

Accident Investigation Data - Victim Information



Event Number: 4 2 4 0 1 0 5

Victim Information: 1

1. Name of Injured/III Employee: <i>Amon Brock</i>		2. Sex <i>M</i>	3. Victim's Age <i>51</i>	4. Last Four Digits of SSN <i>6174</i>	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 5/20/2006 b. Time: 1:00</i>				7. Date and Time Started: <i>a. Date: 5/19/2006 b. Time: 15:45</i>											
8. Regular Job Title: <i>049 Afternoon Shift Foreman</i>			9. Work Activity when Injured: <i>087 Supervising</i>			10. Was this work activity part of regular job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
11. Experience	Years	Weeks	Days	b. Regular	Years	Weeks	Days	c. This	Years	Weeks	Days	d. Total	Years	Weeks	Days
a. This Work				Job Title:				Mine:				Mining:			
Activity:	<i>29</i>	<i>0</i>	<i>0</i>		<i>29</i>	<i>0</i>	<i>0</i>		<i>4</i>	<i>44</i>	<i>5</i>		<i>37</i>	<i>0</i>	<i>0</i>
12. What Directly Inflicted Injury or Illness? <i>045 Explosion Forces and Heat</i>								13. Nature of Injury or Illness: <i>370 Multiple Injuries</i>							
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>															
15. Company of Employment:(If different from production operator) <i>Operator</i> Independent Contractor ID: (if applicable)															
16. On-site Emergency Medical Treatment: Not Applicable: <input type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input checked="" type="checkbox"/>															
17. Part 50 Document Control Number: (form 7000-1)								18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>							

Victim Information: 2

1. Name of Injured/III Employee: <i>Jimmy D. Lee</i>		2. Sex <i>M</i>	3. Victim's Age <i>33</i>	4. Last Four Digits of SSN: <i>5022</i>	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 5/20/2006 b. Time: 1:00</i>				7. Date and Time Started <i>a. Date: 5/19/2006 b. Time: 15:45</i>											
8. Regular Job Title: <i>150 Shuttle Car Operator</i>			9. Work Activity when Injured: <i>093 Cutting with Acetylene Torch</i>			10. Was this work activity part of regular job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
11. Experience	Years	Weeks	Days	b. Regular	Years	Weeks	Days	c. This	Years	Weeks	Days	d. Total	Years	Weeks	Days
a. This Work				Job Title:				Mine:				Mining:			
Activity:	<i>15</i>	<i>0</i>	<i>0</i>		<i>15</i>	<i>0</i>	<i>0</i>		<i>3</i>	<i>6</i>	<i>0</i>		<i>15</i>	<i>0</i>	<i>0</i>
12. What Directly Inflicted Injury or Illness? <i>045 Explosion Forces and Heat</i>								13. Nature of Injury or Illness: <i>370 Multiple Injuries</i>							
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>															
15. Company of Employment: (If different from production operator) <i>Operator</i> Independent Contractor ID: (if applicable)															
16. On-site Emergency Medical Treatment: Not Applicable: <input type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input checked="" type="checkbox"/>															
17. Part 50 Document Control Number: (form 7000-1)								18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>							

Victim Information: 3

1. Name of Injured/III Employee: <i>George W. Petra</i>		2. Sex <i>M</i>	3. Victim's Age <i>49</i>	4. Last Four Digits of SSN <i>6664</i>	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 5/20/2006 b. Time: 1:00</i>				7. Date and Time Started <i>a. Date: 5/19/2006 b. Time: 23:00</i>											
8. Regular Job Title: <i>049 Foreman</i>			9. Work Activity when Injured: <i>022 Attempting to escape from the mine</i>			10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
11. Experience	Years	Weeks	Days	b. Regular	Years	Weeks	Days	c. This	Years	Weeks	Days	d. Total	Years	Weeks	Days
a. This Work				Job Title:				Mine:				Mining:			
Activity:	<i>0</i>	<i>0</i>	<i>0</i>		<i>4</i>	<i>0</i>	<i>0</i>		<i>4</i>	<i>5</i>	<i>3</i>		<i>26</i>	<i>0</i>	<i>0</i>
12. What Directly Inflicted Injury or Illness? <i>045 Smoke, Carbon Monoxide</i>								13. Nature of Injury or Illness: <i>280 Carbon Monoxide Poisoning</i>							
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>															
15. Company of Employment:(If different from production operator) <i>Operator</i> Independent Contractor ID: (if applicable)															
16. On-site Emergency Medical Treatment: Not Applicable: <input type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input checked="" type="checkbox"/>															
17. Part 50 Document Control Number: (form 7000-1)								18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>							

Accident Investigation Data - Victim Information



Event Number: 4 2 4 0 1 0 5

Victim Information: 4

1. Name of Injured/III Employee: <i>Roy Middleton</i>		2. Sex <i>M</i>	3. Victim's Age <i>35</i>	4. Last Four Digits of SSN <i>6466</i>	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 5/20/2006 b. Time: 1:00</i>				7. Date and Time Started: <i>a. Date: 5/19/2006 b. Time: 23:00</i>											
8. Regular Job Title: <i>020 Electrician</i>		9. Work Activity when Injured: <i>022 Attempting to escape from the mine</i>			10. Was this work activity part of regular job? Yes No <input checked="" type="checkbox"/>										
11. Experience a. This Work Activity:	Years <i>0</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title:	Years <i>2</i>	Weeks <i>46</i>	Days <i>2</i>	c. This Mine:	Years <i>2</i>	Weeks <i>31</i>	Days <i>1</i>	d. Total Mining:	Years <i>12</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>045 Smoke, Carbon Monoxide</i>				13. Nature of Injury or Illness: <i>280 Carbon Monoxide Poisoning</i>											
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: Task:															
15. Company of Employment:(If different from production operator) <i>Operator</i>				Independent Contractor ID: (if applicable)											
16. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CPR: EMT: Medical Professional: None: <input checked="" type="checkbox"/>															
17. Part 50 Document Control Number: (form 7000-1)				18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>											

Victim Information: 5

1. Name of Injured/III Employee: <i>Paris Thomas</i>		2. Sex <i>M</i>	3. Victim's Age <i>53</i>	4. Last Four Digits of SSN: <i>8431</i>	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 5/20/2006 b. Time: 1:00</i>				7. Date and Time Started <i>a. Date: 5/19/2006 b. Time: 23:00</i>											
8. Regular Job Title: <i>004 Mechanic</i>		9. Work Activity when Injured: <i>022 Attempting to escape from the mine</i>			10. Was this work activity part of regular job Yes No <input checked="" type="checkbox"/>										
11. Experience a. This Work Activity:	Years <i>0</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title:	Years <i>23</i>	Weeks <i>0</i>	Days <i>0</i>	c. This Mine:	Years <i>3</i>	Weeks <i>33</i>	Days <i>0</i>	d. Total Mining:	Years <i>23</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>045 Smoke, Carbon Monoxide</i>				13. Nature of Injury or Illness: <i>280 Carbon Monoxide Poisoning</i>											
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: Task:															
15. Company of Employment: (If different from production operator) <i>Operator</i>				Independent Contractor ID: (if applicable)											
16. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CPR: EMT: Medical Professional: None: <input checked="" type="checkbox"/>															
17. Part 50 Document Control Number: (form 7000-1)				18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>											

Victim Information: 6

1. Name of Injured/III Employee: <i>Paul E. Ledford</i>		2. Sex <i>M</i>	3. Victim's Age <i>35</i>	4. Last Four Digits of SSN <i>4645</i>	5. Degree of Injury: <i>03 Days away from work only</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started <i>a. Date: 5/19/2006 b. Time: 23:00</i>											
8. Regular Job Title: <i>047 Roof Bolter Operator</i>		9. Work Activity when Injured: <i>022 Escaping from the mine</i>			10. Was this work activity part of regular job? Yes No <input checked="" type="checkbox"/>										
11. Experience: a. This Work Activity:	Years <i>0</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title:	Years <i>14</i>	Weeks <i>3</i>	Days <i>0</i>	c. This Mine:	Years <i>2</i>	Weeks <i>39</i>	Days <i>0</i>	d. Total Mining:	Years <i>16</i>	Weeks <i>3</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>045 Smoke, Carbon Monoxide</i>				13. Nature of Injury or Illness: <i>280 Carbon Monoxide Poisoning</i>											
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: <input checked="" type="checkbox"/> Task:															
15. Company of Employment:(If different from production operator) <i>Operator</i>				Independent Contractor ID: (if applicable)											
16. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CPR: EMT: <input checked="" type="checkbox"/> Medical Professional: None:															
17. Part 50 Document Control Number: (form 7000-1)				18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>											