PR001 07-Sep-17	Pre	liminary Re	eport a	of Accident		-	e <b>nt of Labor</b> Health Administr	ation 🔅
1. Accident Type:	2. Accident Classification			3. Date/Time of A	3. Date/Time of Accident 4. Date/		e of Death	5. Fatal Case No
Fatal Injury	Powered Haulage			09/05/2017	11:17 AM	09/05/20	017 11:17 AM	8
6. Mine Information :								
a) Mining Company Name b) Mine Name					C)	) Parent of Mi	ining Company	
G S MATERIALS INC		R G Kirkpatrick Sr.						
7. Mine Location :	a) City b) Co		ounty	c) State		8. Mine ID Number:		9. Union:
Candor		Montgomery		NC		31-02	2092	NO
10. Primary Mineral Mined:		11. Number of Mine Employees:	a) Total	b) Underground	c) Open Pit/	Quarry	d) Mill/Prep Plan	t e) Other
CONSTRUCTION SANE	CONSTRUCTION SAND & GRAVEL M		17	0		9	7	1
12. Contractor Name:					13. Uni	ion	14. Contra	ctor ID Number:
15. Contractor Address: a) City			b) County c) S		c) State	itate d) Zip Code		
16. Number of Contractor En	ployees:	a) Total b)	Undergroun	d c) Open F	Pit/Quarry	d) M	fill/Prep Plant	e) Other
17. Number of Persons in Mir	e at Time of Accid	ent:		18. Number of l	Persons Unacc	counted For:		
a) Mine Employees: 14 b) Contractor Employees:			a) Mine Employees:		0	b) Contractor Em	ployees: 0	
				nce Mining 30-Mill/Prep Plant eat Mining 99-Office Facility			Other (specify)	20. Mining Height: Feet Inches
21. Nonfatal Injuries:	0 22. Fata	ıl Injuries: 1						·····
23. Victim Information :		) Name P. Chesney		b) Age 20				
c) Regular Job Title:		d) Activity	at Time of A				XN	/ine Employee
Plant Operator				Plant Operat	or			
-	eeks Days	Years Wee	eks Days		Years Week	s Days		Years Weeks Days
a) Total: 2	32b)a	t the mine: 23	3 2 0	c) at activity (23d)	23	2 d	) with Contractor	
25. Autopsy Performed: NO	If Yes, Location					26. Mine To	elephone No.: (910) 974-9076	

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

The victim was performing maintenance on the short feed belt conveyor of the Old Kolburg Plant and became entangled in the tail pulley.

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: Not R	eported	29. Model:	29. Model:			
30. District:	32. Field Office:	Field Office:		33. Event Number:		
M3000 Southeastern	Sanford	Sanford NC		6714616		
34. Accident Investigator:	35. MSHA Pers		Date	Time		
Jeffrey Phillips	Michael		09/05/2017	11:30 A		
36. Type of Report:	37. Name of Preparer and Date Prepare	•		Date		
Initial	Gary Daniels			09/05/2017		

38. Reason For Amendment: