

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Falling, Rolling or Sliding Rock /Materl		3. Date/Time of Accident 11/10/2014 08:30 AM		4. Date/Time of Death 01/17/2015 02:25 AM		5. Fatal Case No 25			
6. Mine Information :											
a) Mining Company Name R&S STONE, INC.			b) Mine Name R&S STONE, INC.			c) Parent of Mining Company Terri Reed Smith; Terry Garth Reed					
7. Mine Location :		a) City Floyd		b) County Floyd		c) State VA		8. Mine ID Number: 44-02991		9. Union: NO	
10. Primary Mineral Mined: CRUSHED & BROKEN GRANITE MINI			11. Number of Mine Employees:		a) Total 7	b) Underground 0	c) Open Pit/Quarry 4		d) Mill/Prep Plant 1	e) Other 2	
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:		7		b) Contractor Employees:		0		a) Mine Employees:		0	
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)	Feet	Inches					
<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								
21. Nonfatal Injuries:		0		22. Fatal Injuries:		1					
23. Victim Information :			a) Name Carl A. Hixon			b) Age 45					
c) Regular Job Title: Crusher Operator			d) Activity at Time of Accident: Removing drill bit from crusher			<input checked="" type="checkbox"/> Mine Employee					
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days			
a) Total:		3 20 0		b) at the mine:		3 20 0		c) at activity (23d)		3 20 0	d) with Contractor
25. Autopsy Performed: If Yes, Location NO						26. Mine Telephone No.: (540) 745-6788					

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

On November 10, 2014, the victim was seriously injured at this mine. The miner was using a torch to cut a drill bit that was wedged in a jaw crusher when the bit freed and struck him. He was hospitalized and died on January 17, 2015, as a result of his injuries.

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: Minyu Machinery Corp			29. Model: MS-4230		
30. District: M2000 Northeastern		32. Field Office: Staunton VA			33. Event Number: 6630016
34. Accident Investigator: Billy J. Ratliff			35. MSHA Person Notified: Kevin T. Hardester		Date 11/10/2014
					Time 09:30 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Mike Hancher <i>MH</i>			Date 01/21/2015
38. Reason For Amendment:					