

Preliminary Report of Accident

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



PR001 11/28/2023

1. Accident Type F - Fatal Injury		2. Accident Classification 09 - Handling Material		3. Date/Time of Accident 11/17/2023 3:55 PM		4. Date/Time of Death 11/17/2023 5:24 PM		5. Fatal Case No FAI-6909931-1																																											
6. Mine Information																																																			
a) Mining Company Name:		Eden Stone Co., LLC																																																	
b) Mine Name:		Eden Facility																																																	
c) Parent of Mining Company:		EVS Master Holdco LLC																																																	
7. Mine Location Information				8. Mine ID Number		9. Union																																													
a) City EDEN		b) County Fond Du Lac		c) State WI		47-00044		No																																											
10. Primary Mineral Mined Dimension Limestone Mining				11. Number of Employees		c) Open Pit/Quarry		d) Mill/Prep Plant																																											
				a) Total 81		b) Underground		e) Other 12																																											
12. Contractor Name					13. Contractor Union			14. Contractor ID Number																																											
15. Contractor Address																																																			
a) City		b) County			c) State		d) Zip Code																																												
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a) Total		b) Underground			c) Open Pit/Quarry			d) Mill/Prep Plant																																											
e) Other																																																			
17. Number of Persons in Mine at Time of Accident					18. Number of Persons Unaccounted for																																														
a) Mine Employees 71		b) Contractor Employees			a) Mine Employees 0		b) Contractor Employees																																												
19. Accident Location 03 - Open Pit								20. Mining Height Feet Inches																																											
21. Nonfatal Injuries		22. Fatal Injuries 1																																																	
23. Victims Information																																																			
<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: 10%;">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: 25%;">Employee</th> </tr> </thead> <tbody> <tr> <td>Modesto</td> <td></td> <td>Montes</td> <td>50</td> <td>Maintenance</td> <td>Unloading a cargo trailer</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7">24. Mining Experience</td> </tr> <tr> <td colspan="2">a) Total Experience 4 Years 26 Weeks 2 Days</td> <td colspan="2">b) Experience at the Mine 4 Years 26 Weeks 2 Days</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident 0 Years 0 Weeks 1 Days</td> <td>d) Experience with Contractor Years Weeks Days</td> </tr> <tr> <td colspan="7">25. Autopsy Performed</td> </tr> <tr> <td colspan="2">Yes</td> <td colspan="5">If Yes, Location Fond Du Lac County Medical Examiner's Office</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	Modesto		Montes	50	Maintenance	Unloading a cargo trailer	Mine Employee	24. Mining Experience							a) Total Experience 4 Years 26 Weeks 2 Days		b) Experience at the Mine 4 Years 26 Weeks 2 Days		c) Experience at the Activity at the Time of the Accident 0 Years 0 Weeks 1 Days		d) Experience with Contractor Years Weeks Days	25. Autopsy Performed							Yes		If Yes, Location Fond Du Lac County Medical Examiner's Office				
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26. Mine Telephone No. (920) 477-2521																																																			
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died when a section of a rock saw stand he was removing from a cargo trailer fell over and struck him. <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>																																																			
28. Equipment Manufacturer Not listed Burkhardt Loffler					29. Model MSR2																																														
30. District M4000 - Duluth District					32. Field Office M4821 - Peru IL Field Office			33. Event Number 6909931																																											
34. Accident Investigator																																																			
First Name Randall		MI W	Last Name Jamison																																																
35. MSHA Person Notified																																																			
First Name William		MI	Last Name Soderlind			Date/Time Notified 11/17/2023 5:18 PM																																													
36. Type of Report Initial		37. Name of Preparer Full Name Randall W Jamison			Date Prepared 11/17/2023																																														
38. Reason for Amendment																																																			