

FOR DEPARTMENT USE ONLY

**COMMONWEALTH OF KENTUCKY
DIVISION OF MINE SAFETY**

INITIAL NOTIFICATION OF ACCIDENT Fatal Serious Rescue

Company Name:		License #:
Mine Name:		File #:
Mine Location:	County:	Mine Phone:
Principal Officer:		Mine Type:
Has next of kin been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Notified By _____ Name/Title		

INJURED PERSON INFORMATION

Person's Name:			
Person's Address:		County:	Phone:
Age/Birthdate:	Miner I.D. #:	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Children:
Regular Occupation:		Occupation when injured:	
Total Mining Experience:	At This Mine:	At This Occupation:	
Is injured person: (check one) <input type="checkbox"/> mine employee <input type="checkbox"/> contract employee			

ACCIDENT INFORMATION

Multiple Accident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Injured:	Date/Time of Accident:
(check one) <input type="checkbox"/> Regular Shift <input type="checkbox"/> Overtime Shift	Shift Began at _____ Shift ended at _____	
Type of Accident: (check one)	<input type="checkbox"/> Roof Fall	<input type="checkbox"/> Machinery
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Haulage
	<input type="checkbox"/> Explosives	Other _____

How far underground did accident occur? _____

Injured Person was taken to _____ Hospital Funeral Home

If person died: Pronounced dead by _____ at _____
Name/Title Time

Brief description of accident (use back of form if more room is needed):

REPORT INFORMATION

Date and Time Accident Reported to District:	
Reported to District By:	Title:
Date/Time reported: _____ Reported by: _____	
Reported to: _____ Tim Fugate Office (502)782-6617	Cell (606) 335-0174
_____ Bert Gibbons Office (502)782-7694	Cell (606) 595-3597
_____ Marcus Turner Office (502)764-1256	Cell (502) 682-6203
_____ John Dixon Office (606)573-1260	Cell (606) 521-1729