## **Preliminary Report of Accident**

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

(315) 535-3238

Accident Type: 2. Accident Classification				3. Date/Time	3. Date/Time of Accident			4. Date/Time of Death			5. Fatal Case No		
Fatal Injury Exploding Vessels under Pressure				10/02/20	18 12:	2:00 PM 10/02/2			12:33 PM	2:33 PM 10			
6. Mine Information :								-					
a) Mining Company Name		b) Mine	Name				(	e) Parent	of Mining (	Company			
Empire State Mines LLC		Empire	State Mi	ines				Augusta	Group Co	ompany			
7. Mine Location :	b) County			c) State	c) State 8			8. Mine ID Number:			9. Union:		
GO	UVERNEUR	St Lawrence			NY	NY			30-01185			YES	
10. Primary Mineral Mined:		11. Number		a) Total	b) Underground	c) (	Open Pit	/Quarry	d) M	lill/Prep Plan	t e	) Other	
LEAD-ZINC ORE MININ	G, N.E.C.	Employe	ees:	161	102			0		59		0	
12. Contractor Name:							13. Ur	nion		14. Contra	ictor ID Nu	mber:	
Major Drillin	g							NO		S5	80		
15. Contractor Address:	a) City				b) County			c) S	state	d) 2	Zip Code		
Salt	Lake City			S	alt Lake				UT	84	120		
16. Number of Contractor Em	ployees:	a) Total	b) U	ndergroun	d c) Op	en Pit/Q	uarry		d) Mill/Pr	ep Plant	e) Oth	er	
		54		36		C	)			0	1	8	
17. Number of Persons in Min	e at Time of Accid	ent:			18. Number	of Perso	ons Unac	counted l	For:				
a) Mine Employees:	42	b) Contractor E	mployees:	36	a) Mine I	Employee	es:	0	b) C	ontractor Em	ployees:	0	
19) Location of Accident			F								20. M	ining Height	
X 01-Underground		3-Open Pit	L	_	ance Mining		Mill/Prej		Oth	er (specify)	Fee	t Inches	
02-Surface at Undergrou	ind 0	6-Dredge Minii	ng	08-Retr	eat Mining	99-0	Office Fa	cility			1	50	
21. Nonfatal Injuries:	22. Fat	al Injuries:	1										
23. Victim Information :	:	a) Name			b) Age								
	Brenda	an P. Demast	ters		40								
c) Regular Job Title:		d)	Activity a	t Time of A									
Foreman					Clearing b					X (		r Employee	
24. Experience : Years We			ears Weeks				ars Weel	•			Years We	•	
u) rotait <b></b>	<b>.</b> , .	at the mine:	0 16	0 c	at activity (23d)	2	20 0	-	,	Contractor	4 2	42	
25. Autopsy Performed:	If Yes, Location							26. M	ine Telepho	ne No.:			

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

During development of a raise on the 2730 level of the mine, a contract foreman (victim) was attempting to clean out a previously blasted verticle drill hole with a high-pressure air hose. A sudden release of pressure from inside of the hole forced material to be ejected from the hole and struck the foreman. The foreman died from the resultant injuries.

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:		29. Model:					
30. District: M2000 Northeastern	32. Field Office: Geneva NY	33. Event Number: 0826157					
34. Accident Investigator:	35. MSHA Person Notified:	Date Time					
Gary C. Merwine	Joseph M. Denk	10/02/2018 12:20 PM					
36. Type of Report:	37. Name of Preparer and Date Prepared:	Date					
Initial	Joseph M. Denk	10/11/2018					

38. Reason For Amendment:

PR001

YES

Canton Hospital - Richville, NY

11-Oct-18

