-Advai	nce Mining	30	-Mill/Pre <sub>l</sub>	p Plant	Oth	er (specify)	Feet Inches
02-Surface at Under	ground		06-Dredg	e Minin	g	08-Retre	at Mining	99	Office F	acility			
21. Nonfatal Injuries:		22. Fa	ıtal İnjuri	es:	1								
23. Victim Information :		John	a) Name P. Scot	t			b) Age 36						
c) Regular Job Title:			<del>'</del>		Activity	y at Time of Ac				-		X N	fine Employee
Foreman							Operating	an ex	cavator				1 ,
24. Experience : Year	s Weeks Da	ıys		Ye	ars Wee	ks Days		Y	ears Weel	ks Days			Years Weeks Days
a) Total: 9	20	3 b)	at the mi	ine:	9 20	3 c)	at activity (23d)		5 8	0	d) with	Contractor	
25. Autopsy Performed:	If Y	es, Locatio	n							26. Mii	ne Telepho	ne No.:	
YES											(580	835-7311	
27. Description of Accide	nt (include	equipment	involved	, the exa	ct locati	ion in the mine	e, and status of re	scue an	d recover	y operation	ıs):		
The victim was operati	ing an exc	avator be	tween t	vo sma	all pond	ds when the	ground beneat	the e	xcavator	tracks fa	ailed and	the excavate	or toppled into one of
the ponds.							J						''
The information provided regarding the cause of the		ice is based	l on prelii	ninary d	lata ON	LY and does r	not represent fina	l detern	ninations	regarding	the nature	of the incide	nt or conclusions
28. Equipment Manufact								29.	Model:				
	Caterpillar									330			
30. District: 32. Field Office:											,000		
		Caterp —	oillar	32. Fie	eld Offic							nt Number:	,
	outh Cen	<u> </u>	oillar	32. Fie	eld Offic		an OK						3587
	outh Cen	<u> </u>	oillar	32. Fie	eld Offic	Norma	erson Notified:				33. Eve	nt Number: 6543 nte	Time
M5000 S	outh Cen	<u> </u>	Dillar	32. Fie	eld Offic	Norma					33. Eve	nt Number: 6543 nte	
M5000 S  34. Accident Investigator	outh Cen	<u> </u>				Norma	Person Notified:				33. Eve	nt Number: 6543 nte	Time 12:30 P