PR001 19-Oct-17

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

((3)	
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1. Accident Type:	2. Accident Classification				3. Date/Time of Accident 4. Date/Time of Death				5. Fatal Case No		
Fatal Injury	Machinery	achinery			10/17/2017	7 10:08 AM	10/17/2017	10:09 AM	10		
6. Mine Information :											
a) Mining Company Name b) Mine Name					c) Parent of Mining Company						
Fighting Creek Materials	Fighting	Fighting Creek Materials Inc				Arthur R Brand					
7. Mine Location :	a) City		b) Cour	nty	c) State		8. Mine ID Number	:	9. Union:		
Coeur d'Alene		Ko	Kootenai				10-01915		NO		
10. Primary Mineral Mined:		11. Number		a) Total b)	Underground	c) Open Pit	t/Quarry d) N	Aill/Prep Plant	e) Other		
CRUSHED & BROKEN S	STONE MININ	Employ	ees:	7	0		5	0	2		
12. Contractor Name:						13. Uı	nion	14. Contrac	etor ID Number:		
15. Contractor Address:	a) City	,		b)	County	•	c) State	d) Zi	p 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:	7	b) Contractor E	mplovees:	0	a) Mine Er			Contractor Emp	olovees: 0		
19) Location of Accident		2, 23	p j		,				20. Mining Height:		
01-Underground X 03-Open Pit 07-Advance Mining 30-Mill/Prep Plant							p Plant Otl	ner (specify)	Feet Inches		
02-Surface at Underground 06-Dredge Mining 08-Retreat Mining 99-Office Facility								40 0			
21. Nonfatal Injuries:	0 22. H	Fatal Injuries:	1						•		
23. Victim Information:	Arthi	a) Name ur R. Brand			b) Age 73						
c) Regular Job Title:	7.11.11		Activity at	Time of Accid				X M	line Employee		
Owner					Operating I	Dozer			p ,		
24. Experience: Years We	eeks Days	Ye	ears Weeks	Days		Years Weel	ks Days		Years Weeks Days		
a) Total: 60	0 0 t	o) at the mine:	30 0	0 c) at	activity (23d)	60 0	0 d) with	1 Contractor			
25. Autopsy Performed:	If Yes, Location						26. Mine Telepho	one No.:			
YES Holy Family	Hospital-Spok	ane, WA					(208	3) 667-0189			
27. Description of Accident (in	nclude equipmen	t involved, the exa	act location	in the mine, a	nd status of resc	cue and recover	y operations):				
The victim was operating	•				aveling from th	ne soil overbu	rden down to the	rock bench, t	the victim exited the		
operator's compartment a	nd was run ove	er by the left tra	ck of the	dozer.							
The information provided in t regarding the cause of the acc		d on preliminary	data ONLY	and does not	represent final o	determinations	regarding the natur	e of the inciden	t or conclusions		
28. Equipment Manufacturer: Caterpillar					29. Model: D8H						
30. District: 32. Field Office:					33. Event Number:						
M7000 Western Boise ID							6725	906			
34. Accident Investigator:			3	5. MSHA Pers	N-4:C:- J.		D	ate	Time		
Thomas Rasmussen			1		on Notified:		b	acc			
				James	Fitch		10/17		10:56 AM		
36. Type of Report:	itial	37. Name of Pr			Fitch				10:56 AM		