PR001
15-Oct-10

# 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 | Powered Haulage | 10/07/2010 10:30 AM | 10/07/2010 10:30 AM | 17 |

6. Mine Information :

| a) Mining Company Name | b) Mine Name | c) Parent of Mining Company |
|---|---|---|
| Wheeler Construction Co Inc | Wheeler Construction Co Inc | |

| 7. Mine Location : a) City | b) County | c) State | 8. Mine ID Number: | 9. Union: |
|---|---|---|---|---|
| KANSAS CITY | Wyandotte | KS | 14-01723 | NO |

| 10. Primary Mineral Mined: | 11. Number of Mine Employees: a) Total | b) Underground | c) Open Pit/Quarry | d) Mill/Prep Plant | e) Other |
|---|---|---|---|---|---|
| DIMENSION LIMESTONE MINING | 2 | | 2 | | |

| 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: a) Mine Employees: | b) Contractor Employees: | 18. Number of Persons Unaccounted For: a) Mine Employees: | b) Contractor Employees: |
|---|---|---|---|
| 2 | | 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

c) Regular Job Title: Dozer Operator

d) Activity at Time of Accident: Walking near haul truck

[x] Mine Employee

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

| 25. Autopsy Performed: | If Yes, Location | 26. Mine Telephone No.: |
|---|---|---|
| YES | KANSAS CITY, KS | |

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

The victim dismounted the dozer he was operating and walked toward a haul truck that ran over 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: | 29. Model: |
|---|---|
| Euclid (Euc) | R35 |

| 30. District: | 32. Field Office: | 33. Event Number: |
|---|---|---|
| M6000 Rocky Mountain | Topeka KS | |

| 34. Accident Investigator: | 35. MSHA Person Notified: | Date | Time |
|---|---|---|---|
| David Sinquefield | Joseph O. Steichen | 10/08/2010 | 08:51 A |

| 36. Type of Report: | 37. Name of Preparer and Date Prepared: | Date |
|---|---|---|
| Initial | Mike Hancher MH | 10/15/2010 |

38. Reason For Amendment: