

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Falling, Rolling or Sliding Rock /Materl		3. Date/Time of Accident 12/23/2010 12:08 PM		4. Date/Time of Death 12/23/2010 12:08 PM		5. Fatal Case No 23							
6. Mine Information :															
a) Mining Company Name MID Coast Aggregates LLC			b) Mine Name Mid-Coast Aggregates LLC-Mazak Mine			c) Parent of Mining Company McDonald Investment Company Inc									
7. Mine Location :		a) City Webster		b) County Sumter		c) State FL		8. Mine ID Number: 08-01282		9. Union: NO					
10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE M		11. Number of Mine Employees:		a) Total 16		b) Underground		c) Open Pit/Quarry 13		d) Mill/Prep Plant 3	e) Other				
12. Contractor Name: Austin Powder Company						13. Union NO		14. Contractor ID Number: E24							
15. Contractor Address:		a) City Anthony		b) County Marion		c) State FL		d) Zip Code 32617							
16. Number of Contractor Employees:		a) Total 3		b) Underground		c) Open Pit/Quarry 3		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: 16		b) Contractor Employees: 3		a) Mine Employees: 0		b) Contractor Employees: 0									
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:		22. Fatal Injuries: 1													
23. Victim Information :				a) Name Kenneth J. Stephens, Jr.		b) Age 35									
c) Regular Job Title: Senior Blaster				d) Activity at Time of Accident: Checking Blast Site											
										<input checked="" type="checkbox"/> Contractor Employee					
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days							
a) Total:		12 0 0		b) at the mine:		1 0 0		c) at activity (23d)		12 0 0		d) with Contractor		12 0 0	
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (352) 569-0423									

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
After firing a blast, the victim walked to the face of the wall when the ground collapsed taking him into the water filled pit.

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: N/A			29. Model:				
30. District: M3000 Southeastern		32. Field Office: Bartow FL			33. Event Number: 0913409		
34. Accident Investigator: Felix W. Deloach			35. MSHA Person Notified: Sam Pierce		Date 12/23/2010		Time 12:09 P
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>			Date 12/28/2010		
38. Reason For Amendment:							