



Division of Mineral Mining
900 Natural Resources Drive, Suite 400
Charlottesville, VA 22903
(434) 951-6310

ACCIDENT REPORT

Company/Mine Name

DMM Permit No. MSHA ID

Accident Date Time Shift

County Telephone No.

Contractor Employee: Yes No

Contractor Name DMM Contractor No.

Address Telephone No.

Type: Medical Treatment Serious Injury Fatality

Name of Injured Age

GMM Certification Number Date of Birth

Regular Occupation Total Experience (yr/mo)

Occupation at Time of Accident Experience (yr/mo)

Location of Accident: Mine/Pit Crushing/Processing Shop
Load out/Stockpiles Other (specify)

Type of Equipment Involved: Mobile Equipment Mine Drill
Crushing Screening Conveyors Bins/Hoppers
Walkways/Platforms/Ladders Welding/Cutting Hand tools
Other (specify)

Body Part Injured: Eyes Head Hand Arm Foot Leg
Back Neck Chest Other (specify)

Nature of Injury

Brief Description of Accident

Preventive Measures Taken

Person Completing Form Date Completed

Title Phone Number