

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Roof or Back		3. Date/Time of Accident 01/21/2015 10:20 PM		4. Date/Time of Death 01/21/2015 10:20 PM		5. Fatal Case No 3				
6. Mine Information :												
a) Mining Company Name The Doe Run Company			b) Mine Name Fletcher Mine and Mill			c) Parent of Mining Company Renco Group						
7. Mine Location :		a) City Bunker		b) County Reynolds		c) State MO		8. Mine ID Number: 23-00409		9. Union: NO		
10. Primary Mineral Mined: LEAD ORE MINING		11. Number of Mine Employees:		a) Total 186	b) Underground 137	c) Open Pit/Quarry		d) Mill/Prep Plant 22	e) Other 27			
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 4		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: 28		b) Contractor Employees: 1				a) Mine Employees:		b) Contractor Employees:				
19) Location of Accident								20. Mining Height:				
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> 99-Office Facility	<input type="checkbox"/> Other (specify)	Feet	Inches		
21. Nonfatal Injuries:		22. Fatal Injuries:		1								
23. Victim Information :				a) Name John Hoodenpyle		b) Age 54						
c) Regular Job Title: Ground Support				d) Activity at Time of Accident: Operating Mechanical Scaler				<input checked="" type="checkbox"/> Mine Employee				
24. Experience :	Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days					
a) Total:	4	20	0	b) at the mine:	4	20	0	c) at activity (23d)	2	4	0	d) with Contractor
25. Autopsy Performed: If Yes, Location								26. Mine Telephone No.: (573) 689-2251				

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 mechanical scaler in an intersection when a roof fall (30 feet long x 15 feet wide x 6 high) occurred, covering the machine.

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: Getman				29. Model: S330					
30. District: M5000 South Central		32. Field Office: Rolla-South MO				33. Event Number: 6654877			
34. Accident Investigator: Michael VanDorn				35. MSHA Person Notified: William O'Dell		Date 01/21/2015		Time 10:50 P	
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Mike Hancher <i>MH</i>				Date 01/22/2015			
38. Reason For Amendment:									