

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Electrical		3. Date/Time of Accident 09/13/2011 09:30 AM		4. Date/Time of Death 09/13/2011 09:30 AM		5. Fatal Case No 9			
6. Mine Information :											
a) Mining Company Name DeAtley Crushing Co			b) Mine Name Plant #1			c) Parent of Mining Company Brien DeAtley					
7. Mine Location :		a) City Oaksdale		b) County Whitman		c) State WA		8. Mine ID Number: 10-01658		9. Union: NO	
10. Primary Mineral Mined: CONSTRUCTION SAND & GRAVEL M			11. Number of Mine Employees:		a) Total 10		b) Underground 10		c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
12. Contractor Name:						13. Union		14. Contractor ID Number:			
15. Contractor Address:		a) City		b) County		c) State		d) Zip Code			
16. Number of Contractor Employees:		a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other	
17. Number of Persons in Mine at Time of Accident:					18. Number of Persons Unaccounted For:						
a) Mine Employees: 5		b) Contractor Employees: 0			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 James Hussey			b) Age 38						
c) Regular Job Title: Quality Control		d) Activity at Time of Accident: Working on generator				<input checked="" type="checkbox"/> Mine Employee					
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days			
a) Total: 3 22 6		b) at the mine: 3 22 6		c) at activity (23d)		3 22 6		d) with Contractor			
25. Autopsy Performed: If Yes, Location YES Colfax, Washington						26. Mine Telephone No.: (208) 413-3360					

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

The victim opened a 480v feeder box at the motor control center and started to remove the leads when he was fatally shocked. This accident occurred at a portable operation.

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: SR4B				
30. District: M7000 Western		32. Field Office: Boise ID		33. Event Number: 1159420		
34. Accident Investigator: Gary Hebel		35. MSHA Person Notified: Kevin G. Hirsch		Date 09/13/2011		Time 11:05 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher <i>mh</i>		Date 09/15/2011		
38. Reason For Amendment:						