

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 05/13/2014 11:30 AM		4. Date/Time of Death 05/26/2015 08:06 AM		5. Fatal Case No 30		
6. Mine Information :										
a) Mining Company Name Desert Construction Inc			b) Mine Name Hualapai Pit			c) Parent of Mining Company Thomas Short; Linda Short				
7. Mine Location :		a) City Kingman		b) County Mohave		c) State AZ		8. Mine ID Number: 02-01062		9. Union: NO
10. Primary Mineral Mined: CONSTRUCTION SAND & GRAVEL M			11. Number of Mine Employees:	a) Total 5	b) Underground 0	c) Open Pit/Quarry 0		d) Mill/Prep Plant 5	e) Other 0	
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: 5		b) Contractor Employees: 0			a) Mine Employees: 0		b) Contractor Employees: 0			
19) Location of Accident									20. Mining Height:	
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input checked="" 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 Mike Schmidt					b) Age 67					
c) Regular Job Title: Mechanic			d) Activity at Time of Accident: Mechanic				<input checked="" type="checkbox"/> Mine Employee			
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total:	13 1 4		b) at the mine:	13 1 4		c) at activity (23d)	13 1 4		d) with Contractor	
25. Autopsy Performed: If Yes, Location NO						26. Mine Telephone No.: (928) 715-1247				

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

The mechanic was standing on the motor drive belt guard of the cone crusher and was knocked off of the crusher by an excavator bucket. The mechanic fell approximately 11 feet to the ground. The victim was severely injured in the fall and taken to a local hospital where he underwent emergency surgery to stabilize him. The victim was moved to a rehab facility and died on May 26, 2015. Based on the findings of an onsite MSHA investigation and a extensive review of medical documentation, the chargeability review committee concluded that his death should be charged to the mining industry.

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:				29. Model:			
30. District: M7000 Western		32. Field Office: Henderson NV			33. Event Number: 1137979		
34. Accident Investigator: Bart T. Wrobel			35. MSHA Person Notified: Patricia L. Borer		Date 05/13/2014	Time 01:42 PM	
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Bart Wrobel				Date 05/15/2014	
38. Reason For Amendment:							