Appendix F - Accident Investigation Data - Victim Information Accident Investigation Data - Victim Information U.S. Department of Labor Event Number: 4 1 3 4 4 1 4 Mine Safety and Health Administra

Victim Information.														
Victim Information: 1														
Name of Injured/III Employee:	2. Sex	3. Victim's	Age	4. Last F	our Digi	ts of SSN:		5. Degre	e of Inju	ıry:			ě	
Terry Helms	М	50						01 F	atal	6.74		1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Karasa t
6. Date(MM/DD/YY) and Time(24 Hr.) C	of Death:				7. Date	and Time	Started	:		-				
a. Date: 01/02/2006 b.Time: 1	17:00					a. Date:	01/02/20	006 b.Tim	e: 6:00)				
8. Regular Job Title:			9. Work Ad	ctivity when	Injured:					10. Was	this work a	activity parl	of regular	job?
195 Preshifter			092 walk							-	Yes	X No		- - - - -
11. Experience Years Weeks	Days	,	Years	Weeks	Days		Years	Week	S	Days		Years	Weeks	Days
a. This Work Activity: 11 0	0	b. RegularJob Title:	0	26	0	c: This Mine:	0	26			d. Total Mining:	29	0	0
12. What Directly Inflicted Injury or Illness	?					13. Nature	of Injury	or Illness	3:					
023 carbon monoxide gas from	an explosio	on				110	arbon m	nonoxide i	ntoxica	tion	100	i di		
14. Training Deficiencies:						, ;					Teathyrin	A. Marine		i de inc
	ly-Employe	ed Experien	ced Miner:				Annual:			Task:	1 1			
15. Company of Employment:(If different	from produc	ction operat	tor)									;		
Operator		ouon oporat	,					Independ	ent Cor	tractor II): (if applic	able)		
16. On-site Emergency Medical Treatmen														
Not Applicable: X First-Aid	1 1		PR:	EMT:	1 1	Modic	al Profe	ecional:	1 1	None	1 1			
	-		FR.				al Profe			None:				
17. Part 50 Document Control Number: (f	orm /000-1	')			18. Unio	n Affiliation	of Victir	m: 999	9	None	(No Union	Affiliation)		
Victim Information: 2													± ,	
Name of Injured/III Employee:	2. Sex	3. Victim	's Age	4. Last F	our Digi	ts of SSN:		5. Degre	e of Inju	ıry:				
Jackie L. Weaver	М	51				No. 1		01 Fata	1		:	<u> </u>	<u> </u>	<u> </u>
6. Date(MM/DD/YY) and Time(24 Hr.) O	f Death:				7. Da	ate and Tim	e Starte	d:				1.2	Western der	
a. Date: 01/03/2006 b.Time:						a. I	Date: 01	/02/2006	b.Ti	me: 6:0	0			
			O Mork Ac	ctivity when I	lniurod:									
8. Regular Job Title:				•	•					10. Wa	this work	activity par	rt of regula	r job?
002 Electrican			076 trav	eling to wor	rk assigi	nment 					Yes	X No		
11. Experience: Years Weeks	Days	b. Regula	Years	Weeks	Days		V	. \^/				Years	Weeks	Days
a. This Work Activity: 26 0		b. Regula		******	24,5	a. This	Years	S 99	eek	Days	d Total	i cais		
	^	lah Titla			_	c: This				Days	d. Total		•	•
	0	Job Title:			0	Mine:	2	0	0	Days	d. Total Mining:	26	0	0
12. What Directly Inflicted Injury or Illness	?	Job Title:			0	Mine: 13.Nature	2 of Injury	0 or Illness	0				0	0
12. What Directly Inflicted Injury or Illness 023 carbon monoxide from explo	?	Job Title:			0	Mine: 13.Nature	2 of Injury	0	0				0	0
What Directly Inflicted Injury or Illness O23 carbon monoxide from explo Training Deficiencies:	? sion		: 26		0	Mine: 13.Nature 110 car	2 of Injury bon mon	0 or Illness	0	n			0	0
What Directly Inflicted Injury or Illness O23 carbon monoxide from explo Training Deficiencies: Hazard: New/New	? sion vly-Employe	ed Experien	26		0	Mine: 13.Nature 110 car	2 of Injury	0 or Illness	0				0	0
What Directly Inflicted Injury or Illness 023 carbon monoxide from explo Training Deficiencies: Hazard: New/New Section 15. Company of Employment: (If different	? sion vly-Employe	ed Experien	26		0	Mine: 13.Nature 110 car	2 of Injury bon mon	or Illness	O : oxication	n Task:	Mining:		0	0
What Directly Inflicted Injury or Illness 023 carbon monoxide from explo Training Deficiencies: Hazard: New/New Operator	? sion vly-Employe from produ	ed Experien	26		0	Mine: 13.Nature 110 car	2 of Injury bon mon	0 or Illness	O : oxication	n Task:	Mining:		0	0
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What Directly Inflicted Injury or Illness	? sion vly-Employe from produ nt:	ed Experien action opera	ced Miner:		0	Mine: 13.Nature 110 can	2 of Injury bon mon	O or Illness	O : oxication	n Task:	Mining:		0	0
What Directly Inflicted Injury or Illness	? sion vly-Employe from produ nt:	ed Experien action opera	ced Miner:	O EMT:	0	Mine: 13.Nature 110 can	2 of Injury bon mon Annual: ndent Co	or Illness noxide into	O::	n Task: pplicable	Mining:		0	0
What Directly Inflicted Injury or Illness	? sion vly-Employe from produ nt:	ed Experien action opera	ced Miner:	O EMT:	0	Mine: 13.Nature 110 can	2 of Injury bon mon Annual: ndent Co	or Illness noxide into	O::	n Task: pplicable	Mining:	26	0	
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Event Number: 4 1 3 4 4 1 4

Victim Information: 4													
Name of Injured/III Employee:	jured/III Employee: 2. Sex 3. Victim's Age 4. Last Four Digits of SSN: 5. Degree								Injury:				
Alva M. Bennett	ennett M 51 01 Fai							01 Fatal					
6. Date(MM/DD/YY) and Time(24 Hr.) C	of Death:				7. Date	and Time	Started		-50			10k (100)	
a. Date: 01/02/2006 b.Time: 1	7:00					a. Date:	01/02/20	06 b.Time: 6	:00				
8. Regular Job Title:	-		9. Work Act	tivity when	Injured:			,	10. Was	this work a	ctivity part	of regular j	ob?
036 Continuous Miner Operator			076 Trave	eling to wor	k assigi	ment				Yes	X No		***************************************
11. Experience Years Weeks a. This	Days	b. Regular	Years	Weeks	Days	c: This	Years	Weeks	Days	d. Total	Years	Weeks	Days
Work Activity: 25 0	0	Job Title:	25	0	0	Mine:	2	26	0	Mining:	29	0	0
12. What Directly Inflicted Injury or Illness						13. Nature	of Injury	or Illness:					
023 carbon monoxide from exp	losion					110	carbon m	onoxide intox	ication	104, 13			
14. Training Deficiencies:	h. Employ	d Evnerien	and Miner	l I			Annual:	1 1	Task:	aka Debah. Kal	Control of		
		ed Experience				44	Annual.		i ask.				
15. Company of Employment:(If different of Operator	from produ	ction operat	or)				1	Independent (Contractor ID	: (if applica	able)		
16. On-site Emergency Medical Treatmen	ıt:				100						***		
Not Applicable: X First-Aid	d:	C	PR:	EMT:		Medic	cal Profes	ssional:	None:	1 '			
17. Part 50 Document Control Number: (f	orm 7000-1)			18. Unic	n Affiliation	of Victir	n: 9999	None	No Union	Affiliation)		
Victim Information: 5	· ·												
Name of Injured/III Employee:	2. Sex	3. Victim	's Age	4. Last F	our Dig	ts of SSN:		5. Degree of I	Injury:				
Thomas p. Anderson	M	39						01 Fatal		1.00			
6. Date(MM/DD/YY) and Time(24 Hr.) O	f Death:				7. Da	te and Tim	ne Starte	d:					
a. Date: 01/02/2006 b.Time:	17:00	. Liles				a .	Date: 01/	/02/2006 b	o.Time: 6:00)		adijaran	
8. Regular Job Title:			9. Work Act	ivity when I	Injured:				10. Was	this work	activity par	t of regular	job?
050 Shuttle Car Operator		7	076 Trav	reling to wo	rk assig	ınment				Yes	XNo		
11. Experience: Years Weeks	Days	b. Regula	Years	Weeks	Days	c: This	Years	Week	Days	d. Total	Years	Weeks	Days
Work Activity: 2 0)	Job Title:		0 0)	Mine:	0	16	0	Mining:	10	0	0
12. What Directly Inflicted Injury or Illness	?					13.Nature	of Injury	or Iliness:			-		
023 carbon monoxide from explo				il Sand	Test	110 car	bon mon	oxide intoxica	tion			Waliot Ne	
14. Training Deficiencies:			·				_	1 1		1 1			
		ed Experien					Annual:		Task:			_	
15. Company of Employment: (If different	from produ	iction opera	tor)			Indepe	endent Co	ontractor ID: (i	f applicable)				
Operator 16. On-site Emergency Medical Treatmer			- 2/6							-			
Not Applicable: First-Aid	1 1	CPF	2.	EMT:	1 1	Medic	al Profes	ssional.	None:	1.4			
17.Part 50 Document Control Number: (fo					19 Unic	on Affiliation				No Union	Affiliation)		
Victim Information: 6					10. Ulik	T Allillation	1 OI VICUI	n: 9999	None	NO OTHOR	Annauon		
1. Name of Injured/III Employee:	2. Sex	3 Victir	n's Age	A Last	Four Di	gits of SSN	ı.	5. Degree o	f Injune				·
Martin Toler Jr.	M.	5. Victi	-	4. Last	roui Di	gits of SSN	•					a and water	a Port
6. Date(MM/DD/YY) and Time(24 Hr.) O		3,			7 D	ate and Tir	ne Starte	01 Fatal					
	ime: 17:00		O Morte A	-41: -14: do		Date: 01/0	72/2006	b.Time: 6		45.5			
8. Regular Job Title:				ctivity wher aveling to w	•				10. vvas		• •	t of regular	JOD?
049 Forman										Yes	X No		
11. Experience: Years Weeks a. This	Days	b. Regula	Years ar	Weeks	Days	c: This	Yea	rs Week	Days	d. Total	Years	Weeks	Days
Work Activity: 25 0	0	Job Title	25	0	0	Mine:	0	14	0	Mining:	32	0	0
12. What Directly Inflicted Injury or Illness	?					13. Natur	e of Injur	y or Illness:					
023 carbon monoxide from explos	ion				Y .	110	Carbon i	monoxide into	xication				Salata S
14. Training Deficiencies: Hazard: New/New/New/New/New/New/New/New/New/New/	wly-Emplo	ved Experie	enced Miner:	1 1	et danger e	28 19 84	Annua	P 1	Task:	1 1		e e a l'égiterati	rgawaya lufuuqaga
15.Company of Employment:(If different fi				1		- North Control							
Operator	Jiii produc	and operate	")			Indepe	ndent Co	ntractor ID: (if	applicable)			Anapasa.	
16. On-site Emergency Medical Treatmer	nt:				4.1899								
Not Applicable: X First-	1	С	PR:	EMT	:	Med	lical Profe	essional:	None:				
17. Part 50 Document Control Number: (f										o (No.11=	ion Affiliati	.nl	
77. Fait 50 Document Control Number: (1	om / 000-	7			18. U	Inion Affilia	uon of VI	ctim: 9999	Non	e (NO UNI	on Affiliatio	(II)	

Event Number: 4 1 3 4 4 1 4

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Victim Information: 7									-				
Name of Injured/III Employee:	our Dig	its of SSN:		5. Degree	of Injury:								
Fred G. Ware								01 Fata	al	263 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gray Philips	2000 R. S.	<u> Manaksan</u> ,
6. Date(MM/DD/YY) and Time(24 Hr.) C	Of Death:				7. Date	and Time	Started	:				***************************************	
a. Date: 01/02/2006 b.Time: 1	17:00	34.25				a. Date:	01/02/20	006 b.Time:	6:00				
8. Regular Job Title:			9. Work Ad	ctivity when	Injured:				10. W	as this work a	activity part	of regular	job?
036 Continuous Miner Operator			076 Trav	eling to wor	k assigi	nment				Yes	XNo		
11. Experience Years Weeks	Days	h Bosulos	Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days
a. This Work Activity: 15 0	0	b. RegularJob Title:	15	0	0	c: This Mine:	1	36	0	d. Total Mining:	37	0	0
12. What Directly Inflicted Injury or Illness:	?					13. Nature	of Injury	or Illness:					
023 Carbon monoxide from exp	losion			tua iliai		110	Carbon n	nonoxide in	toxication		der in the co	en diament	eathaile.
14. Training Deficiencies:	d. Emmle.	d Evanian	and Minam	1 11			A nousel:	1 1	Task	. 1 1			
	<u> </u>	ed Experien			-	'	Annual:		Task	·			
15. Company of Employment: (If different to Operator	from produ	ction operat	tor)				1	Independer	nt Contracto	r ID: (if applic	able)		
16. On-site Emergency Medical Treatmen	nt:												
Not Applicable: First-Aid	d:	C	PR:	EMT:		Medic	al Profes	ssional:	None	e:			
17. Part 50 Document Control Number: (fo	orm 7000-1)			18. Unio	n Affiliation	of Victir	m: 9999	Nor	ne (No Union	Affiliation)		
Victim Information: 8													
Name of Injured/III Employee:	2. Sex	3. Victim	's Age	4. Last F	our Dig	its of SSN:		5. Degree	of Injury:				
Jesse L. Jones	М	44						01 Fatal					
6. Date(MM/DD/YY) and Time(24 Hr.) O	f Death:				7. Da	ate and Tim	e Starte	d:					
a. Date: 01/02/2006 b.Time:	17:00					a. I	Date: 01/	/02/2006	b.Time: (5:00			
8. Regular Job Title:			9. Work Ac	tivity when	Injured:				10. V	Vas this work	activity par	t of regular	job?
046 Roof bolter operator			076 Tra	veling to wo	ork assig	nment				Yes	X No		
11. Experience: Years Weeks	Days	h Daniel	Years	Weeks	Days		Years	s Wee	ek Da	ys	Years	Weeks	Days
a. This Work Activity: 14 0	0	b. Regula		0	0	c: This Mine:	0	36	0	d. Total Mining:	16	0	0
12. What Directly Inflicted Injury or Illness		000 Tide.				13.Nature				g.	70		
023 Carbon monoxide from explo					160			noxide intox	ication			eri ili ili ili ili ili	Valoria
14. Training Deficiencies:										printer plants of			
Hazard: New/New	vly-Employe	ed Experien	ced Miner:				Annual:		Task:				
15. Company of Employment: (If different	from produ	iction opera	itor)			la de se		15			100		
Operator			7.7		-	ındepe	ndent Co	ontractor ID	: (if applicat	ne)			
16. On-site Emergency Medical Treatmen	1 1	-	_ 1					:		1 4:			
Not Applicable: X First-Aid 17.Part 50 Document Control Number: (for		CPF	₹:	EMT:			al Profes		None				
	orm 7000-1)			18. Unio	on Affiliation	of Victir	m: 9999	Nor	ne (No Union	Affiliation)		
Victim Information: 9	2 Cov	2 Mati	min Ann	14 1004	Faur Di	aita of CCN		F Dagge	of Initian				
Name of Injured/III Employee:	2. Sex		m's Age	4. Last	Four Di	gits of SSN	:		e of Injury:				
Marshall Winans 6. Date(MM/DD/YY) and Time(24 Hr.) O	f Death:	50	<u> </u>		7 D	ate and Tin	se Starte		ntal				
									6.00				
	ime: 17:00		O Mode (A additional by a contract of		. Date: 01/0	2/2006	b.Time:		Maa Alaiaad.		4 -6	-!
8. Regular Job Title:				Activity wher raveling to v	•				10. V	Vas this work			r Job?
028 Scoop Operator			070 77							Yes	X No		
11. Experience: Years Weeks a. This	Days	b. Regul	Years ar	Weeks	Days	c: This	Yea	rs We	eek D	ays d. Total	Years	Weeks	Days
Work Activity: 5 0	0	Job Title		0	0	Mine:	1	8	0	Mining:	23	0	0
12. What Directly Inflicted Injury or Illness	?					13. Natur	e of Injur	ry or Illness					1-1-1
023 Carbon monoxide from explos	sion					110	Carbon i	monoxide ir	ntoxication				
14. Training Deficiencies:	ewly-Emplo	ved Evneri	enced Miner	• L			Annua	ıı l	Tas	sk. I		and the second	
Hazard: New/New 15.Company of Employment:(If different fi		·					Ailliua	"-		J			
Operator	ioni produc	aon operati				Indeper	dent Co	ontractor ID:	(if applicab	le)			in Progressivite on
16. On-site Emergency Medical Treatmen	nt:				3. 70756 -	•				1			
	•								1 1	. 4 1			
	Aid:	C	PR:	EMT	:	Med	cal Profe	essional:	No	ne:			
Trotrippilousic.			PR:	EMT							ion Affiliation	on)	
17. Part 50 Document Control Number: (fi			PR:	ЕМТ		Med Inion Affiliat				None (No Un	ion Affiliatio	on)	***************************************

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v	•	"
7	•	•

Event Number: 4 1 3 4 4 1	4		Mii	ne Safety a	nd Health A	dministratio	on 🐃
Victim Information: 10					-		
Name of Injured/III Employee: 2. Sex	3. Victim's Age	4. Last Four Dig	ts of SSN:	5. Degree of In	jury:		
David W. Lewis M	28			01 Fatal	21845	in asawa ningo	u autoria vanta eta er
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:		7. Date	and Time Started	l:			
a. Date: 01/02/2006 b.Time: 17:00			a. Date: 01/02/20	006 b.Time: 6:0	00		
8. Regular Job Title:	9. Work Act	ivity when Injured:			10. Was this wo	ork activity part	of regular job?
047 Roof Bolter Operator	076 Trave	ling to work assing	gment		Ye	es X No	
11. Experience Years Weeks Days a. This	Years D. Regular	Weeks Days	Years c: This	Weeks	Days d. To	Years	Weeks Days
	Job Title: 1	0	Mine: 1	32	o Mini	ng: 1	32 0
12. What Directly Inflicted Injury or Illness?			13. Nature of Injury	or Illness:			
023 Carbon monoxide from explosion			110 Carbon i	monoxide intoxid	cation	430000000000000000000000000000000000000	<u></u>
14. Training Deficiencies:		i San Arian da		1 1			
Hazard: New/Newly-Employed	d Experienced Miner:	-	Annual:		Task:		
15. Company of Employment:(If different from product	tion operator)			Independent Co	ontractor ID: (if ap	nlicoble)	
Operator		-		independent oc	miracion ID. (II ap	plicable)	
16. On-site Emergency Medical Treatment:		7/1;		1			
Not Applicable: X First-Aid:	CPR:	EMT:	Medical Profe	ssional:	None:		
17. Part 50 Document Control Number: (form 7000-1)		18. Unio	n Affiliation of Victi	m: 9999	None (No Ur	nion Affiliation)	
Victim Information: 11							
1. Name of Injured/III Employee: 2. Sex	3. Victim's Age	4. Last Four Dig	ts of SSN:	5. Degree of In	jury:		
Jerry L. Groves M	56			01 Fatal	- 1 Ja	1,2,3,3,4,5	
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:		7. Da	ate and Time Starte	d:			
a. Date: 01/02/2006 b.Time: 17:00			a. Date: 01.	/02/2006 b.1	Time: 6:00		an giran ili
8. Regular Job Title:	9. Work Acti	vity when Injured:			10. Was this w	ork activity part	of regular job?
047 Roof Bolter Operator	076 Trav	eling to work assig	ınment		Ye		
11. Experience: Years Weeks Days a. This	b. Regular	Weeks Days	c: This		Days d. To	tal Years	Weeks Days
Work Activity: 20 0 0	Job Title: 20	0 0	Mine: 1	0 0	Minin	g: 28	0 0
12. What Directly Inflicted Injury or Illness? 023 Carbon monoxide from explosion			13.Nature of Injury 110 Carbon mod		ion :		
14. Training Deficiencies:							
Hazard: New/Newly-Employee	d Experienced Miner:	1 54.4	Annual:		Task:	a. 460 (A.K.) - 1	
15. Company of Employment: (If different from produc	ction operator)						
Operator		N. 1	Independent C	ontractor ID: (if a	applicable)		<u> </u>
16. On-site Emergency Medical Treatment:	12.777						
Not Applicable: X First-Aid:	CPR:	EMT:	Medical Profe	ssional:	None:		
17.Part 50 Document Control Number: (form 7000-1)		18. Unio	on Affiliation of Viction	m: 9999	None (No Ur	nion Affiliation)	
Victim Information: 12			,				
Name of Injured/III Employee: 2. Sex	3. Victim's Age	4. Last Four Di	gits of SSN:	5. Degree of I	njury:		
George J. Hamner M	54			01 Fatal	14 10 4		
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:		7. D	ate and Time Starte	ed:		· · · · · · · · · · · · · · · · · · ·	
a. Date: 01/02/2006 b.Time: 17:00		a.	Date: 01/02/2006	b.Time: 6:0	00		
8. Regular Job Title:	9. Work Ac	tivity when Injured	:		10. Was this w	ork activity part	of regular job?
050 Shuttle Car Operator		veling to work ass	ignment			res X No	
11. Experience: Years Weeks Days	Years	Weeks Days	Yea	rs Week	Days	Years	Weeks Days
a. This Work Activity: 13 0 0	b. Regular Job Title: 13	0	c: This	26	a. 1		
Work Activity: 13 0 0 12. What Directly Inflicted Injury or Illness?	Job Title: 13	0 0	Mine: 1	26	0 Min	ing: 26	0 0
		own, this is	13. Nature of Injur	•			
023 Carbon monoxide from explosion 14. Training Deficiencies:			110 Carbon	monoxide intoxi	CallOff		<u> </u>
	ed Experienced Miner:	1 1 4 5	Annua	d:	Task:		
15.Company of Employment:(If different from producti	on operator)	1				The state of the s	
Operator			Independent Co	ontractor ID: (if a	applicable)		
16. On-site Emergency Medical Treatment:		, , , , , , , , , , , , , , , , , , , 					
Not Applicable: X First-Aid:	CPR:	EMT:	Medical Prof	fessional:	None:		
17. Part 50 Document Control Number: (form 7000-1)		18 1	nion Affiliation of V	ictim: 9999	None (No	Union Affiliation	7)
		10.0		3333	1,40		•
		·					

MSHA Form 7000-50b, Dec 1994

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Event Number: 4 1 3 4 4 1 4



Victim Information: 13													
Name of Injured/III Employee:	2. Sex	3. Victim's	Age	4. Last F	our Dig	its of SSN:	:	5. Degree of	Injury:				
Randal McCloy	М	26						02 Perma	anent total or	partial dis	ability	. jajag 474	de profésio
6. Date(MM/DD/YY) and Time(24 Hr.) O	f Death:				7. Date	e and Tim	e Started	:				1.14. % - 14.14	
			·			a. Date:	01/02/20	006 b.Time: 6	5:00			·	
8. Regular Job Title:			9. Work Act	•	•				10. Was	this work a	activity part	of regular	job?
046 Roof Bolter Operator	·									Yes	X No		
11. Experience Years Weeks a. This	Days	b. Regular	Years	Weeks	Days	c: This	Years	Weeks	Days	d. Total	Years	Weeks	Days
Work Activity: 0 24	0	Job Title:	0	24	0	Mine:	1	16	0	Mining:	4	12	0
12. What Directly Inflicted Injury or Illness?	•					13. Nature	e of Injury	or Illness:			:		
023 Carbon monoxide from expl	osion					110	Carbon r	nonoxide pois	oning				
14. Training Deficiencies:	. Employe	nd Evnorion	and Minor	112 - 23 			Annual:	1 1	Task:	The I	indiate dail.	10 V 10 M	
		ed Experien					Alliuai.		1 dSK.	1 2 2			
15. Company of Employment: (If different fit Operator	rom produ	ction opera	(or)				,	Independent (Contractor ID	: (if applic	able)		
16. On-site Emergency Medical Treatment	<u>.</u>					-							
Not Applicable: X First-Aid	1.1	C	PR:	EMT:	1 1	Medi	ical Profe	ssional.	None:	1 1			
17. Part 50 Document Control Number: (fo					18 Unic	on Affiliatio				(No Union	Affiliation)		
Victim Information:		· ·			10. 01110	, , , , , , , , , , , , , , , , , , ,		. 3333	None	(NO OTHOR	Allilauoli)	-	
Name of Injured/III Employee:	2. Sex	3. Victim	's Ane	4 Last F	our Dia	its of SSN:		5. Degree of	lniun <i>r</i>				
T. Name of injurearin Employee.	2. 001	J. Vicani	13 Age	4. Last I	oui Dig	113 01 0014.	.	J. Degree or	injury.				
6. Date(MM/DD/YY) and Time(24 Hr.) Of	Death:				7. Da	ate and Tin	ne Starte	d :					
													· · ·
8. Regular Job Title:			9. Work Acti	ivity when I	Injured:				10. Was	this work Yes	activity par	t of regular	job?
11. Experience: Years Weeks a. This	Days	b. Regula	Years	Weeks	Days	c: This	Years	s Week	Days	d. Total	Years	Weeks	Days
Work Activity:		Job Title:				Mine:				Mining:			
12. What Directly Inflicted Injury or Illness?						13.Nature	of Injury	or Illness:					
44 Training Deficiencies:													
14. Training Deficiencies: Hazard: New/New	ly-Employe	ed Experien	ced Miner				Annual:	1 1	Task:	1 1			
15. Company of Employment: (If different t						<u> </u>	7 11 11 11 11 11			-			
(,		,		1	Indepe	endent Co	ontractor ID: (i	f applicable)		en e		AND WALL
16. On-site Emergency Medical Treatment	:												
Not Applicable: First-Aid		CPF	₹:	EMT:		Medi	cal Profes	ssional:	None:				
17.Part 50 Document Control Number: (for	rm 7000-1)		•	18. Unic	n Affiliatio	n of Victir	m:					
Victim Information:													
Name of Injured/III Employee:	2. Sex	3. Victi	m's Age	4. Last	Four Di	gits of SSI	N:	5. Degree of	f Injury:				
6. Date(MM/DD/YY) and Time(24 Hr.) Of	Death:				7. D	ate and Ti	me Starte	ed:					
8. Regular Job Title:		-	9. Work Ad	rtivity when	Iniuros				10 14/0-	thic work	activity ac	t of regular	ioh?
o. Regular 600 Tide.	والماء الماء		S. WOIK AC	cavity writer	i ii julec	•			IO. Was			1 1	Job?
										Yes	No		
11. Experience: Years Weeks a. This	Days	b. Regul	Years ar	Weeks	Days	c: Thi	Yea	rs Week	Days	d. Total	Years	Weeks	Days
Work Activity:		Job Title				Mine:				Mining:			
12. What Directly Inflicted Injury or Illness?)					13. Natu	re of Injur	y or Illness:	3.742.5		W. 4. 4.		
							•	•		n e sakarên Najariyê			
14. Training Deficiencies: Hazard: New/Ne	wly-Emplo	yed Experie	enced Miner:				Annua	l:	Task:				
15.Company of Employment:(If different fro	om produc	tion operate	or)			Indepe	endent Co	ontractor ID: (if	applicable)			The state of the s	and the second second
16. On-site Emergency Medical Treatment	 ::		-		· ·					- 11		-	
Not Applicable: First-A	1 1	C	PR:	EMT	:	Med	dical Profe	essional:	None:				
17. Part 50 Document Control Number: (fo						Inion Affilia							
art oo bocument control Number. (10	/ 000-1	',			10. 0	Allilla	audii Ul Vl	odiii.					
								73-7-10-12-12-12-12-12-12-12-12-12-12-12-12-12-					
140114 F 7000 FOL D							_						