## PR001 28-Jan-13

## **Preliminary Report of Accident**

**U.S. Department of Labor** 

Mine Safety and Health Administration

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1. Accident Type:	ccident Type: 2. Accident Classification				3. Date/Time	3. Date/Time of Accident 4. Date/			e/Time of Death		5. Fatal Case No	
Fatal Injury	Mad	Machinery			01/26/20	01/26/2013 11:25 AM 01/2			11:25 AM	#1	#1	
6. Mine Informatio	on:	-										
a) Mining Compar	ny Name		b) Mir	ne Name				c) Pa	arent of Mining	Company		
T & T Energy, L	LC		Begle	y Resoui	rces #1			Am	y C Hamilton			
7. Mine Location :	a	) City		b) Co	ounty	c) State	!	8.1	Mine ID Number	:	9. Union:	
Hyden			l	_eslie		KY				5-19550 NO		
10. Primary Miner	al Mined:		11. Nun		a) Total	b) Underground	c) Oper	n Pit/Qu	arry d) N	/Iill/Prep Plant	t e) O	ther
BITUMINOUS			Mine Em	iployees:	35							
12. Contractor Nar	ne:		•				13	3. Union		14. Contra	ctor ID Numl	ber:
W	atts Welding &	Fabricatir	ng					NC	)	NX.	A	
15. Contractor Add	dress:	a) City				b) County			c) State	d) Z	ip Code	
	Slemp				Pe	erry			KY	41	763	
16. Number of Con	tractor Employee	s:	a) Total	<b>b</b> )	Underground	c) O <sub>l</sub>	en Pit/Quarr	y	d) Mill/Pi	rep Plant	e) Other	
			5									
17. Number of Per	sons in Mine at Ti	me of Acci	dent:			18. Numbe	r of Persons U	Jnaccou	nted For:			
a) Mine Employees	s: 8		b) Contractor	Employee	s: 5	a) Mine	Employees:		0 <b>b</b> ) C	ontractor Emp	ployees:	0
19) Location of Acc											20. Mini	ng Height:
01-Undergrou	ınd	X	03-Open Pit			nce Mining	30-Mill/	•	_	ner (specify)	Feet	Inches
02-Surface at	Underground		06-Dredge Mi	ning	08-Retre	eat Mining	99-Offic	ce Facili	ty		100	0
21. Nonfatal Injuri	es:	22. Fa	ital Injuries:	_								
22 77 11 7 8			\ <b>\</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1		•						
23. Victim Informa	tion:		a) Name			b) Age						
c) Regular Job Titl	A.	Jerry	A. Watts	d) Activity	at Time of A	52						
Welder				u) Activity	at Time of A	Welding				<b>x</b> (	Contractor I	Employoo
24. Experience :	Years Weeks Da	vs	,	Years Wee	ks Davs	9	Years V	Weeks D	avs	Α .	Years Weeks	
a) Total:	10015 ((0015)20	•	at the mine:	2	•	at activity (23d)	2		•	Contractor	2	5 <b>2 u</b> j 5
25. Autopsy Perfor	med: If Y	es, Locatio				• • • • • • • • • • • • • • • • • • • •		2	26. Mine Telepho			
YES Fra	ankfort, Kentuck	xy .							(606	6) 672-4427		
27. Description of A	Accident (include	eavinment	involved, the	exact locat	ion in the min	e. and status of re	scue and reco	overv on	erations):			
A contract welde										bulldozer F	le received	a blunt
force trauma inju									torpiliai D fort	bulluozoi. 1	ic received	a blant
·	•	_	•			-		_				
The information pr	rovided in this not	ice is hased	l on preliminar	v data ON	I.V and does	not represent fins	ıl determinati	ions regg	ording the natur	of the incider	nt or conclusio	one
regarding the cause		ece is bused	on premimu	y data or	LI ana aoes	not represent ini	ii actei iiiiiati	ions regu	irums the nature	or the meach	it of conclusion	
28. Equipment Ma	nufacturer:	Cater	villar				29. Mode	el:	D1/	OR Bulldoze	<i>-</i>	
		Caler										
30. District: C0700	Barbourville		32.	Field Offi	ce: Haza	rd KV			33. Eve	nt Number: 6428	124	
		•										
34. Accident Invest David A. Fau						Person Notified:			01/26	ate /2013	Time 11:37 A	
			27 N	Duor		eth McClung			01/20/			
36. Type of Report	: Amende	<sub>d</sub>	31. Name of	r reparer a	nd Date Prepared David A. Fa					Date 01/26/201		
38. Reason For Am	, 11101100	~										
	endment•	•				.anaroi				01/20/20	13	