PR001 08-Dec-14

Preliminary Report of Accident

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

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I. Accident Type:	2 Accident Clas	3. Date/Time of Accident 4. Date/Time of Death					5. Fatal Case No			
Fatal Injury	2000 0 30			Section Sectio	Section and administration of the section of the se					
6. Mine Information :	Machinery				07/10/20	13 03.0	U FIVI	07/10/2013	03:00 PM	23
			Mino Namo				2)	Danast of Minin	r Company	
			b) Mine Name Troy Plant			c) Parent of Mining Company John H. Ford				
7. Mine Location :				ounty	c) State			B. Mine ID Numb		9. Union:
7. Mine Location : a) City Troy			b) County Obion		TN			40-02271		NO NO
10. Primary Mineral Mined:		11. N			b) Underground	c) O	pen Pit/0			7-9/15
CONSTRUCTION SA	ND & GRAVEL N	1	Employees:	8	0		_	3	5	0
12. Contractor Name:						T	13. Unio	on	14. Contrac	tor ID Number:
15. Contractor Address:	a) City	57			b) County			c) State	d) Zi	p Code
16. Number of Contractor	Employees:	a) Total	b)	Underground	c) Op	en Pit/Qua	ırry	d) Mill/	Prep Plant	e) Other
17. Number of Persons in	Mine at Time of Acc	ident-			19 Number	n of Porson	e Unage	ounted For:	-	
a) Mine Employees:	6		actor Employe	es: 0		Employees:		•	Contractor Emp	levees: 0
19) Location of Accident										20. Mining Height:
01-Underground	X	03-Open	Pit	07-Advan	ce Mining	30-Mi	ill/Prep	Plant O	ther (specify)	Feet Inches
02-Surface at Underg	ground	06-Dredg	ge Mining	08-Retrea	t Mining	99-01	ffice Fac	ility		
21. Nonfatal Injuries:	0 22. Fa	ıtal İnjuri	ies: 1							
23. Victim Information:	Joe I	a) Name D. Treva			b) Age 68					
c) Regular Job Title:				y at Time of Ac					X M	ine Employee
Dozer Operat	tor				Operating	g Dozer				
24. Experience : Year	s Weeks Days		Years We	eks Days		Year	s Weeks	Days		Years Weeks Days
a) Total: 23		at the m	ine: 23 9	9 0 c) s	at activity (23d)	23	9		th Contractor	
25. Autopsy Performed:	If Yes, Location	n						26. Mine Telep		
YES Memphis	s, Tennessee							(7.	31) 445-9124	
27. Description of Acciden										
The victim was pushin	g material with a	dozer w	hen the mac	hine veered	to the right an	nd travele	d into	a water filled p	it.	
The information provided	in this natice is base	l on proli	minary data O!	VI V and doos r	not represent fin-	al determi	ations r	recording the net	ure of the incides	nt or conclusions
regarding the cause of the		ou pren	uimary data O	1171 and does i	iot represent min	ai descring	24 (10115) 1	egarung me nas	are or the merce	it of conclusions
28. Equipment Manufacturer: Caterpillar					29. Me	del:	D	- 8N		
30. District: 32. Field Office: Frank			ce: Frankli	in TN	33, Event Number: 664			vent Number: 66430	089	
34. Accident Investigator: 35. MSHA Per					erson Notified:				Date	Time
				se Schlick				0/2013	04:08 P	
36. Type of Report:	Initial	37. Nan	ae of Preparer a	and Date Prepa Mike Hanch	TV1				Date 07/11/201	3
39 Peacan For Amandma									07/11/201	-