## PR001 27-Sep-12

## **Preliminary Report of Accident**

## U.S. Department of Labor

Mine Safety and Health Administration

1. Accident Type:	2. Accident Classification				3. Date/Time	3. Date/Time of Accident		4. Date/Time of Death		5. Fatal Case No	
Fatal Injury	Machinery			09/26/201	09/26/2012 08:40 AM		09/26/2012 08:40 AM		14		
6. Mine Information :					•					<u> </u>	
a) Mining Company Name b) Mine Name						c) Parent of Mining Company					
Eagle Peak Rock and Paving			North Pit			Tony Cri			ruse		
7. Mine Location : a) City			b) (	County	c) State	c) State			8. Mine ID Number:		
ALTURAS			Modoc			CA			7 .	NO	
10. Primary Mineral Mined:			Number of	a) Total	b) Underground	c) Op	en Pit/Ç	Quarry d)	Mill/Prep Plant	e) Other	
CONSTRUCTION SAND	0 & GRAVELM	Mille	Employees:	8				3	5		
12. Contractor Name:							13. Unic	on	14. Contra	ctor ID Number:	
15. Contractor Address:	a) City				b) County			c) State	d) Z	ip Code	
16. Number of Contractor En	ıployees:	a) Total	I	o) Underground	l с) Оре	en Pit/Qua	rry	d) MilV	Prep Plant	e) Other	
17. Number of Persons in Min	ne at Time of Acci	dent:			18. Number	of Persons	Unacco	ounted For:			
a) Mine Employees:	3		ctor Employ	ees:	a) Mine E			•	Contractor Emp	olovees:	
19) Location of Accident		-,								20. Mining Height:	
01-Underground X 03-Open Pit 07-Advance Mining 30-Mill/Prep Plant 0								ther (specify)	Feet Inches		
02-Surface at Undergro	und	06-Dredge	Mining	08-Retr	eat Mining	99-Of	fice Fac	ility			
21. Nonfatal Injuries:	22. Fz	ntal Injuries	s: _ 1								
23. Victim Information :	Loren	a) Name A. Buch	er	•	b) Age 79						
c) Regular Job Title:				ity at Time of A					X N	Iine Employee	
Foreman/Equipr	nent Operator		,		Operating	D-8K Do	zer				
24. Experience : Years W	eeks Days		Years W	eeks Days		Year	s Weeks	Days		Years Weeks Days	
a) Total: 56	b)	) at the min	e: 17 3	38 4 c	) at activity (23d)	17	38	4 d) wi	th Contractor		
25. Autopsy Performed:	If Yes, Location	n		•				26. Mine Telep	hone No.:		
NO								(53	30) 233-4568		
27. Description of Accident (i	nclude equipment	t involved, t	the exact loc	ation in the mii	ne, and status of res	scue and re	covery	operations):			
The victim had been oper	ating a dozer ar	nd experie	enced troub	ole with the ea	ngine throttle. H	e exited t	he cab	and was stand	ding on the lef	t track when the	
dozer moved forward and	ran over him.										
		•									
The information provided in regarding the cause of the ac-		d on prelim	inary data C	ONLY and does	not represent final	determin	ations re	egarding the nati	re of the incide	nt or conclusions	
28. Equipment Manufacturer:  Caterpillar						29. Model: D-8K					
30. District: 32. Field Office:								ט	-8K		
30. District:	Cater		32. Field O	ffice:					-8K vent Number:		
30. District: M7000 Wes	Cater		32. Field O		ny OR					6739	
	Cater		32. Field O	Albai	ny OR Person Notified:			33. E	vent Number:	Time	
M7000 Wes	Cater		32. Field O	Albai				33. E	vent Number: 1156		
M7000 Wes  34. Accident Investigator: Rickie D. Dance  36. Type of Report:	Cater			Albai	Person Notified: eric B. Breland			33. E	vent Number: 1156 Date	Time 09:22 A	