

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Falling, Rolling or Sliding Rock /Materl		3. Date/Time of Accident 02/28/2014 01:30 PM		4. Date/Time of Death 02/28/2014 02:30 PM		5. Fatal Case No 3		
6. Mine Information :										
a) Mining Company Name East Coast Mines Ltd			b) Mine Name East Coast Mines Ltd			c) Parent of Mining Company John B Tintle				
7. Mine Location :		a) City East Quoque		b) County Suffolk		c) State NY		8. Mine ID Number: 30-00865		9. Union: NO
10. Primary Mineral Mined: CONSTRUCTION SAND & GRAVEL M		11. Number of Mine Employees:	a) Total 9	b) Underground 0	c) Open Pit/Quarry 8		d) Mill/Prep Plant 1	e) Other 0		
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: 8		b) Contractor Employees:			a) Mine Employees:		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)		
<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		Feet Inches		
21. Nonfatal Injuries:		22. Fatal Injuries: 1								
23. Victim Information :										
a) Name Declan J. Boland				b) Age 50						
c) Regular Job Title: Supervisor/Safety Director				d) Activity at Time of Accident: At Backfill Site				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total: 27 0 0		b) at the mine: 12 12 5		c) at activity (23d): 12 12 5		d) with Contractor: 0 0 0				
25. Autopsy Performed: If Yes, Location YES Hauppauge, NY						26. Mine Telephone No.: (631) 653-5445				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The victim was at a backfill site and approached an 80-foot high bank when it failed, engulfing him.

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.

28. Equipment Manufacturer:				29. Model:			
30. District: M2000 Northeastern		32. Field Office: Wyomissing PA			33. Event Number: 6630782		
34. Accident Investigator: Thomas J. Shilling			35. MSHA Person Notified: Dennis A. Yesko		Date 02/28/2014		Time 02:01 P
36. Type of Report: Amended		37. Name of Preparer and Date Prepared Mike Hancher <i>mh</i>			Date 03/01/2014		
38. Reason For Amendment: Item #23 (c)							