

ACCIDENT REPORT
ILLINOIS DEPARTMENT OF NATURAL RESOURCES
OFFICE OF MINES & MINERALS

Company: _____ **Mine:** _____

Independent Contractor? Y N **Name of Contractor:** _____

Shift Start: _____ (24h time) **Surface Mine:** _____ **Underground Mine:** _____

PERSONAL INFORMATION

Last Name: _____ **First Name:** _____ **Total Mining Experience:** _____ (yrs) _____ (mos)

ACCIDENT INFORMATION

Location of Accident: _____

01 Washhouse/Parking Lot, 02 Surface Yard, 03 Top Shop, 04 Prep Plant, 05 Slope, 06 Shaft, 07 UG Bottom, 08 UG Shop, 09 Air Course
10 Travelway, 11 Belt Entry, 12 Face, 13 Pit, 14 Bench, 15 Reclamation Area, 16 Haulage Road/Incline, 17 Other UG, 18 Other Surface

Job Classification Injured was Performing: _____

01 Beltman, 02 Bratticeman, 06 Dragline Operator, 10 Drill Helper, 11 Driller, 13 Electrician, 16 Foreman, 18 Greaser, 19 Groundman,
20 Hoisting Engineer, 21 Laborer, 23 Mechanic, 24 Mine Examiner, 25 Miner Helper, 26 Mine Manager, 27 Miner Operator, 28 Mobile Equipment,
Operator, 29 Motorman, 31, Prep Plant Worker, 33 Repairman, 35 Rib Bolter, 36 Rock Duster, 37 Roof Bolter, 38 Scoop Operator,
40 Shooter, 41 Shuttle Car Operator, 42 Stationary Equipment Operator, 43 Supplyman, 44 Surface Mechanic, 45 Timberman, 47 Trackman,
48 Utilityman, 49 Warehouseman, 50 Welder, 52 Wireman, 53 Other, 54 Not Job Related, 55 Shearer Operator, 56 Longwall Prop Setter

Date of Accident: _____ **Time of Day** _____ (24h time)

Did Injury Occur on an Underground Section? Yes _____ No _____

If yes, type: Continuous Section: _____ Longwall Section: _____ Conventional Section _____

INJURY INFORMATION

Medical _____ **Lost Time** _____

No. of Days Lost _____ If Not Returned to Work Check _____ Indicate Number of Days Lost, Even if Employee is Not Back To Work
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Method of Injury _____

01 Electrical, 02 Fall Roof/Rib, 03 Fire, 04 Flying Object, 05 Hand Tools, 06 Lifting, 07 Machinery, 08 Trip/Slip/Fall, 09 Handling Materials,
10 Haulage, 11 Other, 12 Striking/Bumping, 13 Pinched, 14 Falling Material

Part of Body _____

10 Forearm, 11 Elbow, 12 Arm, 13 Back, 14 Foot, 15 Fingers, 16 Hand, 17 Head, 18 Leg, 19 Neck, 21 Eyes, 22 Other, 23 Chest, 24 Shoulder,
25 Knee, 25 Ankle, 27 Wrist

Nature of Injury _____

23 Abrasion, 24 Amputation, 25 Fire/Fire, 26 Bites, 27 Blisters, 28 Concussion, 29 Contusion, 30 Crushing, 31 Dental, 32 Drowning,
33 Elec. Shock, 34 Fracture, 35 Frostbite, 36 Hearing, 37 Heat Related, 38 Hernia, 39 Laceration, 40 Puncture, 41 Sprain/Strain, 43 Suffocation,
44 Vision, 45 Dislocation, 46 Other, 47 No Visible Injury

SUMMARY OF ACCIDENT: _____

___ EMT DID PROVIDE CARE

Attending EMT Names _____ **Attending EMT License #'s** _____

Company Official _____ **State Mine Inspector** _____