

PR001
12-Jan-15

Preliminary Report of Accident

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



1. Accident Type: Fatal Injury		2. Accident Classification Falling, Rolling or Sliding Rock /Material		3. Date/Time of Accident 01/08/2015 02:03 PM		4. Date/Time of Death 01/08/2015 03:51 PM		5. Fatal Case No 1			
6. Mine Information :											
a) Mining Company Name Knife River Construction			b) Mine Name Knife River Construction Vernalis Plant			c) Parent of Mining Company MDU Resources Group Inc					
7. Mine Location :		a) City TRACY		b) County San Joaquin		c) State CA		8. Mine ID Number: 04-05459		9. Union: YES	
10. Primary Mineral Mined: CONSTRUCTION SAND & GRAVEL M			11. Number of Mine Employees: 10		a) Total 10	b) Underground 0	c) Open Pit/Quarry 3		d) Mill/Prep Plant 4	e) Other 3	
12. Contractor Name: Polydeck Screen Corporation						13. Union NO		14. Contractor ID Number: E611			
15. Contractor Address:		a) City Spartanburg		b) County Spartanburg		c) State SC		d) Zip Code 29307			
16. Number of Contractor Employees:		a) Total 1		b) Underground 0		c) Open Pit/Quarry 0		d) Mill/Prep Plant 1		e) Other 0	
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:					
a) Mine Employees: 8		b) Contractor Employees: 1		a) Mine Employees: 0		b) Contractor Employees: 0					
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: 0		22. Fatal Injuries: 1									
23. Victim Information :											
a) Name Alan Tindall				b) Age 63							
c) Regular Job Title: West Coast Sales Manager				d) Activity at Time of Accident: Mechanic Helper						<input checked="" type="checkbox"/> Contractor Employee	
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days			
a) Total:		11 39 6		b) at the mine:		c) at activity (23d)		d) with Contractor		11 39 6	
25. Autopsy Performed: If Yes, Location NO						26. Mine Telephone No.: (209) 830-5130					

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

The victim was severely injured while installing new screen panels in the B tower screen. The feeder box pivoted, pinning him between the box and the rear support beam of the screen deck. The victim was transported to a hospital where he died.

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: Metso			29. Model: 26A93A				
30. District: M7000 Western		32. Field Office: Vacaville CA			33. Event Number: 6663521		
34. Accident Investigator: Bart T. Wrobel			35. MSHA Person Notified: James Fitch		Date 01/08/2015		Time 02:36 P
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Mike Hancher <i>MH</i>			Date 01/12/2015		
38. Reason For Amendment:							