PR001 07-Aug-13

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Classification				3. Date/Time of Accident 4. Date/T			me of De	ath	5. Fatal Case No			
Fatal Injury	Machinery				08/05/201	08/05/2013 02:07 PM 08/0			08/05/2013 02:26 PM		10		
6. Mine Information :													
a) Mining Company Name b) Mine Name					c) Parent of Mining Company								
MJL Crushing LLC		1	MJL Crushing LLC			Michael J.				. Lyndaker			
7. Mine Location :	a) City		b) County		c) State 8. Mine			B. Mine ID	D Number: 9. Union:				
Lowville			Lewis		NY		30-03570			NO			
10. Primary Mineral Mined			. Number of	a) Total b) Underground	c) O	pen Pit/0	Quarry	d) M	ill/Prep Plant	e) Other		
CRUSHED & BROKEN	LIMESTON	IEM MIII	ne Employees:	2	0			1		. 1	0		
12. Contractor Name:							13. Uni	on		14. Contra	ctor ID Number:		
15. Contractor Address:	a) (City		b) County		•	c) Stat	te	d) Z	ip Code		
16. Number of Contractor I		a) Total		Underground	c) On	en Pit/Qu	amm:	ď) Mill/Pro	an Plant	e) Other		
10. Number of Contractor 1	impioyees:	a) Iota	i <i>b)</i>	Onderground	СуОр	enrioqu	arry	u,) MINDE FO	ерганс	e) Other		
17. Number of Persons in M	line at Time of	Accident:	·	· · · · · · · · · · · · · · · · · · ·	18. Number	of Person	s Unacce	ounted For					
a) Mine Employees:	2		actor Employee	s: 0	a) Mine E			0		ontractor Emp	oloyees: 0		
19) Location of Accident		b) conta	accor Employee		a) white E	мирюуеся	·		15) CC	niciación Emp	20. Mining Height:		
01-Underground		X 03-Open	Pit	07-Advanc	e Mining	30-M	Iill/Prep	Plant	Oth	er (specify)	Feet Inches		
02-Surface at Undergr	ound	06-Dredg	ge Mining	08-Retreat	Mining	99-0	ffice Fac	cility					
21. Nonfatal Injuries:		2. Fatal Injur	ies:								_		
	0		1										
23. Victim Information :	٧	a) Name Villard Mose			b) Age 55								
c) Regular Job Title:			d) Activity	y at Time of Acci						X N	Aine Employee		
Plant Manager Plant Operator													
	Weeks Days		Years We	eks Days			rs Weeks	Days			Years Weeks Days		
a) Total: 5		b) at the m		-	activity (23d)		rs Weeks			Contractor	Years Weeks Days		
a) Total: 5 25. Autopsy Performed:	If Yes, Lo			-	activity (23d)				Telepho	ne No.:	Years Weeks Days		
a) Total: 5	If Yes, Lo			-	activity (23d)				Telepho		Years Weeks Days		
a) Total: 5 25. Autopsy Performed: YES Lewis Cou 27. Description of Accident	If Yes, Lo	ocation ment involved	ine: 5	c) at	and status of re	scue and i	recovery	26. Mine	: Telepho (315	ne No.:) 376-4022			
a) Total: 5 25. Autopsy Performed: YES Lewis Cou	If Yes, Lo inty, NY (include equip j the cone cr	ment involved	ine: 5	c) at	and status of re	scue and i	recovery	26. Mine	: Telepho (315	ne No.:) 376-4022			
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a) Total: 5 25. Autopsy Performed: YES Lewis Cou 27. Description of Accident The miner was adjusting dislodged from the crus The information provided i	If Yes, Lo	ment involved usher due to ok him.	the exact locate a buildup of	c) at	and status of re	scue and in	recovery to the c	26. Mine operations rusher, a	e Telepho (315): tooth fro	ne No.:) 376-4022 om an exca	vator bucket,		
a) Total: 5 25. Autopsy Performed: YES Lewis Cot 27. Description of Accident The miner was adjusting dislodged from the crus The information provided i regarding the cause of the a	If Yes, Lo inty, NY (include equip g the cone or her and struc	ment involved usher due to ok him.	the exact locate a buildup of	c) at	and status of re	scue and in	recovery to the c	26. Mine operations rusher, a	e Telepho (315): tooth fro	ne No.:) 376-4022 om an exca	vator bucket,		
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a) Total: 5 25. Autopsy Performed: YES Lewis Cou 27. Description of Accident The miner was adjusting dislodged from the crus The information provided i regarding the cause of the a 28. Equipment Manufactur 30. District: M2000 No.	If Yes, Lo	ment involved usher due to k him.	tine: 5 I, the exact locat o a buildup of minary data ON	c) all ion in the mine, material. When the material with the mater	and status of reen the victim le	scue and in	recovery to the c	26. Mine operations rusher, a	e Telepho (315): tooth from the nature 603	of the incider B14328 nt Number: 6623	vator bucket, nt or conclusions		
a) Total: 5 25. Autopsy Performed: YES Lewis Cou 27. Description of Accident The miner was adjusting dislodged from the crus The information provided i regarding the cause of the a 28. Equipment Manufactur 30. District: M2000 No 34. Accident Investigator:	If Yes, Lo	ment involved usher due to ok him.	minary data ON e Crusher 32. Field Offi	c) all ion in the mine, material. When the material with the mater	and status of reen the victim let represent final	scue and in	recovery to the c	26. Mine operations rusher, a	e Telepho (315): tooth from the nature 603 33. Ever	of the incider B14328 nt Number: 6623	vator bucket, nt or conclusions 3096 Time 02:56 P		
a) Total: 5 25. Autopsy Performed: YES Lewis Cou 27. Description of Accident The miner was adjusting dislodged from the crus The information provided i regarding the cause of the a 28. Equipment Manufactur 30. District: M2000 No 34. Accident Investigator: Matthew H. Mattison 36. Type of Report:	If Yes, Lo	ment involved usher due to ok him.	minary data ON e Crusher 32. Field Offi	c) all ion in the mine, material. When the material with the mater	and status of reen the victim let represent final	scue and in	recovery to the c	26. Mine operations rusher, a	e Telepho (315): tooth from the nature 603 33. Ever	of the incider B14328 Int Number: 6623	nt or conclusions 3096 Time 02:56 P		