

Preliminary Report of Accident

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



PR001 08/07/2023

| | | | | | | | | | |
|--|--|--|-------------------------|---|---|--|-------------|--|--|
| 1. Accident Type F - Fatal Injury | | 2. Accident Classification 05 - Falling, Rolling or Sliding Rock /Material | | 3. Date/Time of Accident 08/05/2023 9:32 AM | | 4. Date/Time of Death 08/05/2023 2:30 PM | | 5. Fatal Case No FAI-6972927-1 | |
| 6. Mine Information | | | | | | | | | |
| a) Mining Company Name: | | Savannah Valley Quarries, LLC | | | | | | | |
| b) Mine Name: | | Echols Mill Quarry 1 and 2 | | | | | | | |
| c) Parent of Mining Company: | | Allgood Granite Products LLC et al | | | | | | | |
| 7. Mine Location Information | | | | | 8. Mine ID Number | | | 9. Union | |
| a) City HARTWELL | | b) County Oglethorpe | | c) State GA | 09-01187 | | | | |
| 10. Primary Mineral Mined Dimension Granite Mining | | | | 11. Number of Employees | | c) Open Pit/Quarry | | d) Mill/Prep Plant | |
| | | | | a) Total 17 | | 17 | | e) Other | |
| 12. Contractor Name | | | | | | 13. Contractor Union | | 14. Contractor ID Number | |
| 15. Contractor Address | | | | | | | | | |
| a) City | | b) County | | | c) State | | d) Zip Code | | |
| 16. Number of Contractor Employees | | | | | | | | | |
| 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 | | b) Contractor Employees | | a) Mine Employees | | b) Contractor Employees | | | |
| 5 | | | | 0 | | | | | |
| 19. Accident Location 03 - Open Pit | | | | | | | | 20. Mining Height Feet Inches | |
| 21. Nonfatal Injuries 1 | | 22. Fatal Injuries 1 | | | | | | | |
| 23. Victims Information | | | | | | | | | |
| David Griffin | | | | | | | | | |
| a) First Name David | | a) MI | a) Last Name Griffin | | b) Age 40 | c) Regular Job Title Ledge Man | | d) Activity at Time of Accident securing block to be hoisted from pit | |
| | | | | | | | | Employee Mine Employee | |
| 24. Mining Experience | | | | | | | | | |
| a) Total Experience 16 Years 47 Weeks 2 Days | | b) Experience at the Mine 1 Years 47 Weeks 2 Days | | | c) Experience at the Activity at the Time of the Accident 16 Years 47 Weeks 2 Days | | | d) Experience with Contractor Years Weeks Days | |
| 25. Autopsy Performed No | | | | | | | | | |
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| 26. Mine Telephone No. (706) 436-3210 | | | | | | | | | |
| 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died and another miner was seriously injured when a piece of granite fell and struck both miners. <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 | | | | | 29. Model | | | | |
| 30. District M3000 - Birmingham District | | | | | 32. Field Office M3631 - Macon GA Field Office | | | 33. Event Number 6972927 | |
| 34. Accident Investigator | | | MI | Last Name | | | | | |
| First Name Richard | | | | Woodall | | | | | |
| 35. MSHA Person Notified | | MI | Last Name | | Date/Time Notified | | | | |
| First Name Rory | | | Smith | | 08/05/2023 9:59 AM | | | | |
| 36. Type of Report Initial | | 37. Name of Preparer | | | Date Prepared | | | | |
| | | Full Name Robert L Ashley | | | 08/05/2023 | | | | |
| 38. Reason for Amendment | | | | | | | | | |