PR001 16-Jan-15

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration



					1			1				
1. Accident Type:	2. Accident Classification			3. Date/Time of Accident 4			4. Date/T	ime of De	5. Fatal Case No			
Fatal Injury	Powered Haulage				12/29/2014 03:02 PM			12/29	9/2014	24		
6. Mine Information :												
a) Mining Company Name		c) Parent of Mining Company										
Zeotech Corporation	ation Tilden Plant					O Paul				Leonard Jr		
. Mine Location : a) City			b) County c)			ate 8. Mine I			D Number: 9. Union:		9. Union:	
Tilden			Mcmullen			TX			41-03374		NO	
10. Primary Mineral Mined:		11.	Number of Mine	a) Total b) Underground	c) (Open Pi	t/Quarry	d) M	ill/Prep Plant	e) Other	
COMMON CLAYS MININ	G, N.E.C.		Employees:	18				2		12	4	
12. Contractor Name:							13. U	nion		14. Contrac	tor ID Number:	
15. Contractor Address:	a) City			b) County			c) Sta	ite	d) Zi	p Code	
16. Number of Contractor Emp	oloyees:	a) Tota	al b)	Underground	c) Op	อยก Pit/Qเ	ıarry	(d) Mill/Pr	ep Plant	e) Other	
17. Number of Persons in Mine	at Time of Acc	ident:			18. Number	r of Perso	ns Unac	counted Fo	or:			
		ractor Employe	a) Mine Employees:				b) Contractor Employees:					
19) Location of Accident	17	b) com	ractor Employe	5.574	1 4) 11111	Simple y ec			5,00	meraccor Emp	20. Mining Height:	
01-Underground	X	03-Oper	ı Pit	07-Advance	e Mining	30-N	/lill/Pre	p Plant	Oth	er (specify)	Feet Inches	
02-Surface at Undergroun	ıd	06-Dred	lge Mining	08-Retreat	Mining	99-0	Office Fa	acility				
21. Nonfatal Injuries:	22. Fa	ıtal Inju	ries:									
23. Victim Information:	Adria	a) Nam			b) Age 21							
c) Regular Job Title: Warehouse Bagg		7		at Time of Acc		g Forklif	t			ХМ	ine Employee	
24. Experience : Years We	eks Days		Years We	eks Days		Yea	rs Wee	ks Days			Years Weeks Days	
a) Total: 0 1	0 ь	at the r	nine: 0 1	0 c) at	activity (23d)		0 0	1	d) with	Contractor		
25. Autopsy Performed: YES	If Yes, Location	n						26. Min	e Telepho	ne No.:) 274-3357		
27. Description of Accident (inc										,		
The victim was operating a	a forklift, haul	ing a b	ag of dust, wh	en the forklift	overturned.							
The information provided in the regarding the cause of the accidental to the control of the cont		i on pre	liminary data O!	NLY and does no	ot represent fin			regarding	the natur	e of the incide	nt or conclusions	
28. Equipment Manufacturer:	Cater	oillar				29. M	ouel:		2P5	000		
30. District: M5000 South Central			32. Field Office: San Antonio TX				33. Event Number: 6658805				305	
34. Accident Investigator:				35. MSHA Per	rson Notified:				Da	te	Time	
Wesley L. Hackworth				Elwood	Burriss				12/29/2	2014	04:11 P	
36. Type of Report:	ended	37. Na	me of Preparer a	I and Date Prepar Mike Hanche	001					Date 01/02/201	5	
38. Reason For Amendment: Item #23 (c)								125				