

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



PR001 08/29/2023

| <b>1. Accident Type</b><br>F - Fatal Injury  |       | <b>2. Accident Classification</b><br>17 - Machinery       |                       | <b>3. Date/Time of Accident</b><br>08/24/2023 7:48 AM                                |   | <b>4. Date/Time of Death</b><br>08/24/2023 11:06 AM |   | <b>5. Fatal Case No</b><br>FAI-6907348-1 |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
|--|-------|---|-----------------------|--|---|---|---|--|----------|---------------|-------|--------------|--------|----------------------|---------------------------------|----------|------|---|---------|----|---------|--------------------------------------|---------------|
| <b>6. Mine Information</b>   |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| a) Mining Company Name:  |       | Cemstone Products Company                                 |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| b) Mine Name:  |       | MN Portable Wash 086 (A5567 Wash Plant)                   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| c) Parent of Mining Company:   |       | Hammon T Becken II et al                                  |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>7. Mine Location Information</b>  |       |   |                       | <b>8. Mine ID Number</b>   |   | <b>9. Union</b>                                     |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| a) City<br>ISLE  |       | b) County<br>Mille Lacs                                   |                       | c) State<br>MN   |   | 21-03205  |   | No                                       |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>10. Primary Mineral Mined</b><br>Construction Sand & Gravel Mining, N.E.C.  |       |   |                       | <b>11. Number of Employees</b>   |   | <b>c) Open Pit/Quarry</b>                           |   | <b>d) Mill/Prep Plant</b>                |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
|  |       |   |                       | a) Total<br>2  |   | 2   |   | e) Other                                 |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>12. Contractor Name</b>   |       |   |                       |  |   | <b>13. Contractor Union</b>                         |   | <b>14. Contractor ID Number</b>          |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>15. Contractor Address</b>  |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| a) City  |       | b) County   |                       |  | c) State  |   | d) Zip Code                                       |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>16. Number of Contractor Employees</b>  |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| a) Total   |       | b) Underground  |                       |  | c) Open Pit/Quarry  |   | d) Mill/Prep Plant                                |  | e) Other |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>17. Number of Persons in Mine at Time of Accident</b>   |       |   |                       |  | <b>18. Number of Persons Unaccounted for</b>              |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| a) Mine Employees<br>2   |       | b) Contractor Employees                                   |                       |  | a) Mine Employees   |   | b) Contractor Employees                           |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>19. Accident Location</b><br>03 - Open Pit  |       |   |                       |  |   |   |   | <b>20. Mining Height</b><br>Feet Inches  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>21. Nonfatal Injuries</b>   |       | <b>22. Fatal Injuries</b><br>1                            |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>23. Victims Information</b>   |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">a) First Name</th> <th style="width: 5%;">a) MI</th> <th style="width: 20%;">a) Last Name</th> <th style="width: 5%;">b) Age</th> <th style="width: 15%;">c) Regular Job Title</th> <th style="width: 20%;">d) Activity at Time of Accident</th> <th style="width: 20%;">Employee</th> </tr> </thead> <tbody> <tr> <td>Chad</td> <td>M</td> <td>Minenko</td> <td>45</td> <td>Leadman</td> <td>Maintenance prep for wash plant move</td> <td>Mine Employee</td> </tr> </tbody> </table> |       |   |                       |  |   |   |   |  |          | a) First Name | a) MI | a) Last Name | b) Age | c) Regular Job Title | d) Activity at Time of Accident | Employee | Chad | M | Minenko | 45 | Leadman | Maintenance prep for wash plant move | Mine Employee |
| a) First Name  | a) MI | a) Last Name  | b) Age                | c) Regular Job Title   | d) Activity at Time of Accident                           | Employee  |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| Chad   | M     | Minenko   | 45                    | Leadman  | Maintenance prep for wash plant move                      | Mine Employee                                       |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>24. Mining Experience</b>   |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| a) Total Experience<br>17 Years 5 Weeks 1 Days   |       | b) Experience at the Mine<br>9 Years 38 Weeks 0 Days      |                       | c) Experience at the Activity at the Time of the Accident<br>17 Years 5 Weeks 1 Days |   |   | d) Experience with Contractor<br>Years Weeks Days |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>25. Autopsy Performed</b><br>Yes  |       | <b>If Yes, Location</b>                                   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>26. Mine Telephone No.</b><br>(651) 688-9292  |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>A miner died while preparing the wash plant to be moved to another location. During removal of the handrails, the water distribution box moved, and pinned the miner between the box and the handrail.<br><br><i>The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.</i>                      |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>28. Equipment Manufacturer</b><br>Not listed KPI-JCI Astec Wash Plant   |       |   |                       |  | <b>29. Model</b><br>6203-32LP                             |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>30. District</b><br>M4000 - Duluth District   |       |   |                       |  | <b>32. Field Office</b><br>M4651 - Duluth MN Field Office |   |   | <b>33. Event Number</b><br>6907348       |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>34. Accident Investigator</b>   |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| First Name<br>Christopher  |       | MI<br>G   | Last Name<br>Veenstra |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>35. MSHA Person Notified</b>  |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| First Name<br>Dan  |       | MI  | Last Name<br>Goyen    |  |   | Date/Time Notified<br>08/24/2023 7:48 AM            |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>36. Type of Report</b><br>Initial   |       | <b>37. Name of Preparer</b><br>Full Name<br>Ryan D Moberg |                       |  | <b>Date Prepared</b><br>08/24/2023                        |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |
| <b>38. Reason for Amendment</b>  |       |   |                       |  |   |   |   |  |          |               |       |              |        |                      |                                 |          |      |   |         |    |         |                                      |               |