

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Slip or Fall of Person		3. Date/Time of Accident 08/25/2014 03:15 PM		4. Date/Time of Death 08/25/2014 03:15 PM		5. Fatal Case No 18							
6. Mine Information :															
a) Mining Company Name Gardenscape of New York			b) Mine Name Gardenscape of New York			c) Parent of Mining Company David George Kasmoch									
7. Mine Location :		a) City Gouverneur		b) County St Lawrence		c) State NY		8. Mine ID Number: 30-00007		9. Union: NO					
10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE			11. Number of Mine Employees: 20		a) Total	b) Underground 0	c) Open Pit/Quarry 3		d) Mill/Prep Plant 13	e) Other 4					
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: 12		b) Contractor Employees: 0		a) Mine Employees: 0		b) Contractor Employees: 0									
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 Glenn F. Dibble					b) Age 54										
c) Regular Job Title: Truck Driver				d) Activity at Time of Accident: Getting Plank				<input checked="" type="checkbox"/> Mine Employee							
24. Experience :	Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days								
a) Total:	1	5	3	b) at the mine:	1	5	3	c) at activity (23d)	1	5	3	d) with Contractor	0	0	0
25. Autopsy Performed: If Yes, Location YES Ogdensburg, NY								26. Mine Telephone No.: (315) 287-0780							

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
About 3:15 p.m., the victim went to a storage building to get some wooden planks. He climbed a stack of loaded pallets to get to the planks that were near the rafters and fell approximately 8 feet to the floor below. The next day two coworkers arrived at the mine and found the victim at approximately 6:05 a.m.

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: Geneva NY			33. Event Number: 6682532		
34. Accident Investigator: Matthew H. Mattison			35. MSHA Person Notified: Victor C. Lescznske		Date 08/26/2014		Time 06:36 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Mike Hancher <i>MH</i>			Date 08/28/2014		
38. Reason For Amendment:							