

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 10/09/2016 03:10 PM		4. Date/Time of Death 10/10/2016 02:52 AM		5. Fatal Case No 16		
6. Mine Information :										
a) Mining Company Name A McLean & Son Trucking Inc			b) Mine Name McLean/Stover Pit #1			c) Parent of Mining Company Andy B McLean				
7. Mine Location :		a) City Grand Ledge		b) County Eaton		c) State MI		8. Mine ID Number: 20-03479		9. Union: NO
10. Primary Mineral Mined: COMMON SAND MINING			11. Number of Mine Employees:		a) Total 2	b) Underground	c) Open Pit/Quarry	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:		1	b) Contractor Employees:		0	a) Mine Employees:		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:			22. Fatal Injuries:		1					
23. Victim Information :										
a) Name Andrus B. McLean					b) Age 61					
c) Regular Job Title: Equipment Operator			d) Activity at Time of Accident: Moving Plant			<input checked="" type="checkbox"/> Mine Employee				
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		
a) Total:	3	0	0	b) at the mine:	3	0	0	c) at activity (23d)	3	
	0	0			0	0			0	
25. Autopsy Performed: If Yes, Location YES Lansing Michigan						26. Mine Telephone No.: (517) 202-2525				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):  
The screen plant was being attached to a front-end loader, in preparation of being moved into the pit. The victim was proceeding to hook them together when the equipment moved pinning the victim. The victim was later discovered injured and leaning against the loader bucket. The victim died of his injuries the following day.

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: Komatsu			29. Model: WA420		
30. District: M4000 North Central		32. Field Office: Lansing MI			33. Event Number: 6709168
34. Accident Investigator: Duane L. Hongisto			35. MSHA Person Notified: George R. Colby		Date 10/11/2016
					Time 07:30 AM
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Duane L Hongisto			Date 10/12/2016
38. Reason For Amendment:					