

# Preliminary Report of Accident

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



PR001 11/21/2020

|   |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
|---|--|---|--|--|---|--|-------------------------------------|--|---|--------------------------------|----------------------------------|----------------------|--|
| <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>10/19/2020 11:30 AM |   | <b>4. Date/Time of Death</b><br>10/19/2020 11:30 AM  |                                     | <b>5. Fatal Case No</b><br>FAI-6785462-1 |   |                                |                                  |                      |  |
| <b>6. Mine Information</b>  |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>a) Mining Company Name:</b>  |  | Rubble Inc  |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>b) Mine Name:</b>  |  | Mobile  |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>c) Parent of Mining Company:</b>   |  | Carmen A Rinaldis   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>7. Mine Location Information</b>   |  |   |  |  | <b>8. Mine ID Number</b>                                  |  | <b>9. Union</b>                     |  |   |                                |                                  |                      |  |
| <b>a) City</b><br>LITTLETON   |  | <b>b) County</b><br>Larimer                               |  | <b>c) State</b><br>CO                                  |   | 05-04470   |                                     | No                                       |   |                                |                                  |                      |  |
| <b>10. Primary Mineral Mined</b><br>Crushed & Broken Sandstone Mining   |  |   |  | <b>11. Number of Employees</b>                         |   |  |                                     |  |   |                                |                                  |                      |  |
|   |  |   |  | <b>a) Total</b><br>2                                   |   | <b>b) Underground</b>  |                                     | <b>c) Open Pit/Quarry</b><br>2           |   | <b>d) Mill/Prep Plant</b><br>0 |                                  | <b>e) Other</b><br>0 |  |
| <b>12. Contractor Name</b>  |  |   |  |  |   | <b>13. Contractor Union</b>  |                                     | <b>14. Contractor ID Number</b>          |   |                                |                                  |                      |  |
| <b>15. Contractor Address</b>   |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>a) City</b>  |  | <b>b) County</b>  |  |  | <b>c) State</b>   |  |                                     | <b>d) Zip Code</b>                       |   |                                |                                  |                      |  |
| <b>16. Number of Contractor Employees</b>   |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>a) Total</b>   |  | <b>b) Underground</b>                                     |  |  | <b>c) Open Pit/Quarry</b>                                 |  |                                     | <b>d) Mill/Prep Plant</b>                |   | <b>e) Other</b>                |                                  |                      |  |
| <b>17. Number of Persons in Mine at Time of Accident</b>  |  |   |  |  | <b>18. Number of Persons Unaccounted for</b>              |  |                                     |  |   |                                |                                  |                      |  |
| <b>a) Mine Employees</b><br>2   |  | <b>b) Contractor Employees</b><br>0                       |  |  | <b>a) Mine Employees</b><br>0                             |  | <b>b) Contractor Employees</b><br>0 |  |   |                                |                                  |                      |  |
| <b>19. Accident Location</b><br>03 - Open Pit   |  |   |  |  |   |  |                                     | <b>20. Mining Height</b>                 |   |                                |                                  |                      |  |
|   |  |   |  |  |   |  |                                     | Feet                                     |   | Inches                         |                                  |                      |  |
| <b>21. Nonfatal Injuries</b>  |  | <b>22. Fatal Injuries</b><br>1                            |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>23. Victims Information</b>  |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>John Castle</b>  |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>a) First Name</b><br>John  |  | <b>a) MI</b>  | <b>a) Last Name</b><br>Castle                              |  | <b>b) Age</b><br>58                                       | <b>c) Regular Job Title</b><br>Plant Operator  |                                     |  | <b>d) Activity at Time of Accident</b><br>Repairs to Screen Plant |                                | <b>Employee</b><br>Mine Employee |                      |  |
| <b>24. Mining Experience</b>  |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>a) Total Experience</b><br>0 Years 8 Weeks 0 Days  |  |   | <b>b) Experience at the Mine</b><br>0 Years 8 Weeks 0 Days |  |   | <b>c) Experience at the Activity at the Time of the Accident</b><br>0 Years 8 Weeks 0 Days |                                     |  | <b>d) Experience with Contractor</b><br>0 Years 0 Weeks 0 Days    |                                |                                  |                      |  |
| <b>25. Autopsy Performed</b><br>Yes   |  | <b>If Yes, Location</b><br>Larimer County Coroners Office |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>26. Mine Telephone No.</b><br>(303) 514-3637   |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>The plant operator was standing on the cross beam of a screening plant when he was struck by the bucket of an excavator, crushing the victim between the screening plant and the excavator bucket.<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>John Deere   |  |   |  |  | <b>29. Model</b><br>790                                   |  |                                     |  |   |                                |                                  |                      |  |
| <b>30. District</b><br>M6000 - Denver District  |  |   |  |  | <b>32. Field Office</b><br>M6642 - Denver CO Field Office |  |                                     | <b>33. Event Number</b><br>6785462       |   |                                |                                  |                      |  |
| <b>34. Accident Investigator</b>  |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>First Name</b><br>Thaddeus   |  | <b>MI</b><br>J  | <b>Last Name</b><br>Sichmeller                             |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>35. MSHA Person Notified</b>   |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |
| <b>First Name</b><br>Lee  |  | <b>MI</b>   | <b>Last Name</b><br>Hughes                                 |  |   | <b>Date/Time Notified</b><br>10/19/2020 7:04 PM  |                                     |  |   |                                |                                  |                      |  |
| <b>36. Type of Report</b><br>Initial  |  | <b>37. Name of Preparer</b>                               |  |  | <b>Date Prepared</b>                                      |  |                                     |  |   |                                |                                  |                      |  |
|   |  | <b>Full Name</b><br>Peter DelDuca                         |  |  | 10/28/2020  |  |                                     |  |   |                                |                                  |                      |  |
| <b>38. Reason for Amendment</b>   |  |   |  |  |   |  |                                     |  |   |                                |                                  |                      |  |