

# Preliminary Report of Accident

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



PR001 05/05/2023

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 12 - Powered Haulage		<b>3. Date/Time of Accident</b> 05/02/2023 12:44 PM		<b>4. Date/Time of Death</b> 05/02/2023 12:44 PM		<b>5. Fatal Case No</b> FAI-6910252-1	
<b>6. Mine Information</b>									
<b>a) Mining Company Name:</b>		Bowes Construction Inc							
<b>b) Mine Name:</b>		Plant 280							
<b>c) Parent of Mining Company:</b>		Jason Bowes et al							
<b>7. Mine Location Information</b>					<b>8. Mine ID Number</b>		<b>9. Union</b>		
<b>a) City</b> BROOKINGS		<b>b) County</b> Brookings		<b>c) State</b> SD		39-01505		No	
<b>10. Primary Mineral Mined</b> 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>	
				<b>a) Total</b> 4		<b>b) Underground</b>		<b>e) Other</b> 0	
<b>12. Contractor Name</b>						<b>13. Contractor Union</b>		<b>14. Contractor ID Number</b>	
<b>15. Contractor Address</b>									
<b>a) City</b>		<b>b) County</b>			<b>c) State</b>			<b>d) Zip Code</b>	
<b>16. Number of Contractor Employees</b>									
<b>a) Total</b>		<b>b) Underground</b>			<b>c) Open Pit/Quarry</b>		<b>d) Mill/Prep Plant</b>		<b>e) Other</b>
<b>17. Number of Persons in Mine at Time of Accident</b>					<b>18. Number of Persons Unaccounted for</b>				
<b>a) Mine Employees</b> 4		<b>b) Contractor Employees</b>			<b>a) Mine Employees</b> 0		<b>b) Contractor Employees</b>		
<b>19. Accident Location</b> 03 - Open Pit								<b>20. Mining Height</b>	
								Feet	Inches
<b>21. Nonfatal Injuries</b> 0		<b>22. Fatal Injuries</b> 1							
<b>23. Victims Information</b>									
Izak S Wixon									
<b>a) First Name</b> Izak									
<b>a) MI</b> S									
<b>a) Last Name</b> Wixon									
<b>b) Age</b> 19									
<b>c) Regular Job Title</b> Laborer/Groundman									
<b>d) Activity at Time of Accident</b> Laborer/Groundman									
<b>Employee</b> Mine Employee									
<b>24. Mining Experience</b>									
<b>a) Total Experience</b> 0 Years 11 Weeks 2 Days		<b>b) Experience at the Mine</b> 0 Years 11 Weeks 2 Days			<b>c) Experience at the Activity at the Time of the Accident</b> 0 Years 11 Weeks 2 Days			<b>d) Experience with Contractor</b> 0 Years 0 Weeks 0 Days	
<b>25. Autopsy Performed</b> Yes		<b>If Yes, Location</b> Sanford Hospital Sioux Falls SD							
<b>26. Mine Telephone No.</b> (605) 693-3557									
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> A miner died when he was run over by a mobile stacker belt conveyor.  <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> Not listed Thor Conveyors					<b>29. Model</b> 136X36TEL800				
<b>30. District</b> M4000 - Duluth District					<b>32. Field Office</b> M4671 - Fort Dodge IA Field Office			<b>33. Event Number</b> 6910252	
<b>34. Accident Investigator</b>									
<b>First Name</b> Cory		<b>MI</b>		<b>Last Name</b> Niemi					
<b>35. MSHA Person Notified</b>									
<b>First Name</b> Daniel		<b>MI</b> J		<b>Last Name</b> Goyen			<b>Date/Time Notified</b> 05/02/2023 2:17 PM		
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b>			<b>Date Prepared</b>				
		<b>Full Name</b> Cory Niemi			05/03/2023				
<b>38. Reason for Amendment</b>									