

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 09/26/2014 07:05 AM		4. Date/Time of Death 09/26/2014 07:30 AM		5. Fatal Case No 19				
6. Mine Information :												
a) Mining Company Name United Salt Corporation			b) Mine Name HOCKLEY MINE			c) Parent of Mining Company Texas United Corp						
7. Mine Location :		a) City Hockley		b) County Harris		c) State TX		8. Mine ID Number: 41-02478		9. Union: NO		
10. Primary Mineral Mined: SALT MINING		11. Number of Mine Employees:		a) Total 55	b) Underground 30	c) Open Pit/Quarry		d) Mill/Prep Plant 16	e) Other 9			
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	b) Underground	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: 30		b) Contractor Employees:			a) Mine Employees: 0		b) Contractor Employees:					
19) Location of Accident								20. Mining Height:				
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> Other (specify)				Feet	Inches			
<input checked="" type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 99-Office Facility									
21. Nonfatal Injuries:		22. Fatal Injuries:		1								
23. Victim Information :				a) Name Mark G. Benoit		b) Age 55						
c) Regular Job Title: Maintenance Mechanic			d) Activity at Time of Accident: Repairing Forklift			<input checked="" type="checkbox"/> Mine Employee						
24. Experience :	Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days					
a) Total:	1	49	2	b) at the mine:	1	49	2	c) at activity (23d)	1	49	2	d) with Contractor
25. Autopsy Performed: If Yes, Location YES						26. Mine Telephone No.: (713) 877-2600						

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

The victim was performing maintenance on a forklift in the mill building when the forklift moved forward, pinning him against a wooden support pole.

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: TCM			29. Model: FD830T7		
30. District: M5000 South Central		32. Field Office: Denham Springs LA			33. Event Number: 6604913
34. Accident Investigator: Mike Dunlap			35. MSHA Person Notified: Joe Steichen		Date: 09/26/2014 Time: 07:26 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Mike Hancher <i>MH</i>			Date 09/29/2014
38. Reason For Amendment:					