

# Preliminary Report of Accident

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



PR001 12/06/2021

|   |              |   |                               |   |   |  |                           |  |                 |                 |
|---|--------------|---|-------------------------------|---|---|--|---------------------------|--|-----------------|-----------------|
| <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>12/03/2021 9:05 AM |   | <b>4. Date/Time of Death</b><br>12/03/2021 9:19 AM |                           | <b>5. Fatal Case No</b><br>FAI-6915440-1                 |                 |                 |
| <b>6. Mine Information</b>  |              |   |                               |   |   |  |                           |  |                 |                 |
| <b>a) Mining Company Name:</b>  |              | CEMEX Construction Materials Florida, LLC                             |                               |   |   |  |                           |  |                 |                 |
| <b>b) Mine Name:</b>  |              | Brooksville Quarry  |                               |   |   |  |                           |  |                 |                 |
| <b>c) Parent of Mining Company:</b>   |              | Cemex S A   |                               |   |   |  |                           |  |                 |                 |
| <b>7. Mine Location Information</b>   |              |   |                               |   |   | <b>8. Mine ID Number</b>                           |                           | <b>9. Union</b>  |                 |                 |
| <b>a) City</b><br>BROOKSVILLE   |              | <b>b) County</b><br>Hernando  |                               | <b>c) State</b><br>FL                                 |   | 08-00024   |                           | No   |                 |                 |
| <b>10. Primary Mineral Mined</b><br>Crushed & Broken Limestone Mining, N.E.C.   |              |   |                               | <b>11. Number of Employees</b>                        |   |  | <b>d) Mill/Prep Plant</b> |  | <b>e) Other</b> |                 |
|   |              |   |                               | <b>a) Total</b><br>107                                | <b>b) Underground</b><br>0  | <b>c) Open Pit/Quarry</b><br>50                    | 50                        |  | 7               |                 |
| <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>70  |              | <b>b) Contractor Employees</b>  |                               | <b>a) Mine Employees</b><br>0                         |   | <b>b) Contractor Employees</b>                     |                           |  |                 |                 |
| <b>19. Accident Location</b><br>03 - Open Pit   |              |   |                               |   |   |  |                           | <b>20. Mining Height</b><br>0 Feet 0 Inches              |                 |                 |
| <b>21. Nonfatal Injuries</b>  |              | <b>22. Fatal Injuries</b><br>1  |                               |   |   |  |                           |  |                 |                 |
| <b>23. Victims Information</b>  |              |   |                               |   |   |  |                           |  |                 |                 |
| Richard E Crum  |              |   |                               |   |   |  |                           |  |                 |                 |
| <b>a) First Name</b>  | <b>a) MI</b> | <b>a) Last Name</b>   |                               | <b>b) Age</b>   | <b>c) Regular Job Title</b>   |  |                           | <b>d) Activity at Time of Accident</b>                   |                 | <b>Employee</b> |
| Richard   | E            | Crum  |                               | 62  | Mechanic  |  |                           | Cleaning under crusher                                   |                 | Mine Employee   |
| <b>24. Mining Experience</b>  |              |   |                               |   |   |  |                           |  |                 |                 |
| <b>a) Total Experience</b><br>14 Years 1 Weeks 6 Days   |              | <b>b) Experience at the Mine</b><br>14 Years 1 Weeks 6 Days           |                               |   | <b>c) Experience at the Activity at the Time of the Accident</b><br>14 Years 1 Weeks 6 Days |  |                           | <b>d) Experience with Contractor</b><br>Years Weeks Days |                 |                 |
| <b>25. Autopsy Performed</b><br>No  |              | <b>If Yes, Location</b>   |                               |   |   |  |                           |  |                 |                 |
| <b>26. Mine Telephone No.</b><br>(352) 796-3522   |              |   |                               |   |   |  |                           |  |                 |                 |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>A mechanic was cleaning underneath a portable crusher when he became entangled in a belt conveyor.<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 MGL Portable Crusher  |              |   |                               |   | <b>29. Model</b>  |  |                           |  |                 |                 |
| <b>30. District</b><br>M3000 - Birmingham District  |              |   |                               |   | <b>32. Field Office</b><br>M3611 - Bartow FL Field Office                                   |  |                           | <b>33. Event Number</b><br>6915440                       |                 |                 |
| <b>34. Accident Investigator</b>  |              |   |                               |   |   |  |                           |  |                 |                 |
| <b>First Name</b><br>Kevin  |              | <b>MI</b><br>T  | <b>Last Name</b><br>Hardester |   |   |  |                           |  |                 |                 |
| <b>35. MSHA Person Notified</b>   |              |   |                               |   |   |  |                           |  |                 |                 |
| <b>First Name</b><br>David  |              | <b>MI</b>   | <b>Last Name</b><br>Allen     |   |   | <b>Date/Time Notified</b><br>12/03/2021 7:26 AM    |                           |  |                 |                 |
| <b>36. Type of Report</b><br>Initial  |              | <b>37. Name of Preparer</b><br><b>Full Name</b><br>Jason L. Wakefield |                               |   | <b>Date Prepared</b><br>12/02/2021  |  |                           |  |                 |                 |
| <b>38. Reason for Amendment</b>   |              |   |                               |   |   |  |                           |  |                 |                 |