

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Face, Rib, Pillar or Highwall		3. Date/Time of Accident 01/07/2013 09:25 AM		4. Date/Time of Death 01/19/2013 11:30 AM		5. Fatal Case No 1		
6. Mine Information :										
a) Mining Company Name Lafarge West, Inc			b) Mine Name THREE RIVERS QUARRY			c) Parent of Mining Company Lafarge S A				
7. Mine Location :		a) City Smithland		b) County Livingston		c) State KY		8. Mine ID Number: 15-00100		9. Union: NO
10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE M		11. Number of Mine Employees:		a) Total 83	b) Underground 0	c) Open Pit/Quarry 32		d) Mill/Prep Plant 27	e) Other 24	
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 4		b) Underground 4		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: 43		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 Todd Sumlin			b) Age 49					
c) Regular Job Title: Assistant Plant Manager				d) Activity at Time of Accident: Gathering rock samples				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		
a) Total:		30 25 0		b) at the mine: 0 50 0		c) at activity (23d) 0 0 1		d) with Contractor		
25. Autopsy Performed: If Yes, Location YES Paducah, KY						26. Mine Telephone No.: (270) 928-2141				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The victim was injured on January 7, 2013. He was working from a man lift, taking a sample from the highwall, when a large rock fell and struck him. He was hospitalized and died on January 19, 2013.

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: Genie Man Lift			29. Model: S125		
30. District: M3000 Southeastern		32. Field Office: Franklin TN			33. Event Number: 6522801
34. Accident Investigator: James C. Croft		35. MSHA Person Notified: Michael A. Evans		Date 01/11/2013	Time 03:58 P
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>			Date 01/22/2013
38. Reason For Amendment:					