

**Appendix F - Accident Investigation Data - Victim Information**

**Accident Investigation Data - Victim Information**

**U.S. Department of Labor**



Event Number: **4 1 3 4 4 1 4**

Mine Safety and Health Administration

**Victim Information: 1**

1. Name of Injured/III Employee: <i>Terry Helms</i>		2. Sex <i>M</i>	3. Victim's Age <i>50</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 01/02/2006 b. Time: 17:00</i>				7. Date and Time Started: <i>a. Date: 01/02/2006 b. Time: 6:00</i>											
8. Regular Job Title: <i>195 Preshifter</i>			9. Work Activity when Injured: <i>092 walking</i>		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
11. Experience a. This Work Activity: <i>11 0 0</i>	Years <i>11</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title: <i>0 26 0</i>	Years <i>0</i>	Weeks <i>26</i>	Days <i>0</i>	c. This Mine: <i>0 26 0</i>	Years <i>0</i>	Weeks <i>26</i>	Days <i>0</i>	d. Total Mining: <i>29 0 0</i>	Years <i>29</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>023 carbon monoxide gas from an explosion</i>				13. Nature of Injury or Illness: <i>110 carbon monoxide intoxication</i>											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment: (If different from production operator) <i>Operator</i>			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable: <input checked="" type="checkbox"/> First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>												

**Victim Information: 2**

1. Name of Injured/III Employee: <i>Jackie L. Weaver</i>		2. Sex <i>M</i>	3. Victim's Age <i>51</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 01/03/2006 b. Time: 17:00</i>				7. Date and Time Started: <i>a. Date: 01/02/2006 b. Time: 6:00</i>											
8. Regular Job Title: <i>002 Electrician</i>			9. Work Activity when Injured: <i>076 traveling to work assignment</i>		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
11. Experience a. This Work Activity: <i>26 0 0</i>	Years <i>26</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title: <i>26 0 0</i>	Years <i>2</i>	Weeks <i>0</i>	Days <i>0</i>	c. This Mine: <i>2 0 0</i>	Years <i>2</i>	Weeks <i>0</i>	Days <i>0</i>	d. Total Mining: <i>26 0 0</i>	Years <i>26</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>023 carbon monoxide from explosion</i>				13. Nature of Injury or Illness: <i>110 carbon monoxide intoxication</i>											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment: (If different from production operator) <i>Operator</i>			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable: <input checked="" type="checkbox"/> First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>												

**Victim Information: 3**

1. Name of Injured/III Employee: <i>James A. Bennett</i>		2. Sex <i>M</i>	3. Victim's Age <i>61</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 01/02/2006 b. Time: 17:00</i>				7. Date and Time Started: <i>a. Date: 01/02/2006 b. Time: 6:00</i>											
8. Regular Job Title: <i>050 Shuttle Car Operator</i>			9. Work Activity when Injured: <i>076 Traveling to work assignment</i>		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
11. Experience a. This Work Activity: <i>23 0 0</i>	Years <i>23</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title: <i>23 0 0</i>	Years <i>0</i>	Weeks <i>20</i>	Days <i>0</i>	c. This Mine: <i>0 20 0</i>	Years <i>0</i>	Weeks <i>20</i>	Days <i>0</i>	d. Total Mining: <i>25 0 0</i>	Years <i>25</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>023 carbon monoxide from explosion</i>				13. Nature of Injury or Illness: <i>100 carbon monoxide intoxication</i>											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment: (If different from production operator) <i>Operator</i>			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable: <input checked="" type="checkbox"/> First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>												



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**U.S. Department of Labor**

Mine Safety and Health Administration



Event Number: **4 1 3 4 4 1 4**

**Victim Information: 7**

1. Name of Injured/III Employee: <i>Fred G. Ware</i>		2. Sex <i>M</i>	3. Victim's Age <i>58</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 01/02/2006 b. Time: 17:00</i>				7. Date and Time Started: <i>a. Date: 01/02/2006 b. Time: 6:00</i>											
8. Regular Job Title: <i>036 Continuous Miner Operator</i>			9. Work Activity when Injured: <i>076 Traveling to work assignment</i>		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No										
11. Experience a. This Work Activity: <i>15 0 0</i>	Years <i>15</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title: <i>15 0 0</i>	Years <i>15</i>	Weeks <i>0</i>	Days <i>0</i>	c. This Mine: <i>1 36 0</i>	Years <i>1</i>	Weeks <i>36</i>	Days <i>0</i>	d. Total Mining: <i>37 0 0</i>	Years <i>37</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>023 Carbon monoxide from explosion</i>				13. Nature of Injury or Illness: <i>110 Carbon monoxide intoxication</i>											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment: (If different from production operator) <i>Operator</i>			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable:           First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>												

**Victim Information: 8**

1. Name of Injured/III Employee: <i>Jesse L. Jones</i>		2. Sex <i>M</i>	3. Victim's Age <i>44</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 01/02/2006 b. Time: 17:00</i>				7. Date and Time Started: <i>a. Date: 01/02/2006 b. Time: 6:00</i>											
8. Regular Job Title: <i>046 Roof bolter operator</i>			9. Work Activity when Injured: <i>076 Traveling to work assignment</i>		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No										
11. Experience a. This Work Activity: <i>14 0 0</i>	Years <i>14</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title: <i>14 0 0</i>	Years <i>14</i>	Weeks <i>0</i>	Days <i>0</i>	c. This Mine: <i>0 36 0</i>	Years <i>0</i>	Weeks <i>36</i>	Days <i>0</i>	d. Total Mining: <i>16 0 0</i>	Years <i>16</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>023 Carbon monoxide from explosion</i>				13. Nature of Injury or Illness: <i>110 Carbon monoxide intoxication</i>											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment: (If different from production operator) <i>Operator</i>			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable:   <input checked="" type="checkbox"/>   First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>												

**Victim Information: 9**

1. Name of Injured/III Employee: <i>Marshall Winans</i>		2. Sex <i>M</i>	3. Victim's Age <i>50</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 01/02/2006 b. Time: 17:00</i>				7. Date and Time Started: <i>a. Date: 01/02/2006 b. Time: 6:00</i>											
8. Regular Job Title: <i>028 Scoop Operator</i>			9. Work Activity when Injured: <i>076 Traveling to work assignment</i>		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No										
11. Experience a. This Work Activity: <i>5 0 0</i>	Years <i>5</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title: <i>5 0 0</i>	Years <i>5</i>	Weeks <i>0</i>	Days <i>0</i>	c. This Mine: <i>1 8 0</i>	Years <i>1</i>	Weeks <i>8</i>	Days <i>0</i>	d. Total Mining: <i>23 0 0</i>	Years <i>23</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>023 Carbon monoxide from explosion</i>				13. Nature of Injury or Illness: <i>110 Carbon monoxide intoxication</i>											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment: (If different from production operator) <i>Operator</i>			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable:   <input checked="" type="checkbox"/>   First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>												



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Mine Safety and Health Administration



**Accident Investigation Data - Victim Information**

Event Number: **4 1 3 4 4 1 4**

Victim Information: **13**

1. Name of Injured/III Employee: <i>Randal McCloy</i>		2. Sex <i>M</i>	3. Victim's Age <i>26</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>02 Permanent total or partial disability</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: <i>a. Date: 01/02/2006 b. Time: 6:00</i>											
8. Regular Job Title: <i>046 Roof Bolter Operator</i>			9. Work Activity when Injured: <i>076 Traveling to work assignment</i>		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
11. Experience a. This Work Activity: <i>0 24 0</i>	Years <i>0</i>	Weeks <i>24</i>	Days <i>0</i>	b. Regular Job Title: <i>0 24 0</i>	Years <i>0</i>	Weeks <i>24</i>	Days <i>0</i>	c. This Mine: <i>1 16 0</i>	Years <i>1</i>	Weeks <i>16</i>	Days <i>0</i>	d. Total Mining: <i>4 12 0</i>	Years <i>4</i>	Weeks <i>12</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>023 Carbon monoxide from explosion</i>				13. Nature of Injury or Illness: <i>110 Carbon monoxide poisoning</i>											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment:(If different from production operator) <i>Operator</i>			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable: <input checked="" type="checkbox"/> First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>												

**Victim Information:**

1. Name of Injured/III Employee:		2. Sex	3. Victim's Age	4. Last Four Digits of SSN:	5. Degree of Injury:										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started:											
8. Regular Job Title:			9. Work Activity when Injured:		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No										
11. Experience a. This Work Activity:	Years	Weeks	Days	b. Regular Job Title:	Years	Weeks	Days	c. This Mine:	Years	Weeks	Days	d. Total Mining:	Years	Weeks	Days
12. What Directly Inflicted Injury or Illness?				13. Nature of Injury or Illness:											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment: (If different from production operator)			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable:           First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim:												

**Victim Information:**

1. Name of Injured/III Employee:		2. Sex	3. Victim's Age	4. Last Four Digits of SSN:	5. Degree of Injury:										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started:											
8. Regular Job Title:			9. Work Activity when Injured:		10. Was this work activity part of regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No										
11. Experience a. This Work Activity:	Years	Weeks	Days	b. Regular Job Title:	Years	Weeks	Days	c. This Mine:	Years	Weeks	Days	d. Total Mining:	Years	Weeks	Days
12. What Directly Inflicted Injury or Illness?				13. Nature of Injury or Illness:											
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:															
15. Company of Employment:(If different from production operator)			Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable:           First-Aid:           CPR:           EMT:           Medical Professional:           None:															
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim:												