

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 12/15/2011 12:45 PM		4. Date/Time of Death 12/15/2011 12:45 PM		5. Fatal Case No 16		
6. Mine Information :										
a) Mining Company Name Damascus 535 Crushing			b) Mine Name Damascuse 535 Crushing			c) Parent of Mining Company Thomas J Bolles; Timothy M Smith				
7. Mine Location :		a) City New Milford		b) County Susquehanna		c) State PA		8. Mine ID Number: 36-09824		9. Union: NO
10. Primary Mineral Mined: CRUSHED & BROKEN STONE MININ			11. Number of Mine Employees:		a) Total 16	b) Underground 0	c) Open Pit/Quarry 8	d) Mill/Prep Plant 5	e) Other 3	
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:		b) Contractor Employees:			
19) Location of Accident								20. Mining Height:		
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 08-Retreat Mining	<input checked="" type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> 99-Office Facility	<input type="checkbox"/> Other (specify)	Feet	Inches
21. Nonfatal Injuries:			22. Fatal Injuries: 1							
23. Victim Information :										
a) Name Wesley Sherwood					b) Age 22					
c) Regular Job Title: Laborer				d) Activity at Time of Accident: Operating portable crusher						<input checked="" type="checkbox"/> Mine Employee
24. Experience :										
Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days				
a) Total: 12		b) at the mine: 12		c) at activity (23d) 4		d) with Contractor				
25. Autopsy Performed: If Yes, Location YES Susquehanna Co.							26. Mine Telephone No.: (570) 465-2570			

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The victim was operating a portable jaw crusher and fell into the jaw crusher.

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: Lippman			29. Model: 3048		
30. District: M2000 Northeastern		32. Field Office: Wyomissing PA			33. Event Number:
34. Accident Investigator: Andrew J. Bower			35. MSHA Person Notified: Brian P. Goepfert		Date 12/15/2011
36. Type of Report: Amended			37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>		Date 12/16/2011
38. Reason For Amendment: Item No. 23(a)					