



**STATE OF OKLAHOMA  
DEPARTMENT OF MINES**

405-427-3859 Office  
405-424-4932 Fax

2915 N. Classen Blvd, Suite 213

Oklahoma City, OK 73106

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## ACCIDENT REPORT

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**Reported Accident (check one):**      **Non-Fatal**      **Fatal**      **County:** \_\_\_\_\_

Company Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

State Permit Number: \_\_\_\_\_ Mine Name: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Name of Injured Person (Employee): \_\_\_\_\_ Employee Job Title: \_\_\_\_\_

Employee Mailing Address: \_\_\_\_\_

Employee Age: \_\_\_\_\_ Employee Date of Birth: \_\_\_\_\_

Number of years employee has worked in mining industry: \_\_\_\_\_

Length of employment in present position: \_\_\_\_\_

Accident occurred (check one)      Surface      Underground\*

If accident occurred underground, please provide the following information:

Entry Number: \_\_\_\_\_ Room Number: \_\_\_\_\_ Other: \_\_\_\_\_

Accident caused (check one):      Lost Time      No Lost Time

If lost time, estimated length of disability: \_\_\_\_\_

Nature of Accident (describe injuries): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cause of Accident (give full particulars and recommendations against repetition): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*All underground accident reports must be completed and mailed to Oklahoma Department of Mines within ten (10) days of accident.*

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Signature of ODM Inspector