



MINERAL MINING PROGRAM
900 NATURAL RESOURCES DRIVE, STE 400
CHARLOTTESVILLE, VA 22903
(434) 996-5696

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/wk) \_\_\_\_\_

Occupation at Time of Accident \_\_\_\_\_ Experience (yr/wk) \_\_\_\_\_

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 \_\_\_\_\_