

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 03/23/2015 02:30 PM		4. Date/Time of Death 03/23/2015 02:39 PM		5. Fatal Case No 6		
6. Mine Information :										
a) Mining Company Name Kane's Quarry			b) Mine Name Kane's Quarry			c) Parent of Mining Company Kane's Quarry				
7. Mine Location :		a) City Montrose		b) County SUSQUEHANNA		c) State PA		8. Mine ID Number: 36-10136		9. Union: NO
10. Primary Mineral Mined: DIMENSION SANDSTONE MINING		11. Number of Mine Employees:		a) Total 2	b) Underground 0	c) Open Pit/Quarry 2		d) Mill/Prep Plant 0	e) Other 0	
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: 2		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)		
<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		Feet	Inches	
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1								
23. Victim Information :		a) Name Daniel E. Acker			b) Age 48					
c) Regular Job Title: Owner/Operator				d) Activity at Time of Accident: Operating Block Saw				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		
a) Total:		20 0 0		b) at the mine: 3 0 0		c) at activity (23d) 20 0 0		d) with Contractor 0 0 0		
25. Autopsy Performed: If Yes, Location YES Northeast Forensic Center						26. Mine Telephone No.: (570) 553-2654				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The miner was operating a walk behind masonry saw, positioned between the saw and a ledge, when he tripped and fell. The victim and the saw went over the 4½ foot ledge and the saw fell on him.

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: Meco			29. Model: 40D Vertical Saw		
30. District: M2000 Northeastern		32. Field Office: Wyomissing PA			33. Event Number:
34. Accident Investigator: Thomas J. Shilling			35. MSHA Person Notified: Joseph M. Denk		Date 03/23/2015
					Time 03:46 P
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Mike Hancher <i>MH</i>			Date 03/25/2015
38. Reason For Amendment:					