PR001

07/23/2019

Preliminary Report of Accident

DRAFT

07/23/2019											
1. Accident Type: 2. Accident Classification:					3. Date/Time of Accident: 4. D			4. Date/Time	Date/Time of Death 5. Fatal Case No		
Fatal Injury	Injury Slip or Fall of Person					07/15/2019 09:00 AM 07			19 0013	25	
6. Mine Information :	•							•		•	
a) Mining Company Name		b) M	ine Name					c) Parent of I	Mining Cor	nnany	
VULCAN CONSTRUCTION	ON MATERIALS	, LLC TAZ	EWELL	QUARRY				c) I tilent of I	rining cor	pay	
7. Mine Location :	a) City				State		& Mine ID	Number	0	Union:	
7. Wille Location .	a) City TAZEWELL		b) County c CLAIBORNE					8. Mine ID Number: 40-00100		NO	
10. Primary Mineral Mined:		11. Number of Mine	a) Tota	l b) Undergi	round	c) Open P	it/Ouarry	d) Mill/Pr	en Plant	e) Other	
CRUSHED, BROKEN LI	MESTONE NEC	Employees:	12	0		12			-F	5, 5	
12. Contractor Name:						13. U	nion:	14.	Contracto	r ID Number:	
15. Contractor Address: a) City			b) County			c) State			d) Zip Code		
16. Number of Contractor En	plovees:	a) Total b)	Undergro	ound	c) Ope	n Pit/Quarry		l) Mill/Prep Pla	ınt	e) Other	
	1	.,			-, -1			,		.,	
17. Number of Persons in Mir	ne at Time of Accide	ent:		18. Nu	ımber	of Persons Una	ccounted Fo	r:			
a) Mine Employees: 12	b	o) Contractor Employe	es:	a) N	Mine E	mplovees: 0		b) Contrac	ctor Emplo	vees:	
19) Location of Accident:				<u> </u>						20. Mining Height	
01-Underground	\boxtimes	03-Open Pit	07	-Advance Minin	g	30-Mill/F	Prep Plant	Other (specify)	Feet Inches	
02-Surface at Under	ground	06-Dredge Mining	08	-Retreat Mining		99-Office	Facility			0 0	
21. Nonfatal Injuries:		22. Fatal Injuries:								•	
0		1									
	Name ark A. Burns								b) Age 62		
c) Regular Job Title:		d) Activity	y at Time	of Accident:					X Mine	Employee	
Plant Manager	ng on drill bench					Cont	ractor Employee				
•	eeks Days	Years Wee	•			Years Wee	•		Y	ears Weeks Days	
a) Total:	13 1 b) a	at the mine: 8 3	0 1	c) at activity (23d)	11 1	0 0	d) with Cont	ractor		
25. Autopsy Performed: NO	If Yes, Location							ine Telephone 3) 626-38			
							·		J1		
27. Description of Accident (in On the morning of to lose his bala heel fracture of became unrespons	of July 15, 2 ance injuring	2019, the vict	im was el. A	walking or medical e	n a o	drill bend nation on	ch and s July 16	tepped on , 2019 re	vealed	a compound	
The information provided in t regarding the cause of the acc		n preliminary data ON	LY and d	oes not represen	t final	1	regarding t	ne nature of the	incident o	r conclusions	
28. Equipment Manufacturer	:					29. Model:					
30. District:				32. Field Office	e:				I	33. Event Number:	
C0700 - Barbourvil	le, KY			C0712 - K	noxv	ille TN F	ield Off	ice		6843083	
34. Accident Investigator:				A Person Notific	ed:	Date: 07/19/3			/2010	Time:	
Phillip J. Car				Brock				07/19	/ 2019	04:56 PM	
36. Type of Report: Initial		37. Name of Preparer a Phillip J. Can		Prepared: (07 / 23 / 201:	9)						
38. Reason For Amendment:		Imititip U. Cal		(U I / L J / L U L .	- 1						
	iption and ac	lded Fatal Case	No.								