

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 05/28/2012 08:35 PM		4. Date/Time of Death 05/28/2012 08:35 PM		5. Fatal Case No 8		
6. Mine Information :										
a) Mining Company Name Lehigh Northeast Cement Company			b) Mine Name Glens Falls Plant			c) Parent of Mining Company Heidelberg Cement AG				
7. Mine Location :		a) City Glens Falls		b) County Warren		c) State NY		8. Mine ID Number: 30-00585		9. Union: NO
10. Primary Mineral Mined: HYDRAULIC CEMENT		11. Number of Mine Employees:	a) Total 92	b) Underground 0	c) Open Pit/Quarry 0	d) Mill/Prep Plant 92		e) Other 0		
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 6		b) Contractor Employees 0				a) Mine Employees 0		b) Contractor Employees 0		
19) Location of Accident									20. Mining Height:	
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input checked="" 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 Michael T. Corbett				b) Age 51						
c) Regular Job Title: Shift Operator				d) Activity at Time of Accident: General Laborer Tasks				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total:		13 8 0		b) at the mine:		13 8 0		c) at activity (23d)		d) with Contractor
25. Autopsy Performed: If Yes, Location YES Albany, NY						26. Mine Telephone No.: (518) 792-1137				

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

The victim was struck by a front-end loader near the crane bay storage building.

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: Hyundai			29. Model: H2 770-7A		
30. District: M2000 Northeastern		32. Field Office: Albany NY			33. Event Number: 6621308
34. Accident Investigator: Gary C. Merwine			35. MSHA Person Notified: Kevin Abel		Date 05/28/2012
					Time 10:04 P
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>			Date 05/29/2012
38. Reason For Amendment:					