

Accident Investigation Data - Victim Information



Event Number: 0 6 8 4 1 4 3

Victim Information: 1

1. Name of Injured/III Employee: WAYNE ROBINSON		2. Sex M	3. Victim's Age 31	4. Last Four Digits of SSN:	5. Degree of Injury: 03 Days away from work only											
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00												
8. Regular Job Title: 189 Precipitation Operator			9. Work Activity when Injured: 042 Observing operations		10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
11. Experience a. This		Years	Weeks	Day	b. Regular	Years	Weeks	Day	c. This	Years	Weeks	Day	d. Total	Years	Weeks	Day
Work Activity:		0	10	0	Job Title:	0	10	0	Mine:	0	10	0	Mining:	0	10	0
12. What Directly Inflicted Injury or Illness? 003 Pressure Vessel Explosion				13. Nature of Injury or Illness: 330 Back strain												
14. Training Deficiencies: Hazard:     New/Newly-Employed Experienced Miner:     Annual:     Task:																
15. Company of Employment: (If different from production operator) Operator						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: 9999				None (No Union Affiliation)								

Victim Information: 2

1. Name of Injured/III Employee: KELLY DUFFY		2. Sex M	3. Victim's Age 54	4. Last Four Digits of SSN:	5. Degree of Injury: 03 Days away from work only											
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00												
8. Regular Job Title: 149 MAINTENANCE SUPERVISOR			9. Work Activity when Injured: 043 OFFICE WORKER		10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
11. Experience: a. This		Years	Weeks	Day	b. Regular	Years	Weeks	Day	c. This	Years	Week	Day	d. Total	Years	Weeks	Days
Work Activity:		26	0	0	Job Title:	26	0	0	Mine:	26	0	0	Mining:	26	0	0
12. What Directly Inflicted Injury or Illness? 127 STRUCK BY ANGLE IRON				13. Nature of Injury or Illness: 220 FRACTURES TO LEG, FEET, RIBS												
14. Training Deficiencies: Hazard:     New/Newly-Employed Experienced Miner:     Annual:     Task:																
15. Company of Employment: (If different from production operator) Operator						Independent Contractor ID: (if applicable)										
16. On-site Emergency Medical Treatment: Not Applicable:     First-Aid: <input checked="" type="checkbox"/> CPR:     EMT:     Medical Professional:     None:																
17. Part 50 Document Control Number: (form 7000-1)				18. Union Affiliation of Victim: 9999				None (No Union Affiliation)								

Victim Information: 3

1. Name of Injured/III Employee: JOHN DUFOUR		2. Sex M	3. Victim's Age 38	4. Last Four Digits of SSN:	5. Degree of Injury: 03 Days away from work only											
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00												
8. Regular Job Title: 189 POWERHOUSE BOILER CONTROL RM O			9. Work Activity when Injured: 099 unknown		10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
11. Experience: a. This		Years	Weeks	Day	b. Regular	Years	Weeks	Day	c. This	Years	Week	Day	d. Total	Years	Weeks	Days
Work Activity:		0	8	4	Job Title:	0	8	4	Mine:	0	25	0	Mining:	0	25	0
12. What Directly Inflicted Injury or Illness? 003 PRESURE VESSEL EXPLOSION				13. Nature of Injury or Illness: 390 POST TRAMATIC STRESS												
14. Training Deficiencies: Hazard:     New/Newly-Employed Experienced Miner:     Annual:     Task:																
15. Company of Employment: (If different from production operator) Operator						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: 9999				None (No Union Affiliation)								

Accident Investigation Data - Victim Information



Event Number: 0 6 8 4 1 4 3

Victim Information: 4

1. Name of Injured/III Employee: <i>DARREN FERNANDEZ</i>		2. Sex <i>M</i>	3. Victim's Age <i>29</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>05 Days of restricted work activity only</i>
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: <i>a. Date: 07/04/1999 b. Time: 18:00</i>	
8. Regular Job Title: <i>199 BOILER/POWER HOUSE OPERATOR</i>			9. Work Activity when Injured: <i>099 UNKNOWN</i>		10. Was this work activity part of regular job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11. Experience a. This Work Activity: <i>0 18 0</i>		b. Regular Job Title: <i>0 22 0</i>		c. This Mine: <i>0 22 0</i>	
12. What Directly Inflicted Injury or Illness? <i>003 PRESSURE VESSEL</i>			13. Nature of Injury or Illness: <i>220 FRACTURES</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 checked="" type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input 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>ELLEN GAUTHER</i>		2. Sex <i>F</i>	3. Victim's Age <i>29</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>05 Days of restricted work activity only</i>
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: <i>a. Date: 07/04/1999 b. Time: 18:00</i>	
8. Regular Job Title: <i>199 BOILER/POWERHOUSE OPERATOR</i>			9. Work Activity when Injured: <i>098 UNKNOWN</i>		10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11. Experience: a. This Work Activity: <i>0 18 0</i>		b. Regular Job Title: <i>0 22 0</i>		c. This Mine: <i>0 22 0</i>	
12. What Directly Inflicted Injury or Illness? <i>003 PRESSURE VESSEL</i>			13. Nature of Injury or Illness: <i>220 FRACTURE</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: 6

1. Name of Injured/III Employee: <i>GARY GUY</i>		2. Sex <i>M</i>	3. Victim's Age <i>46</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>02 Permanent total or partial disability</i>
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: <i>a. Date: 07/04/1999 b. Time: 18:00</i>	
8. Regular Job Title: <i>149 SUPERVISOR</i>			9. Work Activity when Injured: <i>036 LOOKING FOR ELECTRICAL FAULT</i>		10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11. Experience: a. This Work Activity: <i>10 0 0</i>		b. Regular Job Title: <i>10 0 0</i>		c. This Mine: <i>10 0 0</i>	
12. What Directly Inflicted Injury or Illness? <i>024 CAUSTIC CHEMICAL</i>			13. Nature of Injury or Illness: <i>130 CHEMICAL BURN</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 checked="" type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input 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: 0 6 8 4 1 4 3

Victim Information: 7

1. Name of Injured/III Employee: TERRENCE HAYES		2. Sex M	3. Victim's Age 28		4. Last Four Digits of SSN: -		5. Degree of Injury: 02 Permanent total or partial disability				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:					7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00						
8. Regular Job Title: 189 DIGESTION OUTSIDE OPERATOR				9. Work Activity when Injured: 098 CLOSING VALVE				10. Was this work activity part of regular job? Yes   No   <input checked="" type="checkbox"/>			
11. Experience a. This Years Weeks Day Work Activity: 0 24 0			b. Regular Years Weeks Day Job Title: 0 24 0			c. This Years Weeks Day Mine: 0 24 0			d. Total Years Weeks Day Mining: 0 24 0		
12. What Directly Inflicted Injury or Illness? 024 CAUSTIC CHEMICAL					13. Nature of Injury or Illness: 130 CHEMICAL BURN						
14. Training Deficiencies: Hazard:   New/Newly-Employed Experienced Miner:   Annual:   Task: <input checked="" type="checkbox"/>											
15. Company of Employment: (If different from production operator) Operator						18. Union Affiliation of Victim: 9999 None (No Union Affiliation)					
16. On-site Emergency Medical Treatment: Not Applicable:   First-Aid: <input checked="" type="checkbox"/> CPR:   EMT:   Medical Professional:   None:											
17. Part 50 Document Control Number: (form 7000-1)					18. Union Affiliation of Victim: 9999 None (No Union Affiliation)						

Victim Information: 8

1. Name of Injured/III Employee: ALBERT JONES		2. Sex M	3. Victim's Age 46		4. Last Four Digits of SSN: .		5. Degree of Injury: 03 Days away from work only				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:					7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00						
8. Regular Job Title: 189 DIGESTION OUTSIDE OPERATOR				9. Work Activity when Injured: 098 CLOSING VALVE				10. Was this work activity part of regular job? Yes   No   <input checked="" type="checkbox"/>			
11. Experience: a. This Years Weeks Day Work Activity: 0 24 0			b. Regular Years Weeks Day Job Title: 0 24 0			c. This Years Week Day Mine: 0 24 0			d. Total Years Weeks Days Mining: 0 24 0		
12. What Directly Inflicted Injury or Illness? 024 CAUSTIC CHEMICAL					13. Nature of Injury or Illness: 130 CHEMICAL BURNS						
14. Training Deficiencies: Hazard:   New/Newly-Employed Experienced Miner:   Annual:   Task: <input checked="" type="checkbox"/>											
15. Company of Employment: (If different from production operator) Operator						18. Union Affiliation of Victim: 9999 None (No Union Affiliation)					
16. On-site Emergency Medical Treatment: Not Applicable:   First-Aid: <input checked="" type="checkbox"/> CPR:   EMT:   Medical Professional:   None:											
17. Part 50 Document Control Number: (form 7000-1)					18. Union Affiliation of Victim: 9999 None (No Union Affiliation)						

Victim Information: 9

1. Name of Injured/III Employee: JEFF PLAISANCE		2. Sex M	3. Victim's Age 32		4. Last Four Digits of SSN:		5. Degree of Injury: 03 Days away from work only				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:					7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00						
8. Regular Job Title: 149 SUPERVISOR				9. Work Activity when Injured: 087 SUPERVISING				10. Was this work activity part of regular job? Yes   No   <input checked="" type="checkbox"/>			
11. Experience: a. This Years Weeks Day Work Activity: 0 9 0			b. Regular Years Weeks Day Job Title: 0 9 0			c. This Years Week Day Mine: 0 9 0			d. Total Years Weeks Days Mining: 0 9 0		
12. What Directly Inflicted Injury or Illness? 003 PRESSURE VELLEL EXPLOSION (CONCUSSION)					13. Nature of Injury or Illness: 160 CONTUSION TO KNEE						
14. Training Deficiencies: Hazard:   New/Newly-Employed Experienced Miner:   Annual:   Task:											
15. Company of Employment: (If different from production operator) Operator						18. Union Affiliation of Victim: 9999 None (No Union Affiliation)					
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: 9999 None (No Union Affiliation)						

Accident Investigation Data - Victim Information



Event Number: 0 6 8 4 1 4 3

Victim Information: 10

1. Name of Injured/III Employee: <i>BEN RIDLEY</i>		2. Sex <i>M</i>	3. Victim's Age <i>44</i>		4. Last Four Digits of SSN:		5. Degree of Injury: <i>05 Days of restricted work activity only</i>												
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:					7. Date and Time Started: <i>a. Date: 07/04/1999 b. Time: 18:00</i>														
8. Regular Job Title: <i>189 PRECIPITATION OPERATOR</i>			9. Work Activity when Injured: <i>042 OBSERVING OPERATIONS</i>				10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
11. Experience a. This		Years	Weeks	Day	b. Regular Job Title:		Years	Weeks	Day	c. This Mine:		Years	Weeks	Day	d. Total Mining:		Years	Weeks	Day
Work Activity:		<i>0</i>	<i>24</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>24</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>24</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>24</i>	<i>0</i>
12. What Directly Inflicted Injury or Illness? <i>003 PRESSURE VESSEL EXPLOSION (CONCUSSION)</i>										13. Nature of Injury or Illness: <i>330 BACK SPASMS</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: 11

1. Name of Injured/III Employee: <i>WAYNE ROBINS</i>		2. Sex <i>M</i>	3. Victim's Age <i>40</i>		4. Last Four Digits of SSN:		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: 07/04/1999 b. Time: 18:00</i>														
8. Regular Job Title: <i>189 DIGESTION OUSIDE OPERATOR</i>			9. Work Activity when Injured: <i>098 CLOSING VALVE</i>				10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
11. Experience: a. This		Years	Weeks	Day	b. Regular Job Title:		Years	Week	Day	c. This Mine:		Years	Weeks	Days	d. Total Mining:		Years	Weeks	Days
Work Activity:		<i>0</i>	<i>8</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>8</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>8</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>8</i>	<i>0</i>
12. What Directly Inflicted Injury or Illness? <i>024 CAUSTIC CHEMICAL</i>										13. Nature of Injury or Illness: <i>130 CHEMICAL BURNS</i>									
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input checked="" 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 checked="" type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input 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: 12

1. Name of Injured/III Employee: <i>TODD LANDRY</i>		2. Sex <i>M</i>	3. Victim's Age <i>27</i>		4. Last Four Digits of SSN:		5. Degree of Injury: <i>02 Permanent total or partial disability</i>												
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:					7. Date and Time Started: <i>a. Date: 07/04/1999 b. Time: 18:00</i>														
8. Regular Job Title: <i>189 LEADMAN CLARIFICATION</i>			9. Work Activity when Injured: <i>030 LOOKING FOR ELECTRICAL FAULT</i>				10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
11. Experience: a. This		Years	Weeks	Day	b. Regular Job Title:		Years	Week	Day	c. This Mine:		Years	Weeks	Days	d. Total Mining:		Years	Weeks	Days
Work Activity:		<i>0</i>	<i>32</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>32</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>32</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>32</i>	<i>0</i>
12. What Directly Inflicted Injury or Illness? <i>024 CAUSTIC CHEMICAL</i>										13. Nature of Injury or Illness: <i>130 CHEMICAL BURNS</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>HARMONY CONSTRUCTION</i>										Independent Contractor ID: (if applicable) <i>HPQ</i>									
16. On-site Emergency Medical Treatment: Not Applicable: <input type="checkbox"/> First-Aid: <input checked="" type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input 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: 0 6 8 4 1 4 3

Victim Information: 13

1. Name of Injured/III Employee: <b>MATT MATTHEWS</b>		2. Sex <b>M</b>	3. Victim's Age <b>26</b>	4. Last Four Digits of SSN:	5. Degree of Injury: <b>03 Days away from work only</b>														
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00															
8. Regular Job Title: <b>149 SUPERVISOR</b>			9. Work Activity when Injured: <b>036 LOOKING FOR ELECTRICAL FAULT</b>		10. Was this work activity part of regular job? Yes No <input checked="" type="checkbox"/>														
11. Experience a. This		Years	Weeks	Day	b. Regular		Years	Weeks	Day	c. This		Years	Weeks	Day	d. Total		Years	Weeks	Day
Work Activity:		3	0	0	Job Title:		3	0	0	Mine:		3	0	0	Mining:		3	0	0
12. What Directly Inflicted Injury or Illness? <b>024 CAUSTIC CHEMICAL</b>					13. Nature of Injury or Illness: <b>130 CHEMICAL BURNS</b>														
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:																			
15. Company of Employment:(If different from production operator) <b>Operator</b>						Independent Contractor ID: (if applicable)													
16. On-site Emergency Medical Treatment: Not Applicable:           First-Aid:   <input checked="" type="checkbox"/>           CPR:           EMT:           Medical Professional:           None:																			
17. Part 50 Document Control Number: (form 7000-1)						18. Union Affiliation of Victim: <b>9999</b> <b>None (No Union Affiliation)</b>													

Victim Information: 14

1. Name of Injured/III Employee: <b>DAUHRIN MILES</b>		2. Sex <b>M</b>	3. Victim's Age <b>27</b>	4. Last Four Digits of SSN:	5. Degree of Injury: <b>03 Days away from work only</b>														
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00															
8. Regular Job Title: <b>189 PRECIPITATION OPERATOR</b>			9. Work Activity when Injured: <b>042 OBERVING OPERATIONS</b>		10. Was this work activity part of regular job? Yes <input checked="" type="checkbox"/> No														
11. Experience: a. This		Years	Weeks	Day	b. Regular		Years	Weeks	Day	c. This		Years	Weeks	Day	d. Total		Years	Weeks	Days
Work Activity:		0	36	0	Job Title:		0	36	0	Mine:		0	36	0	Mining:		0	36	0
12. What Directly Inflicted Injury or Illness? <b>003 PRESSURE VESSEL EXPLOSION (CONCUSSION)</b>					13. Nature of Injury or Illness: <b>330 BACK STRAIN</b>														
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:																			
15. Company of Employment: (If different from production operator) <b>Operator</b>						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: <b>9999</b> <b>None (No Union Affiliation)</b>													

Victim Information: 15

1. Name of Injured/III Employee: <b>JEROME BOURGERE</b>		2. Sex <b>M</b>	3. Victim's Age <b>48</b>	4. Last Four Digits of SSN:	5. Degree of Injury: <b>05 Days of restricted work activity only</b>														
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00															
8. Regular Job Title: <b>199 POWERHOUSE OPERATOR</b>			9. Work Activity when Injured: <b>099 UNKNOWN</b>		10. Was this work activity part of regular job? Yes <input checked="" type="checkbox"/> No														
11. Experience: a. This		Years	Weeks	Day	b. Regular		Years	Weeks	Day	c. This		Years	Weeks	Day	d. Total		Years	Weeks	Days
Work Activity:		0	12	0	Job Title:		0	12	0	Mine:		0	12	0	Mining:		0	12	0
12. What Directly Inflicted Injury or Illness? <b>003 PRESSURE VESSEL EXPLOSION</b>					13. Nature of Injury or Illness: <b>390 POST TRAMATIC STRESS</b>														
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:																			
15. Company of Employment: (If different from production operator) <b>Operator</b>						Independent Contractor ID: (if applicable)													
16. On-site Emergency Medical Treatment: Not Applicable:   <input checked="" type="checkbox"/>           First-Aid:           CPR:           EMT:           Medical Professional:           None:																			
17. Part 50 Document Control Number: (form 7000-1)						18. Union Affiliation of Victim: <b>9999</b> <b>None (No Union Affiliation)</b>													

Accident Investigation Data - Victim Information



Event Number: 0 6 8 4 1 4 3

Victim Information: 16

1. Name of Injured/III Employee: RUEBEN COLE		2. Sex M	3. Victim's Age 39		4. Last Four Digits of SSN:		5. Degree of Injury: 04 Days away from work & days restrict acty				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:					7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00						
8. Regular Job Title: 144 SHIFT SUPERVISOR				9. Work Activity when Injured: 042 MONITORING DIGESTION CONTROL ROOM				10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
11. Experience a. This Work Activity: 0 40 0			b. Regular Job Title: 0 40 0			c. This Mine: 0 40 0			d. Total Mining: 16 0 0		
12. What Directly Inflicted Injury or Illness? 003 PRESSURE VESSEL EXPLOSION					13. Nature of Injury or Illness: 390 POST TRAMATIC STRESS						
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: Task:											
15. Company of Employment: (If different from production operator) Operator						18. Union Affiliation of Victim: 9999 None (No Union Affiliation)					
16. On-site Emergency Medical Treatment: Not Applicable: <input checked="" type="checkbox"/> First-Aid: CPR: EMT: Medical Professional: None:											
17. Part 50 Document Control Number: (form 7000-1)					18. Union Affiliation of Victim: 9999 None (No Union Affiliation)						

Victim Information: 17

1. Name of Injured/III Employee: MARTA EVERSON		2. Sex F	3. Victim's Age 42		4. Last Four Digits of SSN:		5. Degree of Injury: 03 Days away from work only				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:					7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00						
8. Regular Job Title: 009 WAREHOUSE MAN				9. Work Activity when Injured: 099 UNKNOWN				10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
11. Experience: a. This Work Activity: 0 28 0			b. Regular Job Title: 0 28 0			c. This Mine: 0 28 0			d. Total Mining: 0 28 0		
12. What Directly Inflicted Injury or Illness? 003 PRESSURE VESSEL EXPLOSION					13. Nature of Injury or Illness: 390 POST TRAMATIC STRESS						
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: Task:											
15. Company of Employment: (If different from production operator) Operator						18. Union Affiliation of Victim: 9999 None (No Union Affiliation)					
16. On-site Emergency Medical Treatment: Not Applicable: <input checked="" type="checkbox"/> First-Aid: CPR: EMT: Medical Professional: None:											
17. Part 50 Document Control Number: (form 7000-1)					18. Union Affiliation of Victim: 9999 None (No Union Affiliation)						

Victim Information: 18

1. Name of Injured/III Employee: RAYMOND GROS		2. Sex M	3. Victim's Age 34		4. Last Four Digits of SSN:		5. Degree of Injury: 04 Days away from work & days restrict acty				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:					7. Date and Time Started: a. Date: 07/04/1999 b. Time: 18:00						
8. Regular Job Title: 149 SUPERVIOSR				9. Work Activity when Injured: 099 UNKNONW				10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
11. Experience: a. This Work Activity: 8 0 0			b. Regular Job Title: 8 0 0			c. This Mine: 10 0 0			d. Total Mining: 10 0 0		
12. What Directly Inflicted Injury or Illness? 003 PRESSURE VESSEL EXPLOSION					13. Nature of Injury or Illness: 390 POST TRAMATIC STRESS						
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: Task:											
15. Company of Employment: (If different from production operator) Operator						18. Union Affiliation of Victim: 9999 None (No Union Affiliation)					
16. On-site Emergency Medical Treatment: Not Applicable: <input checked="" type="checkbox"/> First-Aid: CPR: EMT: Medical Professional: None:											
17. Part 50 Document Control Number: (form 7000-1)					18. Union Affiliation of Victim: 9999 None (No Union Affiliation)						

Accident Investigation Data - Victim Information



Event Number: 0 6 8 4 1 4 3

Victim Information: 19

1. Name of Injured/III Employee: <i>BRETT HERBERT</i>		2. Sex: <i>M</i>	3. Victim's Age: <i>30</i>	4. Last Four Digits of SSN:	5. Degree of Injury: <i>04 Days away from work &amp; days restrict acty</i>
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started: <i>a. Date: 07/04/1999 b. Time: 18:00</i>	
8. Regular Job Title: <i>189 DIGESTION OPERATOR</i>			9. Work Activity when Injured: <i>092 REPORTING TO WORK</i>		10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11. Experience a. This Years Weeks Day Work Activity: <i>0 20 0</i>		b. Regular Years Weeks Day Job Title: <i>0 20 0</i>		c. This Years Weeks Day Mine: <i>0 20 0</i>	
12. What Directly Inflicted Injury or Illness? <i>003 PRESSURE VESSEL EXPLOSION</i>		13. Nature of Injury or Illness: <i>390 POST TRAMATIC STRESS</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: <input checked="" type="checkbox"/> First-Aid:           CPR:           EMT:           Medical Professional:           None:					
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>		

Victim Information: 20

1. Name of Injured/III Employee: <i>WELMAN LANDRY</i>		2. Sex: <i>M</i>	3. Victim's Age: <i>21</i>	4. Last Four Digits of SSN:	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: 07/04/1999 b. Time: 18:00</i>	
8. Regular Job Title: <i>189 PRECIPATION OPERATOR</i>			9. Work Activity when Injured: <i>099 UNKNOWN</i>		10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11. Experience a. This Years Weeks Day Work Activity: <i>0 5 0</i>		b. Regular Years Weeks Day Job Title: <i>0 5 0</i>		c. This Years Week Day Mine: <i>0 5 0</i>	
12. What Directly Inflicted Injury or Illness? <i>003 PRESSURE VESSEL EXPLOSION</i>		13. Nature of Injury or Illness: <i>160 CONTUSIONS - BACK</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:

1. Name of Injured/III Employee:		2. Sex:	3. Victim's Age:	4. Last Four Digits of SSN:	5. Degree of Injury:
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started:	
8. Regular Job Title:			9. Work Activity when Injured:		10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Experience a. This Years Weeks Day Work Activity:		b. Regular Years Weeks Day Job Title:		c. This Years Week Day Mine:	
12. What Directly Inflicted Injury or Illness?		13. Nature of Injury or Illness:			
14. Training Deficiencies: Hazard:           New/Newly-Employed Experienced Miner:           Annual:           Task:					
15. Company of Employment: (If different from production operator)			Independent Contractor ID: (if applicable)		
16. On-site Emergency Medical Treatment: Not Applicable:           First-Aid:           CPR:           EMT:           Medical Professional:           None:					
17. Part 50 Document Control Number: (form 7000-1)			18. Union Affiliation of Victim:		