

# Preliminary Report of Accident

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



PR001 04/26/2021

|   |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |
|---|--|---|------------------------|--|--|---|-------------------------|---|--|---------------------------|--|----------|--|
| <b>1. Accident Type</b><br>F - Fatal Injury   |  | <b>2. Accident Classification</b><br>12 - Powered Haulage |                        | <b>3. Date/Time of Accident</b><br>04/19/2021 12:00 PM |  | <b>4. Date/Time of Death</b><br>04/19/2021 12:00 PM |                         | <b>5. Fatal Case No</b><br>FAI-6886137-1                |  |                           |  |          |  |
| <b>6. Mine Information</b>  |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |
| a) Mining Company Name:   |  | Frontera Materials Inc                                    |                        |  |  |   |                         |   |  |                           |  |          |  |
| b) Mine Name:   |  | MOBILE CRUSHER #3 FRONTERA MATERIALS                      |                        |  |  |   |                         |   |  |                           |  |          |  |
| c) Parent of Mining Company:  |  | Edwin E Forshage III et al                                |                        |  |  |   |                         |   |  |                           |  |          |  |
| <b>7. Mine Location Information</b>   |  |   |                        |  |  | <b>8. Mine ID Number</b>                            |                         | <b>9. Union</b>   |  |                           |  |          |  |
| a) City<br>Elsa   |  | b) County<br>Hidalgo                                      |                        | c) State<br>TX   |  | 41-04292  |                         | No  |  |                           |  |          |  |
| <b>10. Primary Mineral Mined</b><br>Crushed & Broken Stone Mining, N.E.C.   |  |   |                        | <b>11. Number of Employees</b>                         |  |   |                         |   |  |                           |  |          |  |
|   |  |   |                        | a) Total<br>27   |  | b) Underground                                      |                         | c) Open Pit/Quarry<br>27                                |  | d) Mill/Prep Plant        |  | e) Other |  |
| <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>  |  |   |                        |  | <b>18. Number of Persons Unaccounted for</b>                                       |   |                         |   |  |                           |  |          |  |
| a) Mine Employees   |  | b) Contractor Employees                                   |                        |  | a) Mine Employees  |   | b) Contractor Employees |   |  |                           |  |          |  |
| <b>19. Accident Location</b><br>03 - Open Pit   |  |   |                        |  |  |   |                         | <b>20. Mining Height</b><br>15 Feet    Inches           |  |                           |  |          |  |
| <b>21. Nonfatal Injuries</b>  |  | <b>22. Fatal Injuries</b><br>1                            |                        |  |  |   |                         |   |  |                           |  |          |  |
| <b>23. Victims Information</b>  |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |
| David Garcia  |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |
| a) First Name<br>David  |  | a) MI   | a) Last Name<br>Garcia |  | b) Age<br>28   | c) Regular Job Title<br>Haul Truck Driver           |                         | d) Activity at Time of Accident<br>Eating Lunch         |  | Employee<br>Mine Employee |  |          |  |
| <b>24. Mining Experience</b>  |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |
| a) Total Experience<br>Years 37 Weeks 5 Days  |  | b) Experience at the Mine<br>Years 37 Weeks 5 Days        |                        |  | c) Experience at the Activity at the Time of the Accident<br>Years 37 Weeks 5 Days |   |                         | d) Experience with Contractor<br>0 Years 0 Weeks 0 Days |  |                           |  |          |  |
| <b>25. Autopsy Performed</b><br>Yes   |  | If Yes, Location<br>McCallen TX                           |                        |  |  |   |                         |   |  |                           |  |          |  |
| <b>26. Mine Telephone No.</b>   |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>A miner was found crushed between an articulated haul truck and the victim's personal vehicle.<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>250 D  |   |                         |   |  |                           |  |          |  |
| <b>30. District</b><br>M5000 - Dallas District  |  |   |                        |  | <b>32. Field Office</b><br>M5611 - San Antonio TX Field Office                     |   |                         | <b>33. Event Number</b><br>6886137                      |  |                           |  |          |  |
| <b>34. Accident Investigator</b>  |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |
| First Name<br>Ramiro  |  | MI  | Last Name<br>Jimenez   |  |  |   |                         |   |  |                           |  |          |  |
| <b>35. MSHA Person Notified</b>   |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |
| First Name<br>William   |  | MI  | Last Name<br>Odell     |  |  | Date/Time Notified<br>04/19/2021 1:45 PM            |                         |   |  |                           |  |          |  |
| <b>36. Type of Report</b><br>Initial  |  | <b>37. Name of Preparer</b><br>Full Name<br>Brett Barrick |                        |  | Date Prepared<br>04/21/2021  |   |                         |   |  |                           |  |          |  |
| <b>38. Reason for Amendment</b>   |  |   |                        |  |  |   |                         |   |  |                           |  |          |  |