

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 08/09/2011 12:02 PM		4. Date/Time of Death 08/09/2011 12:35 PM		5. Fatal Case No 7		
6. Mine Information :										
a) Mining Company Name 4 J's Gravel Crushing			b) Mine Name 4 J's Gravel Crushing Plant 2			c) Parent of Mining Company				
7. Mine Location :		a) City Fairfax		b) County Renville		c) State MN		8. Mine ID Number: 21-03739		9. Union: NO
10. Primary Mineral Mined: CONSTRUCTION SAND & GRAVEL M		11. Number of Mine Employees:		a) Total 2	b) Underground	c) Open Pit/Quarry 1	d) Mill/Prep Plant		e) Other 1	
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 3		b) Underground		c) Open Pit/Quarry 3		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: 1		b) Contractor Employees: 3			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)					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 Aaron D. Kaufmann				b) Age 24						
c) Regular Job Title: Skidsteer operator				d) Activity at Time of Accident: Unknown						
<input checked="" type="checkbox"/> Mine Employee										
24. Experience :										
Years		Weeks		Days		Years		Weeks		Days
a) Total: 12		1		b) at the mine: 2		c) at activity (23d) 0		2		d) with Contractor
25. Autopsy Performed: If Yes, Location NO						26. Mine Telephone No.: (320) 221-0793				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
A miner's arm was caught in the components of a conveyor head pulley and conveyor scraper blade assembly, resulting in fatal injury.

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: Not listed			29. Model: Kolman Model 3665		
30. District: M4000 North Central		32. Field Office: Hibbing MN			33. Event Number: 6574412
34. Accident Investigator: George F. Schorr			35. MSHA Person Notified: John C. Koivisto		Date 08/09/2011
					Time 12:50 P
36. Type of Report: Amended		37. Name of Preparer and Date Prepared: Gerald D. Holeman			Date 08/12/2011
38. Reason For Amendment: Amendment No. 1: Items #10, 23(a)					