PR001 20-Jul-12

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

1. Accident Type:	1. Accident Type: 2. Accident Classification					3. Date/Time of Accident 4. Date/				ıth	5. Fatal Case No	
Fatal Injury	Injury Powered Haulage					06/21/2012 11:21 AM			/2012 ′	9		
6. Mine Information :	 				<u>I</u>			<u> </u>	•		<u> </u>	
a) Mining Company Name		1	b) Mine Name				c) Parent of	Mining C	ompany		
T H Kinsella Incorporated			Kinsella Quarr	John .			lohn J Ki	n J Kinsella				
7. Mine Location : a) City			b) C	c) State	c) State			Number:	9. Union:			
FAYETTEVILLE			Onondag	NY	NY			-01279	NO			
10. Primary Mineral Mined			1. Number of	a) Total) Underground	c) O	pen Pit	/Quarry	d) M	ill/Prep Plat	nt e) Other	
CRUSHED & BROKEN	LIMESTONE	/ 141	ne Employees:	12	0			6		2	4	
12. Contractor Name:							13. Un	ion			actor ID Number:	
15. Contractor Address:	a) City				o) County			c) Sta	te l	ZZ	Zip Code	
10. Contractor Address.) 0.0,			•	, county			<i>c</i> , 500		•••	Lip cour	
16. Number of Contractor I	mnlovees:	a) Tota	ıl b)	Underground	c) Or	en Pit/Qu			l) Mill/Pre	n Plant	e) Other	
10. I tumber of Contractor 1	ampioyees.	u) 100		Charles Ground	c) 0 ₁	en i iu Qui	y		.,	pr mit	c) o mer	
17. Number of Persons in M	line at Time of Acc	ident:			18. Numbe	r of Person	s Unac	counted Fo	r:	.	****	
a) Mine Employees: 12 b) Contractor Employees: 0 a)							Mine Employees: 0 b) Contractor Employees: 0					
19) Location of Accident		·			'					,,	20. Mining Height:	
01-Underground	. [X]	03-Oper	n Pit	07-Advanc			lill/Prep		Othe	er (specify)	Feet Inches	
02-Surface at Undergi			ge Mining	08-Retrea	t Mining	99-O	ffice Fa	cility				
21. Nonfatal Injuries:	1 22. F	atal Inju	ries: 1									
23. Victim Information :	Torn	a) Nam / C. Joh			b) Age 49							
c) Regular Job Title:		C. 301		y at Time of Acc								
Customer			d) Aleuric	, ut 1mile of 21cc	Driving D	ump Truc	ck			X	Contractor Employee	
24. Experience: Years	Weeks Days		Years Wee	eks Days		Year	rs Weel	s Days			Years Weeks Days	
a) Total: 0	ŀ) at the n	nine: 0	c) 2	t activity (23d))		d) with	Contractor	0	
25. Autopsy Performed:	If Yes, Locati	on						26. Min	e Telepho			
YES Onondaga	County Corone	r							(315	637-3390)	
27. Description of Accident	(include equipmer	t involve	d, the exact locat	ion in the mine,	and status of r	escue and r	recover	y operation	s):			
The victim was driving a						trol. He j	umpe	d from the	cab and	was run d	over by the truck. A	
passenger also jumped	from the cab an	d was tr	eated and rele	ased from a h	ospital.							
The information provided i		d on prel	iminary data ON	NLY and does n	ot represent fin	al determin	nations	regarding t	he nature	of the incid	ent or conclusions	
regarding the cause of the a	·					29. M	odel:				1	
28. Equipment Manufacturer: Studebaker						29. 141	odei.		Trai	nstar		
30. District: 32. Field Office: M2000 Northeastern Geneva					a NY				33. Evei	nt Number:		
34. Accident Investigator:			* .		erson Notified:				Da		Time	
Matthew H. Mattison	1				s A. Yesko				06/21/		11:43 A	
36. Type of Report:	<u> </u>	37. Na	me of Preparer a	<u> </u>						Dat		
• • •	Amended			Mike Hanche	100					06/25/20		
38. Reason For Amendmen	t:	•			· · · · · · · ·							
Items 14, 23(e)												