## Preliminary Report of Accident PR001 07/24/2019

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



1. Accident Type F - Fatal Injury	2. Accident Classification 17 - Machinery	<b>3. Date/Time of Accident</b> 07/17/2019 11:55 AM	4. Date/Time of Death 07/17/2019 12:13 PM	5. Fatal Case No 12
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Northeast Aggregate Corporation Northeast Aggregate Corporation Marie Charbonneau			
7. Mine Location Information a) City ST ALBANS	<b>b) County</b> FRANKLIN	c) State VT	8. Mine ID Number 43-00585	9. Union No
10. Primary Mineral Mined 11. Number of Employees a) Total b) Underground c) Open Pit/Quarry d) Mill/Prep Plant e) Other				
		a) Total b) Underg	ground c) Open Pit/Quarry 6	d) Mill/Prep Plant e) Other
12. Contractor Name			13. Contractor Union	14. Contractor ID Number
15. Contractor Address a) City	b) County	c) State	d) Zip Code	<u></u>
16. Number of Contractor Employ a) Total	ees 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 0				
<b>19. Accident Location</b> 03 - Open Pit				20. Mining Height Feet Inches
<b>21. Nonfatal Injuries</b> 0	22. Fatal Injuries 1			
23. Victims Information				
Ryan I Charbonneau				
	, , , ,	Ilar Job Titled) Activity at Timeeral ManagerDrive motor excl	o <b>f Accident</b> nange on jaw crusher	Employee Mine Employee
24. Mining Experience   b) Experience at the Mine   c) Experience at the Activity at the Time of the Accident   d) Experience with Contractor     14 Years 20 Weeks 0 Days   14 Years 20 Weeks 0 Days   0 Years 0 Weeks 0 Days   0 Years 0 Weeks 0 Days				
25. Autopsy Performed	If Yes, Location			
Yes	Burlington, VT			
<b>26. Mine Telephone No.</b> (802) 524-2627				
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) The victim and a co-worker were preparing to replace a drive motor on the primary crusher when a hydraulic hammer fell off an excavator, striking the victim in the head and pinning him against the crushing plant.				
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.				
28. Equipment Manufacturer Caterpillar		<b>29. Model</b> 325BL		
30. District M2000 - Northeast District - Warrendale		32. Field Office M2881 - Albany NY Field Office		<b>33. Event Number</b> 6816226
34. Accident Investigator				
First Name Everett	MI Last Name G Kinser			
35. MSHA Person Notified First Name Dennis	MI Last Name Yesko	Date/Time No 07/17/2019 12		
36. Type of Report Initial	37. Name of Preparer Full Name Date Prepared			
Everett G Kinser 07/17/2019   38. Reason for Amendment 07/17/2019				