

Preliminary Report of Accident



1. Accident Type: Fatal Injury	2. Accident Classification Falling, Rolling, Sliding Rock/Material	3. Date/Time of Accident 06/30/2015 11:00 AM	4. Date/Time of Death 06/30/2015 11:00 AM	5. Fatal Case No 9
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6. Mine Information :

a) Mining Company Name P A Landers Inc	b) Mine Name CEC #4	c) Parent of Mining Company Louise Landers
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7. Mine Location :	a) City PLYMOUTH	b) County Plymouth	c) State MA	8. Mine ID Number: 19-01128	9. Union: NO
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10. Primary Mineral Mined: CONSTRUCTION SAND & GRAVEL M	11. Number of Mine Employees:	a) Total 3	b) Underground 0	c) Open Pit/Quarry 2	d) Mill/Prep Plant 0	e) Other 1
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12. Contractor Name:	13. Union	14. Contractor ID Number:
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15. Contractor Address:	a) City	b) County	c) State	d) Zip Code
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16. Number of Contractor Employees:	a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
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17. Number of Persons in Mine at Time of Accident:	18. Number of Persons Unaccounted For:
a) Mine Employees: 2	b) Contractor Employees: 0
a) Mine Employees: 0	b) Contractor Employees: 0

19) Location of Accident	<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)	20. Mining Height:
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 99-Office Facility		Feet Inches
<input type="checkbox"/> 02-Surface at Underground					118

21. Nonfatal Injuries: 0	22. Fatal Injuries: 1
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23. Victim Information :	a) Name Charles E. Pace	b) Age 65
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c) Regular Job Title: Equipment Operator	d) Activity at Time of Accident: Feeding screening plant	<input checked="" type="checkbox"/> Mine Employee
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24. Experience :	Years Weeks Days	Years Weeks Days	Years Weeks Days	Years Weeks Days
a) Total:	19 8 0	b) at the mine: 11 8 0	c) at activity (23d): 11 8 0	d) with Contractor

25. Autopsy Performed: If Yes, Location YES Boston, MA	26. Mine Telephone No.: (781) 826-8818
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27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The victim was operating a front-end loader removing material from a sand bank to feed an onsite screening plant. While working in the sand bank, the material above fell and engulfed the machine entering the operator's cab. The victim was extricated from the cab at approximately 3:00 p.m.

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: Caterpillar	29. Model: 972M
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30. District: M2000 Northeastern	32. Field Office: Manchester NH	33. Event Number: 6686213
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34. Accident Investigator: Thomas J. Shilling	35. MSHA Person Notified: Kevin H. Abel	Date 06/30/2015	Time 11:24 A
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36. Type of Report: Initial	37. Name of Preparer and Date Prepared Joseph M. Denk	Date 07/01/2015
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38. Reason For Amendment: