



DIVISION OF MINERAL MINING
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 _____