## PR001 27-Sep-13

## **Preliminary Report of Accident**

## U.S. Department of Labor

Mine Safety and Health Administration

75

1. Accident Type:	2. Accident Clas	sification	)		3. Date/Time	3. Date/Time of Accident 4. Date/				ath	5. Fatal Case No		
Fatal Injury	Powered Haulage				09/19/20	09/19/2013 02:00 PM			9/2013	13			
6. Mine Information :											<u> </u>		
a) Mining Company Name			b) Mine Name				c	) Parent of	f Mining C	Company			
T. G. Mountain Stone		Northrup Quarry				Jan Tuttle				e; Charles God			
7. Mine Location:	a) City		b) C	ounty	c) State	c) State 8. Mine			e ID Number: 9. Union:				
Moi	nroeton	Bradford			PA	PA			36-09526 NO				
10. Primary Mineral Mined:			l. Number of	a) Total	b) Underground	c) (	Open Pit	/Quarry	d) M	ill/Prep Plant	e) Other		
DIMENSION STONE MI	NING, N.E.C.	Mi	ne Employæs:	3	0	_		3		0	0		
12. Contractor Name:							13. Ur	nion		14. Contrac	ctor ID Number:		
15. Contractor Address:	a) City				b) County			c) Sta	ate	d) Z	ip Code		
16. Number of Contractor En	nployees:	a) Tota	ıl b)	Underground	c) Op	en Pit/Q	uarry		d) Mill/Pro	ep Plant	e) Other		
48 N 1 4 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		•			1 46 37 1	ar.							
17. Number of Persons in Min					18. Number of Persons Unaccounted For:					-			
a) Mine Employees:		b) Cont	ractor Employee	es: 0	a) Mine	Employee	s:	0	b) Co	ntractor Emp	<del></del>		
19) Location of Accident  01-Underground		03-Opei			nce Mining	_	Mill/Prep		Oth	er (specify)	20. Mining Height: Feet Inches		
02-Surface at Undergrou			ge Mining	08-Retre	eat Mining	99-0	Office Fa	scility					
21. Nonfatal Injuries:		ital Inju	ries: 1										
23. Victim Information :	Timo	a)Nam hyFar			b) Age 31								
c) Regular Job Title:			d) Activit	y at Time of A	ccident:					X N	line Employee		
Laborer	·				Operating	g haultri	uck						
	eeks Days		Years Wee	-		Ye	ars Weel	•			Years Weeks Days		
		at the n	nine: 14 C	) 0 c)	at activity (23d)	1	4 0			Contractor			
25. Autopsy Performed: YES	If Yes, Locatio	n						26. Mir	e Telepho (570	ne No.: ) 250-6975			
27. Description of Accident (i	nclude equipmen	involve	d, the exact locat	ion in the min	e. and status of r	scue and	recover	v operation	ıs):				
The victim was operating and crushed him.										he truck ove	erturned on its roof		
The information provided in regarding the cause of the act		d on prel	iminary data ON	NLY and does	not represent fina	l determi	inations	regarding	the nature	of the incide	nt or conclusions		
28. Equipment Manufacturer						29. N	Model:		M3:	5A2			
30. District: M2000 North	1					33. Event Number: 6625406							
34. Accident Investigator:					Person Notified:				D.	ate	Time		
Gary C. Merwine					ney L Rice				09/19/		04:12 P		
36. Type of Report		37 N	me of Preparer :	<u> </u>					30,101	Date			
• • • • • • • • • • • • • • • • • • • •	mended		or a reparer	Mike Harcl	1					09/20/20			
38. Reason For Amendment: Item. No. 23 (b)		1			• 1			······					