

Preliminary Report of Accident

This is a preliminary report of a reported mine fatality that occurred at Ottawa Pit and Plant on June 12, 2010. This report is subject to change as the accident is investigated and will be updated as NEW INFORMATION becomes available. A notice will be posted on MSHA's homepage when the report is updated.

PR001 18-Jun-10

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration



1. Accident Type:	2. Accident Classification		3. Date/Time of Accident		4. Date/Time of Death		5. Fatal Case No		
Fatal Injury	Slip or Fall	of Person		06/12/2010	0 02:20 PM	02:20 PM 06/12/2010 03:20 PM		10	
6. Mine Information :									
a) Mining Company Name		b) Mine Nar	b) Mine Name		c) Parent o		of Mining Company		
Unimin Minnesota Corporation		OTTAWA	OTTAWA PIT & PLANT		S C R-Si		ibelco Nv		
7. Mine Location : a) City			b) County		,		D Number: 9. Union:		
Le Sueur			Le Sueur		MN				
10. Primary Mineral Mined: CRUSHED & BROKEN SANDSTONE		11. Number of N Employees:	Employees:		round c) Open Pit/Quarry		ill/Prep Plant	e) Other	
N 		45		13. Un	4	38 3			
12. Contractor Name: MOR-PPM				NO NO		G908			
15. Contractor Address:		b) County					p Code		
		DARLINGTON			SC 295		•		
16. Number of Contractor Er	CIETY HILL	a) Total	b) Underground		Pit/Quarry	d) Mill/Pre		e) Other	
6									
17. Number of Persons in Mine at Time of Accident: 18. Number of Persons Unaccounted For:									
a) Mine Employees: 11 b) Contractor Employees: 6 a) Mine Employees: 0 b) Contractor Employees: 0									
19) Location of Accident 20. Mining Height:									
01-Underground 03-Open Pit 07-Advance Mining X 30-Mill/Prep Plant						Plant Othe	r (specify)	Feet Inches	
02-Surface at Underground 06-Dredge Mining 08-Retreat Mining 99-Office Facility									
21. Nonfatal Injuries:	0 22. F	Tatal Injuries:	1						
23. Victim Information: a) Name b) Age									
,	THO	MAS S. EDWAR	DS	46					
c) Regular Job Title:			tivity at Time of Acci		2-21.7.1.				
WELDER IRONWORKER/SAFETYMA WORKING FROM A LADDER X Contractor Employee									
	Veeks Days		Weeks Days		Years Week	•		Years Weeks Days	
a) Total: 4		o) at the mine: 0	5 6 c) at	activity (23d)	0 5		Contractor	0 5 6	
25. Autopsy Performed: If Yes, Location YES LE SUEUR COUNTY							ne Telephone No.: (507) 665-3386		
27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations.)							000 0000		
·							. 18/1-11		
The victim was working f					-	8 foot stepladde	r. vvnile pre	paring to weld on a	
overhead vent pipe, he fell going over the handrail and landed on a railroad track 47 feet below.									
The information provided in	this notice is base	ed on preliminary dat	a ONLY and does no	ot represent final	determinations	regarding the natur	e of the incide	nt or conclusions	
regarding the cause of the accident.									
28. Equipment Manufacturer	:				29. Model:				
30. District: 32. Fi			d Office: Hibbing MN			33. Even	33. Event Number: 6512752		
34. Accident Investigator:		35. MSHA Person Notified:			e 00127	Time			
George F. Schorr				s. MSHA Person Notified: William H. Pomroy				02:27 PM	
			r and Date Prepared:			55 2/2	Date		
				bate Prepared: Shael L Franklin			Date 06/18/2010		
20 D E . A L							30, ,0,201		