

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 12/08/2011 11:01 AM		4. Date/Time of Death 12/08/2011 11:01 AM		5. Fatal Case No 15			
6. Mine Information :											
a) Mining Company Name Knife River North Central			b) Mine Name 43491			c) Parent of Mining Company MDU Resources Group Inc					
7. Mine Location :		a) City MILACA		b) County MILLE LACS		c) State MN		8. Mine ID Number: 21-00462		9. Union:	
10. Primary Mineral Mined: CRUSHED & BROKEN STONE MININ			11. Number of Mine Employees:		a) Total 3		b) Underground 3		c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
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:						18. Number of Persons Unaccounted For:					
a) Mine Employees: 3		b) Contractor Employees:				a) Mine Employees: 0		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: 0		22. Fatal Injuries: 1									
23. Victim Information :			a) Name Scott Armstrong			b) Age 41					
c) Regular Job Title: Crusher operator			d) Activity at Time of Accident: Setting up conveyor for move			<input checked="" type="checkbox"/> Mine Employee					
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days			
a) Total:		8 48 0		b) at the mine: 8 48 0		c) at activity (23d) 8 48 0		d) with Contractor			
25. Autopsy Performed: If Yes, Location YES Ramsey, MN						26. Mine Telephone No.: (320) 650-0144					

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

A set of wheels was to be placed on a conveyor to transport it. A front-end loader was being used to lift the conveyor when the loader bucket apparently dropped, allowing the frame of the conveyor to strike one of the tire assemblies. The tire assembly shifted, striking the victim.

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: Superior			29. Model: 36 x 70			
30. District: M4000 North Central		32. Field Office: Hibbing MN			33. Event Number: 6574721	
34. Accident Investigator: James A. Hines			35. MSHA Person Notified: George F. Schorr		Date 12/08/2011	Time 11:05 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>			Date 12/09/2011	
38. Reason For Amendment:						