## Accident Investigation Data - Victim Information Event Number: 4 1 1 1 5 2 4

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



Victim Information: 1											
. Name of Injured/III Employee: 2. Sex 3. Victim's Age 4. Last Fo					ur Digits of SSN: 5. Degree of Injury:						
Ellery Hatfield		01 Fatal									
6. Date(MM//DD/YY) and Time(24 Hr.) Of Death: 7. Date and Time Started:											
a. Date: 01/19/2006 b.Time: 7:00 a. Date: 01/19/2006 b.Time: 2:30											
8. Regular Job Title:			10. Was t	his work act	ivity part	of regular jo	ob?				
012 BOLTER OPERATOR 022 Evacuation during					ire		Yes   No X				
11. Experience Years Weeks D:	ays	Years	Weeks	Days	Year	s Weeks	Days		Years	Weeks	Days
a. This	b. Regula	ar		-	c: This		•	d. Total			-
Tront leanly.	9 Job Title	4 (	2 (		Mine: 4	26	0	Mining:	11	26	0
12. What Directly Inflicted Injury or Illness  045 Belt Fire  13. Nature of Injury or Illness:  140 Asphyxia											
14. Training Deficiencies:											
Hazard:   New/Newly-Employed Experienced Miner:   Annual:   Task											
15. Company of Employment: (If different from production operator)											
Operafor Independent Contractor ID: (if applicable)											
16. On-site Emergency Medical Treatment											
Not Applicable: First-Aid:		CPR:	EMT:		Medical Pro	fessional:	None:	X			
17. Part 50 Document Control Number: (for	n 7000-1)		1	8. Union	Affiliation of Vid	tim: 9999	None (	'No Union A	ffiliation)		
Victim Information: 2											
Name of Injured/III Employee: 2	5. Degree of Ir	njury:									
Don Bragg	м з	3				01 Fatal					
6. Date(MM/DD/YY) and Time(24 Hr.) Of D	eath:			7. Date	e and Time Star	ted					
a. Date: 01/19/2006 b.Time: 7:00					a. Date: 0	01/19/2006 b.	Time: 2:30	0			
8. Regular Job Title: 9. Work Activity when Injured					ed: 10. Was this work activity part of regular job?						
014 Roof Bolter		022 Evad	uation duri	ing mine	fire	Yes   No  X					
11 Eynetience											
a. This Years Weeks	Days b. Regu	ılar Years '	Weeks I	Days	c: This	irs Week	Days	d. Total	ears \	Weeks [	Days
Work Activity: 9 26 0	Job Titl	e: 4 (	0		Mine: 2	34	0	Mining: g	)	26	0
12. What Directly Inflicted Injury or Illness?  13. Nature of Injury or Illness:											
045 Belt Fire					110 Carbon N	lonoxide Intoxica	tion				
14. Training Deficiencies:	Employed Experi	enced Miner	1		Annua	e I I	Task:	l i			
					7411100	··	1 3010				
15. Company of Employment (If different from production operator)  Independent Contractor ID: (if applicable)											
Operator  16. On-site Emergency Medical Treatment:											
Not Applicable: First-Aid:		PR:	EMT:		Medical Prot	essional:	None:	x			
17.Part 50 Document Control Number: (form	7000-1)		1	8 Union	Affiliation of Vir	tim:					
17.Part 50 Document Control Number: (form 7000-1)  18. Union Affiliation of Victim:  Victim Information:											
Name of Injured/III Employee:	2. Sex   3. Vio	tim's Age	4. Last F	Four Diai	ts of SSN:	5. Degree of	Injury:				
		,					, ,				
6. Date(MM/DD/YY) and Time(24 Hr.) Of D	eath:			7. Dat	e and Time Sta	rted:					
8. Regular Job Title:		9. Work Ac	tivity when	Injured:			10. Was	this work a	ctivity parl	of regular	iob?
3			,	,				Yes	No	l I	
11 Evnerience				_				162			
11. Experience: Years Weeks a. This	Days b. Reg	Years ular	Weeks	Days	C: This	ars Week	Days	d. Total	Years	Weeks	Days
Work Activity:	Job Tit				Mine:			Mining:			
12. What Directly Inflicted Injury or Illness					13. Nature of In	jury or Illness:					
14. Training Deficiencies:							Tools	1 .			
	y-Employed Expe		$\square$		Annı	ıaı:	Task:				
15.Company of Employment (If different from production operator)  Independent Contractor ID: (If applicable)											
16. On-site Emergency Medical Treatment:	e	CPR:	ЕМТ:	1 1	Medical Pr	nfessional:	None:	1 1			
Not Applicable: First-Aid		OFR.	LIVI I.				NOTIC.				
17. Part 50 Document Control Number: (form 7000-1)  18. Union Affiliation of Victim:											