

Appendix I - Victim Data Sheet

Accident Investigation Data - Victim Information

U.S. Department of Labor
Mine Safety and Health Administration



Event Number:

Victim Information: 1

1. Name of Injured/III Employee: <i>Elery Hatfield</i>		2. Sex <i>M</i>	3. Victim's Age <i>46</i>		4. Last Four Digits of SSN:		5. Degree of Injury: <i>01 Fatal</i>													
6. Date(MM/DD/YYYY) and Time(24 Hr.) Of Death: <i>a. Date: 01/19/2006 b. Time: 7:00</i>					7. Date and Time Started: <i>a. Date: 01/19/2006 b. Time: 2:30</i>															
8. Regular Job Title: <i>012 BOLTER OPERATOR</i>			9. Work Activity when Injured: <i>022 Evacuation during mine fire</i>			10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>														
11. Experience a. This Work Activity: <i>11</i>		Years	Weeks	Days	b. Regular Job Title: <i>4</i>		Years	Weeks	Days	c. This Mine: <i>4</i>		Years	Weeks	Days	d. Total Mining: <i>11</i>			Years	Weeks	Days
12. What Directly Inflicted Injury or Illness <i>045 Belt Fire</i>					13. Nature of Injury or Illness: <i>110 Asphyxia</i>															
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>																				
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 type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input checked="" type="checkbox"/>																				
17. Part 50 Document Control Number: (form 7000-1)					18. Union Affiliation of Victim: <i>9999</i>					<i>None (No Union Affiliation)</i>										

Victim Information: 2

1. Name of Injured/III Employee: <i>Don Bragg</i>		2. Sex <i>M</i>	3. Victim's Age <i>33</i>		4. Last Four Digits of SSN:		5. Degree of Injury: <i>01 Fatal</i>													
6. Date(MM/DD/YYYY) and Time(24 Hr.) Of Death: <i>a. Date: 01/19/2006 b. Time: 7:00</i>					7. Date and Time Started <i>a. Date: 01/19/2006 b. Time: 2:30</i>															
8. Regular Job Title: <i>014 Roof Bolter</i>			9. Work Activity when Injured: <i>022 Evacuation during mine fire</i>			10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>														
11. Experience a. This Work Activity: <i>9</i>		Years	Weeks	Days	b. Regular Job Title: <i>4</i>		Years	Weeks	Days	c. This Mine: <i>2</i>		Years	Weeks	Days	d. Total Mining: <i>9</i>			Years	Weeks	Days
12. What Directly Inflicted Injury or Illness? <i>045 Belt Fire</i>					13. Nature of Injury or Illness: <i>110 Carbon Monoxide Intoxication</i>															
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>																				
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 type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input checked="" type="checkbox"/>																				
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/YYYY) 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? Yes <input type="checkbox"/> No <input type="checkbox"/>														
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: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>																				
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