

# Preliminary Report of Accident

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



PR001 07/27/2020

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|-----------|-----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|----------------------------------------------|------------------------------------------|----------------|--|
| <b>1. Accident Type</b><br>F - Fatal Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | <b>2. Accident Classification</b><br>17 - Machinery |           | <b>3. Date/Time of Accident</b><br>07/24/2020 1:58 PM     |                                                          | <b>4. Date/Time of Death</b><br>07/24/2020 1:58 PM |                                              | <b>5. Fatal Case No</b><br>FAI-6847521-1 |                |  |
| <b>6. Mine Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| a) Mining Company Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | Carmeuse L&S                                        |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| b) Mine Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | Cisco Mine                                          |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| c) Parent of Mining Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | Carmeuse Holding SA                                 |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| <b>7. Mine Location Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |                                                     |           |                                                           | <b>8. Mine ID Number</b>                                 |                                                    | <b>9. Union</b>                              |                                          |                |  |
| a) City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | b) County                                           |           | c) State                                                  |                                                          | 09-01101                                           |                                              |                                          |                |  |
| CHATSWORTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | Murray                                              |           | GA                                                        |                                                          |                                                    |                                              |                                          |                |  |
| <b>10. Primary Mineral Mined</b><br>Crushed & Broken Limestone Mining, N.E.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                     |           | <b>11. Number of Employees</b>                            |                                                          |                                                    |                                              |                                          |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                     |           | a) Total                                                  | b) Underground                                           | c) Open Pit/Quarry                                 | d) Mill/Prep Plant                           | e) Other                                 |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                     |           | 9                                                         | 9                                                        |                                                    |                                              |                                          |                |  |
| <b>12. Contractor Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                     |           |                                                           | <b>13. Contractor Union</b>                              |                                                    | <b>14. Contractor ID Number</b>              |                                          |                |  |
| <b>15. Contractor Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| a) City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | b) County                                           |           |                                                           | c) State                                                 |                                                    |                                              | d) Zip Code                              |                |  |
| <b>16. Number of Contractor Employees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| a) Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | b) Underground                                      |           | c) Open Pit/Quarry                                        |                                                          | d) Mill/Prep Plant                                 |                                              | e) Other                                 |                |  |
| <b>17. Number of Persons in Mine at Time of Accident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| a) Mine Employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       | b) Contractor Employees                             |           |                                                           | <b>18. Number of Persons Unaccounted for</b>             |                                                    |                                              |                                          |                |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                     |           |                                                           | a) Mine Employees                                        |                                                    | b) Contractor Employees                      |                                          |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                     |           |                                                           | 0                                                        |                                                    |                                              |                                          |                |  |
| <b>19. Accident Location</b><br>01-07 - Underground Advance Mining                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                                     |           |                                                           |                                                          |                                                    | <b>20. Mining Height</b><br>26 Feet 0 Inches |                                          |                |  |
| <b>21. Nonfatal Injuries</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | <b>22. Fatal Injuries</b><br>1                      |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| <b>23. Victims Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| Joshua D Claphan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| a) First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a) MI | a) Last Name                                        |           | b) Age                                                    | c) Regular Job Title                                     |                                                    | d) Activity at Time of Accident              |                                          | Employee       |  |
| Joshua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D     | Claphan                                             |           | 24                                                        | Trainee                                                  |                                                    | Loading shot at working face                 |                                          | Other Employee |  |
| <b>24. Mining Experience</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| a) Total Experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       | b) Experience at the Mine                           |           | c) Experience at the Activity at the Time of the Accident |                                                          | d) Experience with Contractor                      |                                              |                                          |                |  |
| Years Weeks 2 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | Years Weeks 2 Days                                  |           | Years Weeks 1 Days                                        |                                                          | Years Weeks Days                                   |                                              |                                          |                |  |
| <b>25. Autopsy Performed</b><br>If Yes, Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| <b>26. Mine Telephone No.</b><br>(706) 517-2221                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>Two miners were loading explosives using an aerial lift's basket when the basket jolted upward into the mine roof causing the death of one of the miners.<br><br><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> |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| <b>28. Equipment Manufacturer</b><br>Not listed Airplaco                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                     |           |                                                           | <b>29. Model</b><br>Powder Monkey                        |                                                    |                                              |                                          |                |  |
| <b>30. District</b><br>M3000 - Birmingham District                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                                     |           |                                                           | <b>32. Field Office</b><br>M3631 - Macon GA Field Office |                                                    |                                              | <b>33. Event Number</b><br>6847521       |                |  |
| <b>34. Accident Investigator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | MI                                                  | Last Name |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| Scottie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | W                                                   | Sizemore  |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| <b>35. MSHA Person Notified</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |
| First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | MI                                                  | Last Name |                                                           | Date/Time Notified                                       |                                                    |                                              |                                          |                |  |
| Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | L                                                   | Ashley    |                                                           | 07/24/2020 12:32 PM                                      |                                                    |                                              |                                          |                |  |
| <b>36. Type of Report</b><br>Initial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | <b>37. Name of Preparer</b><br>Full Name            |           |                                                           | Date Prepared                                            |                                                    |                                              |                                          |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | Robert L Ashley                                     |           |                                                           | 07/25/2020                                               |                                                    |                                              |                                          |                |  |
| <b>38. Reason for Amendment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                     |           |                                                           |                                                          |                                                    |                                              |                                          |                |  |