## PR001 13-Apr-12

## **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/T			ate/Time of Dea	ath	5. Fatal Case No
Fatal Injury	Falling, Rolling or Sliding Rock /Materl			04/11/2012	/2012 02:50 PM 04/12			08:51 AM	5
6. Mine Information:									
, a) Mining Company Name		b) Mine Name				c) Pare	nt of Mining C	Company	
G S Materials Inc		Lemon Spring	s			RG	Kirkpatrick		
7. Mine Location:	a) City	b) C	ounty:	c) State		8. M ir	ne ID Number:		9. Union:
Ler	non Springs	Harnett		NC			31-01990		NO
10. Primary Mineral Mined:		11. Number of	a) Total b)	Underground	c) Ope	n Pit/Quarr	y d) M	ill/Prep Plant	e) Other
CONSTRUCTION SANE	0 & GRAVEL M	Mine Employees:	15			9		2	4
12. Contractor Name:					1	3. Unian		14. Contra	ctor ID Number:
15. Contractor Address:	a) City		b)	County		C	:) State	d) Z	ip Code
16. Number of Contractor En	nplavees	a) Total b)	Underground	c) Ope	n Pit/Quar	rv	d) Mill/Pro	eo Plant	e) Other
10, Mariber a Gardaca En	прюуссы	u, rau D,	Orida grodina	с, орс	iii to quai	у	4) 11111111 (1	ср г ши	c, o ma
17. Number of Persons in Mir	ne at Time of Accid	lent:		18, Number	of Persons!	Inaccounte	rd For:		
			ne"			0		entractor Emr	nlovees 0
a) Mine Employees:  19) Location of Accident	12	b) Contractor Employee	<u> </u>	a) Mine Er	Tiproyees.	-	<u> </u>	ontractor Emp	20. Mining Height:
01-Underground	X	03-Open Pit	07-Advance	Mining	30-Mill	/Prep Plant	Oth	er (specify)	Feet Inches
02-Surface at Undergro		06-Dredge Mining	08-Retreat I	Minina [	99-Offi	ce Facility			Tect makes
21. Nonfatal Injuries:		tal Injuries:	<u> </u>	<b>.</b>			<del></del>		
21. Hornatar my artes	122.14	1							
23. Victim Information:		a) Name		b) Age				-	
	James	T. McNeill		49					
c) Regular Job Title:		d) Activit	yat Time of Accid	dent:				X M	line Employee
Excavator Opera	ator			Removing	Counterw	eight e			. ,
24. Experience : Years W	eeks Days	YearsWe	eks Days		Years	Weeks Day:	s		YearsWeeksDays
a) Total: 8 2	25 4 b)	at the mine: 8 25	5 4 c) at	activity (23d)	8	25 4	d) with	Contractor	0 0 0
25. Autopsy Performed:	If Yes Location	n .				26.	Mine Telepho	ne No.:	
YES Chapel Hill,									
YES Chapel Hill,	·						(919	) 499-9322	
27. Description of Accident (i	NC		tion in the mine, a	and status of res	cue and rec	covery opera	` ` ` `	) 499-9322	
	NC nclude equipment	involved, the exact locat					ations):	<u>′</u>	transported to a
27. Description of Accident (i	NC nclude equipment bolts from a cou	involved, the exact local	ck of an excava	ator when the			ations):	<u>′</u>	transported to a
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27. Description of Accident (i	NC nclude equipment bolts from a coured to a trauma	involved, the exact local interweight on the ba center where he diec	ick of an excava I on April 12, 20	ator when the 012.	counterw	eight fell a	ations): and struck hin	m. He was	
27. Description of Accident (in The victim was removing hospital and then transfer the information provided in	NC nclude equipment bolts from a coured to a trauma  this notice is based cident.	involved, the exact local interweight on the ba center where he died	ick of an excava I on April 12, 20	ator when the 012.	counterw	eight fell a	ations): and struck hin	m. He was	
27. Description of Accident (in The victim was removing hospital and then transfer the information provided in regarding the cause of the access. Equipment Manufactures 30. District:	nclude equipment bolts from a coured to a trauma  this notice is based cident.	involved, the exact local interweight on the ba center where he died	ck of an excava d on April 12, 20	ator when the 012.	counterw determinat	eight fell a	ations): and struck hin ding the nature	m. He was	
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27. Description of Accident (in The victim was removing hospital and then transfer the information provided in regarding the cause of the accident Manufactures and District:  M3000 South	nctude equipment bolts from a coured to a trauma  this notice is based cident.	involved, the exact local interweight on the ba center where he died	ock of an excavation April 12, 20  NLY and does not ice: Sanford  35, MSHA Per	ator when the 012.	counterw determinat	eight fell a	ations): and struck hing the nature 349 33. Eve	e of the incider E  TE  The Number:  6528	nt or condusions
27. Description of Accident (in The victim was removing hospital and then transfer the information provided in regarding the cause of the accident flower and the cause of the accident flower in the information provided in regarding the cause of the accident flower in the information of the informa	nctude equipment bolts from a coured to a trauma  this notice is based cident.	involved, the exact local interweight on the ba center where he died	ice: Sanford 35. MSHA Per	ntor when the D12.  Trepresent final NC son Notified:	counterw determinat	eight fell a	ations): and struck hing the nature 349 33. Eve	e of the incider E  TE  The Number:  6528	nt or condusions 8838 Time 02:52 P
27. Description of Accident (in The victim was removing hospital and then transfer the special and then transfer the information provided in regarding the cause of the accident Manufactures.  30. District:  M3000 Sout.  34. Accident Investigator:  Billy Handshoe.  36. Type of Report:	nctude equipment bolts from a coured to a trauma  this notice is based cident.	involved, the exact local interweight on the ba center where he diece I on preliminary data Of billar  32. Field Off	ice: Sanford 35. MSHA Per	NC son Notified: e L. Schlick	counterw determinat	eight fell a	ations): and struck hing the nature 349 33. Eve	m. He was  of the incider  E  nt Number: 6528  ate 2012	nt or condusions 8838 Time 02:52 P