

# Fatality/Catastrophe and Referral Forms



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NC Department of Labor  
Division of Occupational Safety and Health

## Fatality/Catastrophe Report

Reporting ID	<b>0453710</b>		Previous Activity (Type & Number)		<b>0</b>		Event Number		<b>0000000001</b>	
Establishment Information	Establishment Name	<b>Spamalat Construction, Inc.</b>					Employer ID			
	Site Address	<b>123 Coconut Court Silo City, NC 28777</b>					City Code	<b>2310</b>	County Code	<b>100</b>
	Site Phone		Site FAX							
	Mailing Address	<b>1098 Windy Lane Big Town, MD</b>								
	Event Address (if different)									
Industry & Ownership	Type of Business	<b>RESIDENTIAL</b>	Primary SIC	<b>1761</b>	Primary NAICS	<b>238160</b>	No. of Employees	<b>35</b>		
	Ownership	<b>A. Private Sector</b>								
Receipt Information	Reported By	<b>County Coroner</b>			Date	<b>4/4/2012</b>	Time	<b>1:00 PM</b>		
	Job Title				Telephone					
Employee Representation	Group Name(s):									
Classification	<b>A. Fatality</b>									
Event Description	Event Date	Event Time		Number of Fatalities	Number of Hospitalized Injuries	Number of NonHospitalized Injuries	Number Unaccounted for			
	<b>4/4/12</b>	<b>10:40 AM</b>		<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
	Type of Event	<b>Fall</b>								
Preliminary Description	On a residential worksite, one (1) employee fell from a second story roof while installing a new roof. EMS responded to accident and employee was transported to Grail Community Hospital and admitted through the EMD. The employee's condition deteriorated and the employee was transferred to the Britannia Trauma Hospital. The employee was admitted to the MICU, but died.									
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned					
	<b>Yes</b>	<b>Z0007</b>								
Strategic Initiatives										
National Emphasis										
Local Emphasis	<b>RESCON</b>									

Optional Information	Type	ID	Optional Information Value
	N	20	VICTIM: ARTHUR KING, WHITE, MALE, 36 DOB: 01/01/1976 NOK; NOT PROVIDED WORKSITE: 123 COCONUT COURT, SILO CITY, NC 28777
	N	20	
	N	20	
	N	20	
Comments			

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## Referral Form

Reporting ID	0453710	Previous Activity (Type & Number)	0		Event Number	0000000002			
Establishment Information	Establishment Name	Safest Scrap Metal, Incorporated dba SSM, Inc.				Employer ID			
	Site Address	999 Czar Lane St. Petersburg, NC 27888				City Code	2121	County Code	107
	Site Phone	800-555-0002	Site FAX						
	Mailing Address	P.O. Box 12 St. Petersburg, NC 27888							
	Event Address (if different)								
Industry & Ownership	Type of Business		Primary SIC	5093	Primary NAICS	423930	No. of Employees	11	
	Ownership	A. Private Sector							
Receipt Information	Reported By				Date	4/4/12	Time		
	Job Title				Telephone				
Employee Representation	Group Name(s):								
Classification	C. Non-Fat/Cat Rpt. By Prof./Media								
Event Description	Event Date	Event Time		Number of Fatalities	Number of Hospitalized Injuries	Number of NonHospitalized Injuries	Number Unaccounted for		
	4/4/12	08:15 AM		0	1	0	0		
	Type of Event	Explosion							
Preliminary Description	Employee was cutting the end off a 10,000-gallon metal, storage tank. The injured employee was transported to the hospital by a co-worker. The employee was treated for flash burns, multiple contusions and lacerations, and a severe concussion. The employee was hospitalized for two days and released. Employee will be on light duty for 1-2 weeks.								
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned				
	Yes	Z0007							
Strategic Initiatives									
National Emphasis									
Local Emphasis									

Optional Information	Type	ID	Optional Information Value
	N	20	<b>MEDIA SOURCE: CHANNEL 1 NEWS</b>
	N	20	<b>VICTIM: GRIGORI RASPUTIN JR., WHITE, MALE, 46 YEARS</b>
	N	20	<b>DOB: 01.01.1966</b>
	N	20	<b>NOK: GRIGORI RASPUTIN SR.</b>
	N	20	<b>FIRE DEPARTMENT WAS CALLED 1-HOUR AFTER THE ACCIDENT AND RESPONDED AFTER RECEIVING THE CALL. POC: FIRE CHIEF TURNBULL</b>
Comments			

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## Referral Form

Reporting ID	0453710	Previous Activity (Type & Number)	0		Event Number	0000000003			
Establishment Information	Establishment Name	EGREGIOUS TRUCKING, LLC				Employer ID			
	Site Address	1 Wally World Way Vacation, NC 29878				City Code	0123	County Code	696
	Site Phone		Site FAX						
	Mailing Address	Same							
	Event Address (if different)	1 Wally World Way Vacation, NC 29878							
Industry & Ownership	Type of Business		Primary SIC	4212	Primary NAICS	484110	No. of Employees	30	
	Ownership	A. Private Sector							
Receipt Information	Reported By	WVAC News		Date	01/13/12	Time			
	Job Title			Telephone					
Employee Representation	Group Name(s):								
Classification	C. Non-Fat/Cat Reported by Prof./Media								
Event Description	Event Date	Event Time		Number of Fatalities	Number of Hospitalized Injuries	Number of Non-Hospitalized Injuries	Number Unaccounted for		
	01/13/12	1:30 pm		0	0	5	0		
	Type of Event	Carbon Monoxide Overexposure							
Preliminary Description	On 13 January 2012, the local ABC affiliate reported on their web site that two employees were taken to the hospital with potentially life-threatening injuries as a result of a chemical exposure.								
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned				
	Yes	Z0007							
Strategic Initiatives									
National Emphasis									
Local Emphasis									

Optional Information	Type	ID	Optional Information Value
Comments			

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**Fatality/Catastrophe Report**

Wed Apr 4, Wednesday 9:13AM

Reporting ID	<b>0453710</b>	Previous Activity (Type & Number)	<b>0</b>		Event Number	<b>0000000004</b>			
Establishment Information	Establishment Name	<b>Münster Brick &amp; Mortar, LLC</b>				Employer ID			
	Site Address	<b>1313 Mockingbird Lane Gravity, NC 22112</b>				City Code	<b>2112</b>	County Code	<b>101</b>
	Site Phone		Site FAX						
	Mailing Address	<b>P.O. Box 669 Stability, NC 22113</b>							
	Event Address (if different)	<b>1313 Mockingbird Lane Gravity, NC 22112</b>							
Industry & Ownership	Type of Business		Primary SIC	<b>1714</b>	Primary NAICS	<b>238140</b>	No. of Employees		
	Ownership	<b>A. Private Sector</b>							
Receipt Information	Reported By	<b>County Medical Examiner</b>			Date	<b>4/4/12</b>	Time	<b>4:00 PM</b>	
	Job Title				Telephone				
Employee Representation	Group Name(s):								
Classification	<b>A. Fatality</b>								
Event Description	Event Date	Event Time		Number of Fatalities	Number of Hospitalized Injuries	Number of NonHospitalized Injuries	Number Unaccounted for		
	<b>4/4/12</b>	<b>08:45 AM</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>		
	Type of Event	<b>Struck By</b>							
Preliminary Description	The worker, a brick mason, was struck by and pinned under a collapsing 4-tier scaffold. The worker's chest was crushed by the weight of the collapsed materials and was suffocated. Gravity Fire and Police responded. The worker was transported to the Gravity Community Hospital's EMD where he was pronounced DOA.								
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned				
	<b>Yes</b>	<b>Z0007</b>							
Strategic Initiatives									
National Emphasis									
Local Emphasis	<b>RESCON</b>								

Optional Information	Type	ID	Optional Information Value
	N	20	RESCON- RESIDENTIAL CONSTRUCTION SITE
	N	20	VICTIM: MÜNSTER, HERMAN, MALE, 50
	N	20	TWO OTHER WORKERS WERE UNINJURED IN ACCIDENT
Comments	N	20	NOK: EDDIE MÜNSTER WAS ONSITE AT THE TIME OF THE ACCIDENT
	N	20	POLICE POC: CHIEF WIGGUM

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## Referral Form

Reporting ID	0453710		Previous Activity (Type & Number)		0		Event Number		0000000005		
Establishment Information	Establishment Name	Honey Bun Animal Feeds						Employer ID			
	Site Address							City Code	0123	County Code	696
	Site Phone		Site FAX								
	Mailing Address	Same									
	Event Address (if different)										
Industry & Ownership	Type of Business		Primary SIC		Primary NAICS		No. of Employees				
	Ownership	A. Private Sector									
Receipt Information	Reported By	Fire Department				Date	3/8/12	Time			
	Job Title					Telephone					
Employee Representation	Group Name(s):										
Classification	C. Non-Fat/Cat Reported by Prof./Media										
Event Description	Event Date	Event Time		Number of Fatalities	Number of Hospitalized Injuries	Number of Non-Hospitalized Injuries	Number Unaccounted for				
	3/8/12	10:00 am		0	1	0	0				
	Type of Event	Amputation – Right Arm									
Preliminary Description	On 8 March 2012, an employee was attempting to clear a clogged screw conveyor when the machinery started-up and his right arm was amputated at the shoulder.										
Action	Inspection Planned?	Supervisor(s) Assigned				CSHO(s) Assigned					
	Yes	Z0007									
Strategic Initiatives											
National Emphasis											
Local Emphasis											
Optional Information	Type	ID	Optional Information Value								

	N	20	Victim's name: Javier Santos, DOB 1/15/1979 (age 33)
Comments			