## **Preliminary Report of Accident**

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

### PR001 06/10/2021

1. Accident Type	2. Accident Classification	3. Date/Time of Accident	4. Date/Time of Death	5. Fatal Case No	
F - Fatal Injury	09 - Handling Material	06/07/2021 8:07 AM	06/07/2021 10:38 AM	FAI-6731739-1	
6. Mine Information					
a) Mining Company Name:	R .E. Janes Gravel Company				
b) Mine Name: c) Parent of Mining Company:	PLANT #10 Ralph E Janes IV et al				
7. Mine Location Information	Traiph E dance iv et al		8. Mine ID Number	9. Union	
a) City	b) County	c) State	41-01111	No.	
Slaton	Crosby	TX	41-01111	140	
10. Primary Mineral Mined	•	11. Number of Employees			
Construction Sand & Gravel Mir	ning, N.E.C.		derground c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
	3,	25	25	0	0
12. Contractor Name		'	13. Contractor Union	14. Contractor ID Nur	nber
15. Contractor Address					
a) City	b) County	c) State	d) Zip Code	d) Zip Code	
16. Number of Contractor Employ	rees				
a) Total b) Underground		c) Open Pit/Quarry	d) Mill/Prep Plant	e) Oth	er
17. Number of Persons in Mine at	Time of Accident	18. Number of Persons Unacc	counted for		
a) Mine Employees 24	b) Contractor Employees	a) Mine Employees	b) Contractor Employees		
19. Accident Location 03 - Open Pit				20. Mining Height 10 Feet Inches	
21. Nonfatal Injuries	22. Fatal Injuries				
0	1				
23. Victims Information					
Rogelio G Rivera					

Rogelio G Rivera								
a) First Name Rogelio	<b>a) MI</b> G	a) Last Name Rivera	<b>b) Age</b> 55	c) Regular Job Tit hopper operator	le d) Activity at Time of Accident hopper operator	<b>Employee</b> Mine Employee		
24. Mining Exper a) Total Exper 6 Years 36 \	ience	, .	ence at the 36 Weeks	, ,	ence at the Activity at the Time of the Accident s 1 Weeks 4 Days	d) Experience with Contractor Years Weeks Days		
25. Autopsy Per Yes	formed	<b>If Yes, Loc</b> Lubbock T						

#### 26. Mine Telephone No.

(806) 786-9797

#### 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)

The miner entered the top of a primary feed hopper to remove a large rock. While trying to break up the rock, raw material that remained on the sides of the hopper sloughed off engulfing the miner.

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.

28. Equipment Manufacturer  Not listed Aggregate Plant Products feed hopper			29. Model 14 X 32 drive over hopper		
30. District M5000 - Dallas District			32. Field Office M5631 - Carlsbad NM Field Office	<b>33. Event Number</b> 6731739	
34. Accident Investigator					
First Name	MI	Last Name			
Wesley	L	Hackworth			
35. MSHA Person Notified					
First Name	MI	Last Name	Date/Time Notified		
Nick	Α	Gutierrez	06/07/2021 8:13 AM		
36. Type of Report	37. Name of F	Preparer			
Initial	Full Name	•	Date Prepared		
	Wesley L	Hackworth	06/07/2021		
38. Reason for Amendment	<u> </u>				