PR001 17-Dec-13

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

7.55

1. Accident Type:	2. Accident Classification			3. Date/Time of Accident 4. Date/Time of Death			eath	5. Fatal Case No
Fatal Injury	Other Accident (Drowning)			12/10/2013 02:45 AM				22
6. Mine Information :							-	
a) Mining Company Name				(e) Parent of Mining	Сотрану		
Hunter Sand & Gravel, Ll	.C .	Dredge IV		HMT Holdings, Inc.				
7. Mine Location :	a) City	b) County		c) State		8. Mine ID Number: 9		9. Union:
Ledbetter		Livingston		KY		15-17687		NO
10. Primary Mineral Mined:		11. Number of	a) Total b)	Underground	c) Open Pit	/Quarry d) N	Aill/Prep Plant	e) Other
COMMON SAND MININ	G 	Mine Employees:	10	0		0	0	10
12. Contractor Name:	-				13. Uı	nion	14. Contrac	tor ID Number:
15. Contractor Address:	a) City		b)	County		c) State	d) Zi	ip Code
16. Number of Contractor En	ployees:	a) Total b) Underground	c) Ope	n Pit/Quarry	d) MilVP	rep Plant	e) Other
17. Number of Persons in Mine at Time of Accident: 18. Number of Persons Unaccounted For:								
a) Mine Employees:	5 ı	o) Contractor Employe	es:	a) Mine E	mployees:	1 ыс	Contractor Emp	obyees:
19) Location of Accident 01-Underground	3-Open Pit	07-Advance	Mining [30-Mill/Pre	p Plant Ot	her (specify)	20. Mining Height: Feet Inches	
02-Surface at Undergrou	ınd 🗶 0	6-Drødge Mining	08-Retreat	Mining	99-Office Fa	cility		
21. Nonfatal Injuries:		al Injuries:	T					<u>, L </u>
23. Victim Information :) Name Burnham	<u> </u>	b) Age				
c) Regular Job Title:	Dustin		y at Time of Accid	27			V v	
Deckhand		u) Activit	y at Time of Accid	Deckhand				fine Employee
•	eeks Days	Years Wo	-		Years Wee			Years Weeks Days
a) Total: 4 3			6 4 c) at	activity (23d)	4 37		Contractor	0 0 0
25. Autopsy Performed:	If Yes, Location					26. Mine Telephone No.:		
						(27)	0) 898-8613	
The miner was working or into the water.	n a dredge that h	ad a barge tied to it	s right front side	e. The victim	stepped on th	e barge to observ	∕ethe levelin	dicators when he fell
The information provided in regarding the cause of the acc 28. Equipment Manufacturer	ident.			represent final	determinations			it or conclusions
30. District: M3000 Sout	32. Field Office: butheastern Franklin			N 33. Event Number			3374	
34. Accident Investigator:			35. MSHA Per	son Notified:			Date	Time
Scott Johnson			Michae	I A. Evans		12/10)/2013	04:42 A
36. Type of Report	mended	37. Name of Preparer	and Date Prepare Mike Harcher	201			Date	
38. Reason For Amendment: Item 24 a, b, c								