PR001 12-May-14

Preliminary Report of Accident

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

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110-
6000
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La many XV										-	
1. Accident Type:	Type: 2. Accident Classification					3. Date/Time of Accident 4. Date/I			th	5. Fatal Case No	
Fatal Injury	Powered Haulage				05/09/201	5/09/2014 09:30 PM 05/0			0:20 PM	12	
6. Mine Information :					4		-				
a) Mining Company Name		b) Mi	ine Name				c) Parent of	Mining Co	mpany		
Mississippi Sand, LLC		Miss	issippi S	and Seagrave	S	(Cemtech I	Internatio	nal Inc; Sy	nergy Materials Inc	
7. Mine Location :		b) County c) State				8. Mine ID) Number:		9. Union:		
Se		Gaines			TX		41-05004		NO		
10. Primary Mineral Mined		er of Mine loyees:		Underground	c) Open Pit		d) Mil	VPrep Plant	e) Other		
CONSTRUCTION SAN	Al Fund	loyees.	19	0	1	0		18	1		
12. Contractor Name:						13. Ur	iion	- 1	14. Contrac	tor ID Number:	
15. Contractor Address:	a) City		-	b'	County		c) Sta		d) 7;	p Code	
15. Contractor Address:	a) City			U,	Соппа		c) Sta	ie.	u) Zı	p Code	
16 Number of Contractor F	w mlassacs	a) Total	E-	Underground	a) O==	- Dis/O	,) B43H7D	- DI	-> 04	
16. Number of Contractor E	mpioyees;	a) Iotai	D,	Onderground	c) Ope	n Pit/Quarry	ū) Mill/Prep	Plant	e) Other	
17. Number of Persons in M	ine at Time of Acc	ident:			18. Number	of Persons Unac	counted Fo	r:			
a) Mine Employees:	6	b) Contracto	r Employe	es: 0	a) Mine E		0		tractor Emp	lovees: 0	
19) Location of Accident		b) contracto	Limptoye	431	a) white b	шргоуссэ.		b) Con	tractor Emp	20. Mining Height:	
01-Underground		03-Open Pit		07-Advance	Mining	Mining X 30-Mill/Prep Plant			Other (specify) Feet In-		
02-Surface at Undergre	ound	06-Dredge M	ining	08-Retreat	Mining	99-Office Fa	eility				
21. Nonfatal Injuries:	22, F	atal Injuries:	4								
23. Victim Information :		a) Name	1		b) Age						
23. Vicum information .	Migu	el A. Nino			20						
c) Regular Job Title:	-		d) Activit	y at Time of Acci					X M	ine Employee	
Groundman					Rail loado	ut			10000	-	
24. Experience: Years	Weeks Days		Years We	eks Days		Years Weel	ks Days			Years Weeks Days	
a) Total:	9 4 b) at the mine:		9 4 c) at	activity (23d)	9	4	d) with C	ontractor		
25. Autopsy Performed:	If Yes, Location					26. Mine Telephone No.:					
YES South Plain	ns Pathologey,	Lubbick, TX	((432) 847-2788					
27. Description of Accident (include equipmen	t involved, the	exact loca	tion in the mine, a	and status of res	cue and recover	y operation	s):			
The victim was unloading	ng a rail car usir	ng a mobile	rail barge	e truck convey	or and was e	ntangled in th	e feed en	d of the c	conveyor.		
The information provided in	ship masing in home	d ou medienie	ami data O	NI V and does no	t unnument fine	l datauminationati	diam	the nature	of the incides	et or conclusions	
regarding the cause of the ac		a on premimi	ary data O	ALT and does no	t represent ma	i uetei iiiiiiatiotis	regarding	the nature	or the mercer	it of conclusions	
28. Equipment Manufacturer: Wilson Mfg							29. Model: 342d				
30. District: 32. Field Office:								33. Event Number:			
M5000 Sou	th Central			Carlsba	d NM				66090	041	
34. Accident Investigator:		35, MSHA Person Notified:					Date		Time		
Laurence M. Dunlap					L. Weaver			05/09/2	014	09:46 P	
36. Type of Report:	nitial	37. Name of	Preparer	and Date Prepar Mike Hanche					Date 05/12/201	4	
38. Reason For Amendment	:	-									