PR001 28-Feb-12

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

1. Accident Type:	2. Accident Clas	3. Date/Time of Accident 4. Date/T				Time of De	ath	5. Fatal Case No					
Fatal Injury	Slip or Fall of Person				02/22/20	02/22/2012 08:00 PM 02/2			02/26/2012 06:30 PM		3		
6. Mine Information :													
a) Mining Company Name b) Mine Name							c	e) Parent o	f Mining C	Company			
White Rock Quarries	WHITE ROCK QUARRIES				Vecellio Group Inc								
7. Mine Location :		b) County			c) State 8. Mine			line ID Number: 9. Union:					
Hialeah		Dade			FL	FL			3-01058	NO			
10. Primary Mineral Mined:			mber of	a) Total	b) Underground	c)	Open Pit	/Quarry	d) M	ill/Prep Plan	t e) Other		
CRUSHED & BROKEN I	IMESTONE M	Mine Ei	mployees:	102				102					
12. Contractor Name:							13. Ur	nion		14. Contra	ctor ID Number:		
15. Contractor Address:	a) City				b) County			c) St	ate	d) Z	ip Code		
16. Number of Contractor En	nployees:	a) Total	b)	Underground	c) O _I	en Pit/Ç	Quarry		d) Mill/Pr	ep Plant	e) Other		
17. Number of Persons in Min	o at Time of Acci	dant			18 Number	of Pare	one Unac	counted F	or:				
	25	b) Contractor Employees:				18. Number of Persons Unaccounted For a) Mine Employees:				b) Contractor Employees:			
a) Mine Employees: 19) Location of Accident	20	n) Contracto	r Employe	es:	a) Mine I	лпріоуе	es:	<u> </u>	в) С	ontractor Em	20. Mining Height		
01-Underground	X	03-Open Pit		07-Advan	ce Mining	30-	Mill/Prep	p Plant	Oth	er (specify)	Feet Inches		
02-Surface at Undergro	und	06-Dredge M	ining	08-Retrea	nt Mining	99-	Office Fa	cility					
21. Nonfatal Injuries:	22. Fa	ital Injuries:	1								i		
23. Victim Information :	Llumah	a) Name											
-> Dl I L TM	Humi	erto Guerr		y at Time of Ac	46					V			
c) Regular Job Title: Plant Mechanic			u) Acuvii	y at Time of Ac	Working	on snul	b pullev			X I	Mine Employee		
	eeks Days		Years We	eks Davs			ears Weel	ks Davs			Years Weeks Days		
a) Total: 7	•	at the mine:	7	·	at activity (23d)		7		d) with	Contractor			
25. Autopsy Performed:	If Yes, Location							26. Mi	ne Telepho	ne No.:			
NO									(305) 822-5322			
27. Description of Accident (i	nclude equipment	involved the	exact loca	tion in the mine	and status of re	scue an	d recover	v operatio	ns):		-		
Guerra and a coworker w conveyor and his coworke in place when the victim f	er was standing	on a walkw	ay on the	other side of	the conveyor.	They v	vere atte	empting to					
The information provided in regarding the cause of the ac 28. Equipment Manufactures	cident.	d on prelimina	ary data Ol	NLY and does n	ot represent fina	1	ninations Model:	regarding	the nature	of the incide	nt or conclusions		
20 Division			. mr. u. o.m				·	·	1	. NT			
30. District: M3000 Sout	32. Field Office: Bartow FL				L			33. Event Number: 0916826					
34. Accident Investigator:				35, MSHA P	erson Notified:				U.	ate	Time		
Jeffrey Phillips				I	ce Schlick				02/22		08:28 P		
36. Type of Report:	mended	37. Name o	f Preparer	and Date Prepa Mike Hanch	ared:					Date			
38. Reason For Amendment:											112		
		<u>. </u>			ei ///	-				02/28/20	112		