

## Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 05/13/2019 11:30 AM		4. Date/Time of Death 05/13/2019 11:30 AM		5. Fatal Case No 6						
6. Mine Information :														
a) Mining Company Name Greene County Quarries, Inc.			b) Mine Name MILLSTONE QUARRY			c) Parent of Mining Company Robert E Paul								
7. Mine Location :		a) City Carlton		b) County Oglethorpe		c) State GA		8. Mine ID Number: 09-01109		9. Union: NO				
10. Primary Mineral Mined: DIMENSION GRANITE MINING			11. Number of Mine Employees: 7		a) Total 7		b) Underground 7		c) Open Pit/Quarry 7		d) Mill/Prep Plant 7		e) Other 7	
12. Contractor Name:						13. 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: 7			b) Contractor Employees:			a) Mine Employees: 0			b) Contractor Employees:					
19) Location of Accident										20. Mining Height:				
<input type="checkbox"/> 01-Underground <input checked="" type="checkbox"/> 03-Open Pit <input type="checkbox"/> 07-Advance Mining <input type="checkbox"/> 30-Mill/Prep Plant <input type="checkbox"/> Other (specify)										Feet Inches				
<input type="checkbox"/> 02-Surface at Underground <input type="checkbox"/> 06-Dredge Mining <input type="checkbox"/> 08-Retreat Mining <input type="checkbox"/> 99-Office Facility										80				
21. Nonfatal Injuries:			22. Fatal Injuries: 1											
23. Victim Information :														
a) Name Danny Roth			b) Age 59											
c) Regular Job Title: Supervisor			d) Activity at Time of Accident: Operating crane			<input checked="" type="checkbox"/> Mine Employee								
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days						
a) Total:		40		b) at the mine: 26		c) at activity (23d) 30		d) with Contractor						
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (706) 283-2686								
27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations): The victim was operating a Lorain MC 790 crane lifting an approximately 15-ton block of granite from the pit. The boom of the crane lowered causing the crane to tip over and fall 85 feet into the pit.														
28. Equipment Manufacturer: Lorain						29. Model: MC 790								
30. District: M3000 Southeastern			32. Field Office: Macon GA				33. Event Number: 6841285							
34. Accident Investigator: James M. Hollis				35. MSHA Person Notified: Judith Etterer				Date 05/13/2019		Time 11:55 AM				
36. Type of Report: Initial			37. Name of Preparer and Date Prepared: Kenneth B. Cumming						Date 05/14/2019					
38. Reason For Amendment:														