## PR001 09-Aug-17

## **Preliminary Report of Accident**

## U.S. Department of Labor Mine Safety and Health Administration

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1. Accident Type:	2. Accident Classification			3. Date/Time	3. Date/Time of Accident 4. Date/T		eath	5. Fatal Case No		
Fatal Injury	ry Machinery			07/25/201	17 09:50 AM	07/25/2017	09:50 AM	10		
6. Mine Information:										
a) Mining Company Name b) Mine Name c) Parent of Mining Company										
Reading Anthracite Company New St. Nicholas Breaker John W Rich										
7. Mine Location :	b) C	ounty	c) State	c) State 8. Mine I		D Number: 9. Union:				
Pot	Schuylkil		PA	PA 30			YES			
10. Primary Mineral Mined:		11. Number of Mine	a) Total	b) Underground	c) Open Pit/	Quarry d) M	Iill/Prep Plant	e) Other		
ANTHRACITE		Employees:	26				26			
12. Contractor Name:	-				13. Union 14. Contr		tor 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 Min	e at Time of Accid	lent;		18. Number	of Persons Unacc	ounted For:	<del></del>			
a) Mine Employees: 1 b) Contractor Employees: 0 a) Mine Employees: 0 b) Contractor Employees: 0										
19) Location of Accident							<u></u>	20. Mining Height:		
01-Underground	L '	03-Open Pit	07-Advar	nce Mining	30-Mill/Prep	Plant X Oth	er (specify)	Feet Inches		
02-Surface at Undergrou	ınd · 🔲 (	06-Dredge Mining	08-Retrea	at Mining	99-Office Fa	cility Refus	e Bank	•		
21. Nonfatal Injuries:  22. Fatal Injuries:  1										
23. Victim Information :	Andre	a) Name w Oxenrider		b) Age 28			_			
c) Regular Job Title:			at Time of Ac				X M	line Employee		
Equipment Opera	ator			Bulldozer	Operator		<u></u>			
24. Experience: Years We	eks Days	Years Wee	ks Days	8	Years Week	s Days		Years Weeks Days		
a) Total: 7 3	6 6 b)	at the mine: 0 1	5 c)	at activity (23d)	7 36	6 d) with	Contractor	_		
25. Autopsy Performed:	If Yes, Location	n				26. Mine Telepho				
NO			1			(570	) 544-4393	<del></del>		
27. Description of Accident (in	iclude equipment	involved, the exact locat	ion in the mine	, and status of res	cue and recovery	operations):				
On July 25, 2017, at approximately 9:50 a.m., a 28 year old bulldozer operator with 1 year and 9 months of mining experience was fatally injured when the Caterpillar D9L bulldozer he had been operating ran over him. The bulldozer ran over the edge of the refuse bank and came to rest at the bottom of the embankment. The victim was pronounced dead at the scene. The reason why the victim was outside the bulldozer when the accident occurred is under investigation.										
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The information provided in t regarding the cause of the acc	his notice is based ident.	on preliminary data ON	LY and does r	not represent final	determinations r	egarding the nature	of the inciden	t or conclusions		
28. Equipment Manufacturer:  Caterpillar					29. Medel: D9L Ser# 14Y02387					
30. District: 32. Field Office:			ce:	<u></u>	33. Eve	33. Event Number:				
C0200 New :	Stanton		Frack	ville PA			4311	067		
34. Accident Investigator:	<u> </u>	35. MSHA Person Notified:			D	ate	Time			
Joseph J. Draugelis		Randall Caramellino			07/25	2017	10:03 AM			
36. Type of Report: 37. Name of Preparer and Date Prepare							Date			
	tial		Joseph J. D	raugelis		<del></del>	07/26/201	7		
38. Reason For Amendment:										