

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



PR001 09/02/2020

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 17 - Machinery		<b>3. Date/Time of Accident</b> 08/26/2020 1:00 PM		<b>4. Date/Time of Death</b> 08/26/2020 3:56 PM		<b>5. Fatal Case No</b> FAI-6827990-1		
<b>6. Mine Information</b>										
<b>a) Mining Company Name:</b>		Chilton Inc.								
<b>b) Mine Name:</b>		Chilton Inc.								
<b>c) Parent of Mining Company:</b>										
<b>7. Mine Location Information</b>										
<b>a) City</b> Woodland			<b>b) County</b> Cowlitz			<b>c) State</b> WA			<b>8. Mine ID Number</b> 45-03806	
<b>9. Union</b> No										
<b>10. Primary Mineral Mined</b> Crushed & Broken Basalt Mining					<b>11. Number of Employees</b>					
					<b>a) Total</b> 2	<b>b) Underground</b>		<b>c) Open Pit/Quarry</b> 2	<b>d) Mill/Prep Plant</b>	<b>e) Other</b>
<b>12. Contractor Name</b>						<b>13. Contractor Union</b>		<b>14. Contractor ID Number</b>		
<b>15. Contractor Address</b>										
<b>a) City</b>			<b>b) County</b>			<b>c) State</b>			<b>d) Zip Code</b>	
<b>16. Number of Contractor Employees</b>										
<b>a) Total</b>		<b>b) Underground</b>			<b>c) Open Pit/Quarry</b>			<b>d) Mill/Prep Plant</b>	<b>e) Other</b>	
<b>17. Number of Persons in Mine at Time of Accident</b>					<b>18. Number of Persons Unaccounted for</b>					
<b>a) Mine Employees</b> 2		<b>b) Contractor Employees</b>			<b>a) Mine Employees</b> 0		<b>b) Contractor Employees</b>			
<b>19. Accident Location</b> 03 - Open Pit								<b>20. Mining Height</b>		
								Feet	Inches	
<b>21. Nonfatal Injuries</b>		<b>22. Fatal Injuries</b> 1								
<b>23. Victims Information</b>										
<b>Bobbie D Skillet</b>										
<b>a) First Name</b> Bobbie	<b>a) MI</b> D	<b>a) Last Name</b> Skillett		<b>b) Age</b> 52	<b>c) Regular Job Title</b> Crusher Foreman		<b>d) Activity at Time of Accident</b> Folding Crusher for Transport		<b>Employee</b> Mine Employee	
<b>24. Mining Experience</b>										
<b>a) Total Experience</b> 23 Years 4 Weeks 4 Days			<b>b) Experience at the Mine</b> 0 Years 4 Weeks 4 Days		<b>c) Experience at the Activity at the Time of the Accident</b> 23 Years 4 Weeks 4 Days			<b>d) Experience with Contractor</b> 0 Years 0 Weeks 0 Days		
<b>25. Autopsy Performed</b> No		<b>If Yes, Location</b>								
<b>26. Mine Telephone No.</b> (360) 225-0427										
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> Two miners were preparing a mobile track mounted jaw crusher for shipping off site. The victim was removing wedges that secured the right hopper extension. When the wedge was removed the extension fell, crushing the victim.  <i>The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.</i>										
<b>28. Equipment Manufacturer</b> Terex					<b>29. Model</b> J-1175					
<b>30. District</b> M7000 - Vacaville District					<b>32. Field Office</b> M7651 - Albany OR Field Office			<b>33. Event Number</b> 6827990		
<b>34. Accident Investigator</b>										
<b>First Name</b> Joel		<b>MI</b>		<b>Last Name</b> Dozier						
<b>35. MSHA Person Notified</b>										
<b>First Name</b> Gary		<b>MI</b>		<b>Last Name</b> Hebel			<b>Date/Time Notified</b> 08/26/2020 2:17 PM			
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b>			<b>Date Prepared</b>					
		<b>Full Name</b> Jed A McGinnis			<b>Date Prepared</b> 08/27/2020					
<b>38. Reason for Amendment</b>										