PR001 27-Apr-11	Pre	liminary Re	eport of	Accident		Department e Safety and Heal		on 🐼
1. Accident Type:	2. Accident Classi	fication		3. Date/Time of A	Accident	4. Date/Time of I	Death	5. Fatal Case No
Fatal Injury	Fall of Roof or	Back		04/25/2011	01:45 AM	04/25/2011	01:45 AM	5
6. Mine Information :								• · ·
a) Mining Company Name		b) Mine Name			¢) Parent of Mining	g Company	
Subtropolis Mining Co.		Subtropolis			V	V Thomas Mac	kall	
7. Mine Location :	a) City	b) C	ounty	c) State		8. Mine ID Numb	er:	9. Union:
Pet	ersburg	Mahoning	9	ОН		33-0454	7	NO
10. Primary Mineral Mined:		11. Number of	a) Total	b) Underground	c) Open Pit/	Quarry d)	Mill/Prep Plant	e) Other
Crushed, Broken Limesto	ne NEC	Mine Employees:	26	11			11	4
12. Contractor Name:					13. Un	ion	14. Contrac	tor ID Number:
15. Contractor Address:	a) City	<u>.</u>		b) County		c) State	d) Zi	ip Code
16. Number of Contractor En	iployees:	a) Total b)	Underground	c) Open l	Pit/Quarry	d) Mill/	Prep Plant	e) Other
17. Number of Persons in Min	e at Time of Accid	ent:		18. Number of	Persons Unacc	counted For:		
a) Mine Employees:	5 I) Contractor Employee	es: O	a) Mine Emp	oloyees:	0 ь)	Contractor Emp	oloyees: O
 19) Location of Accident X 01-Underground 02-Surface at Undergrou 		3-Open Pit 6-Dredge Mining		nce Mining] 30-Mill/Prep] 99-Office Fa	U	ther (specify)	20. Mining Height: Feet Inches
21. Nonfatal Injuries:	22. Fat	al Injuries: 1		5				
23. Victim Information :		n) Name E. Gudat		b) Age 31				
c) Regular Job Title:		d) Activit	y at Time of A	ccident:			X N	fine Employee
Roof & Rib Drill	Operator			Walking tow	ard drill			1.5
24. Experience : Years W	eeks Days	Years We	eks Days		Years Week	ts Days		Years Weeks Days
a) Total:	6 b):	at the mine: 🗧 🗧	6 c)	at activity (23d)	4	d) wi	th Contractor	
25. Autopsy Performed: YES Mahoning C	If Yes, Location ounty, OH					26. Mine Telep (33	hone No.: 30) 542-2670	

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

The victim was walking from 1 North 4 thru 34 X-cut toward the drill located at 1 North 5 when a slab of roof fell, striking 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	:
30. District:	32. Field Office:	33. Event Number:
M2000 Northeastern	Hebron OH	0907369
34. Accident Investigator:	35. MSHA Person Notified:	Date Time
Thomas J. Shilling	Brian P. Goepfert	04/25/2011 02:15 A
36. Type of Report:	37. Name of Preparer and Date Prepared:	Date
Initial	Mike Hancher M	04/27/2011

38. Reason For Amendment: