

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 10/07/2010 10:30 AM		4. Date/Time of Death 10/07/2010 10:30 AM		5. Fatal Case No 17		
6. Mine Information :										
a) Mining Company Name Wheeler Construction Co Inc			b) Mine Name Wheeler Construction Co Inc			c) Parent of Mining Company				
7. Mine Location :		a) City KANSAS CITY		b) County Wyandotte		c) State KS		8. Mine ID Number: 14-01723		9. Union: NO
10. Primary Mineral Mined: DIMENSION LIMESTONE MINING		11. Number of Mine Employees:		a) Total 2	b) Underground 2	c) Open Pit/Quarry 2		d) Mill/Prep Plant		e) Other
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: 2		b) Contractor Employees:			a) Mine Employees: 0		b) Contractor Employees:			
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: 0		22. Fatal Injuries: 1								
23. Victim Information :										
a) Name RALPH H. WHEELER				b) Age 72						
c) Regular Job Title: Dozer Operator				d) Activity at Time of Accident: Walking near haul truck				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :										
Years		Weeks		Days		Years		Weeks		Days
a) Total: 20		9		4		b) at the mine: 20		9		4
c) at activity (23d)				d) with Contractor						
25. Autopsy Performed: If Yes, Location YES KANSAS CITY, KS							26. Mine Telephone No.:			

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

The victim dismounted the dozer he was operating and walked toward a haul truck that ran over him.

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: Euclid (Euc)			29. Model: R35		
30. District: M6000 Rocky Mountain		32. Field Office: Topeka KS			33. Event Number:
34. Accident Investigator: David Sinquefield			35. MSHA Person Notified: Joseph O. Steichen		Date 10/08/2010
					Time 08:51 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>			Date 10/15/2010
38. Reason For Amendment:					