

Preliminary Report of Accident



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|---|---|--|--|---|---|---|--------------------------------|------------------------|------------------|--------------------|
| 1. Accident Type: Fatal Injury | | 2. Accident Classification Explosives and Breaking Agents | | 3. Date/Time of Accident 12/04/2013 02:44 PM | | 4. Date/Time of Death 12/04/2013 02:44 PM | | 5. Fatal Case No 19 | | |
| 6. Mine Information : | | | | | | | | | | |
| a) Mining Company Name Bayer Construction Company, Inc. | | | b) Mine Name Kansas Falls Quarry | | | c) Parent of Mining Company Bayer Construction Company Inc | | | | |
| 7. Mine Location : a) City Junction Qty | | | b) County Geary | | c) State KS | | 8. Mine ID Number: 14-01666 | | 9. Union: NO | |
| 10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE M | | 11. Number of Mine Employees: | | a) Total 26 | b) Underground | c) Open Pit/Quarry 18 | d) Mill/Prep Plant 6 | e) Other 2 | | |
| 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: 16 | | b) Contractor Employees: | | | a) Mine Employees: 0 | | b) Contractor Employees: | | | |
| 19) Location of Accident | | | | | | | | 20. Mining Height: | | |
| <input type="checkbox"/> 01-Underground | <input checked="" type="checkbox"/> 03-Open Pit | <input type="checkbox"/> 07-Advance Mining | <input 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: | | 22. Fatal Injuries: 1 | | | | | | | | |
| 23. Victim Information : | | | | | | | | | | |
| a) Name Stephen W. Hetzler | | | b) Age 63 | | | | | | | |
| c) Regular Job Title: Lead Man | | | d) Activity at Time of Accident: Detonating blast | | <input checked="" type="checkbox"/> Mine Employee | | | | | |
| 24. Experience : | | | | | | | | | | |
| Years Weeks Days | | | Years Weeks Days | | | Years Weeks Days | | | Years Weeks Days | |
| a) Total: | 16 | 24 | 0 | b) at the mine: | 7 | 30 | 0 | c) at activity (23d) | 5 0 0 | d) with Contractor |
| 25. Autopsy Performed: If Yes, Location YES Kansas Qty, KS | | | | | 26. Mine Telephone No.: (785) 776-8839 | | | | | |

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The victim detonated a blast and was struck by fly rock from the blast..

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.

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|---|--|---|--|------------|------------------------------|-----------------|--|
| 28. Equipment Manufacturer: | | | | 29. Model: | | | |
| 30. District: M6000 Rocky Mountain | | 32. Field Office: Topeka KS | | | 33. Event Number: 6615554 | | |
| 34. Accident Investigator: Lee A. Hughes | | | 35. MSHA Person Notified: Hillary Smith | | Date 12/04/2013 | Time 02:57 P | |
| 36. Type of Report: Initial | | 37. Name of Preparer and Date Prepared: Mike Harcher <i>MH</i> | | | Date 12/05/2013 | | |
| 38. Reason For Amendment: | | | | | | | |