

# Preliminary Report of Accident

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



PR001 09/19/2023

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 12 - Powered Haulage		<b>3. Date/Time of Accident</b> 09/12/2023 02:00 PM		<b>4. Date/Time of Death</b> 09/12/2023 02:00 PM		<b>5. Fatal Case No</b> FAI-7019066-1		
<b>6. Mine Information</b>										
a) Mining Company Name:		Mulzer Crushed Stone Inc								
b) Mine Name:		Cape Sandy #1								
c) Parent of Mining Company:		CRH Americas Materials, Inc								
<b>7. Mine Location Information</b>										
a) City Leavenworth			b) County Crawford		c) State IN		8. Mine ID Number 12-00084		9. Union No	
<b>10. Primary Mineral Mined</b> Crushed & Broken Limestone Mining, N.E.C.					<b>11. Number of Employees</b>					
					a) Total 73		b) Underground		c) Open Pit/Quarry 13	
							d) Mill/Prep Plant 51		e) Other 9	
<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 56		b) Contractor Employees			a) Mine Employees 0		b) Contractor Employees			
<b>19. Accident Location</b> 03 - Open Pit								<b>20. Mining Height</b> 0 Feet 0 Inches		
<b>21. Nonfatal Injuries</b> 0		<b>22. Fatal Injuries</b> 1								
<b>23. Victims Information</b>										
<b>Bruce Vernon</b>										
a) First Name Bruce		a) MI	a) Last Name Vernon		b) Age 69	c) Regular Job Title Laborer		d) Activity at Time of Accident Driving Haul Truck		Employee Mine Employee
<b>24. Mining Experience</b>										
a) Total Experience 23 Years 6 Weeks 4 Days		b) Experience at the Mine 23 Years 6 Weeks 4 Days			c) Experience at the Activity at the Time of the Accident 1 Years 32 Weeks 0 Days			d) Experience with Contractor 0 Years 0 Weeks 0 Days		
<b>25. Autopsy Performed</b>		If Yes, Location								
<b>26. Mine Telephone No.</b> (812) 739-2929										
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> A miner died after his haul truck travelled through a berm and became submerged in a pond.  <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> Hitachi					<b>29. Model</b> EH1700					
<b>30. District</b> C0800 - Vincennes District					<b>32. Field Office</b> C0801 - Vincenne IN Field Office			<b>33. Event Number</b> 7019066		
<b>34. Accident Investigator</b>										
First Name Tracy		MI	Last Name Judy							
<b>35. MSHA Person Notified</b>										
First Name David		MI	Last Name Stepp			Date/Time Notified 09/12/2023 02:23 PM				
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b> Full Name Tracy Judy			Date Prepared 09/14/2023					
<b>38. Reason for Amendment</b>										