Preliminary Report of Accident

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

PR001 10/05/2021

1. Accident Type F - Fatal Injury	2. Accident Classification 09 - Handling Material	3. Date/Time of Accident 10/01/2021 9:15 AM	4. Date/Time of Death 10/01/2021 9:15 AM	5. Fatal Case No FAI-6904313-1
Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Dennis Ovyn Trucking Inc Ovyn #1 Pit Dennis Ovyn		•	
7. Mine Location Information			8. Mine ID Number	9. Union
a) City WITHEE	b) County Taylor	c) State WI	47-03016	No
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
12. Contractor Name			13. Contractor Union	14. Contractor ID Number
15. Contractor Address a) City	b) County	c) State	d) Zip Code	
16. Number of Contractor Employ	/ees			
a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
17. Number of Persons in Mine at a) Mine Employees	Time of Accident b) Contractor Employees	18. Number of Persons Unacc a) Mine Employees	ounted for b) Contractor Employees	
19. Accident Location 30 - Mill/Prep Plant		'		20. Mining Height Feet Inches
21. Nonfatal Injuries	22. Fatal Injuries			
23. Victims Information	1			
Nickolas D Peleschak				
		r Job Title d) Activity at Time perator Unplugging the	e of Accident surge bin feeder hopper	Employee Mine Employee
24. Mining Experience a) Total Experience 4 Years 11 Weeks Days	b) Experience at the Mine 4 Years 11 Weeks Days	c) Experience at the Activity at the 4 Years 11 Weeks Days		xperience with Contractor ars Weeks Days
25. Autopsy Performed No	If Yes, Location			
26. Mine Telephone No. (715) 229-2596				
	de equipment involved, the exact free stuck material. The material colla	· · · · · · · · · · · · · · · · · · ·	nd recovery operations)	
The information provided in this cause of the accident.	notice is based on preliminary data	ONLY and does not represent final c	letermination regarding the nature of the	incident or conclusions regarding the
28. Equipment Manufacturer Not listed UNECO		29. Model 417X54		
30. District M4000 - Duluth District		32. Field Office M4651 - Duluth MN Field O	ffice	33. Event Number 6904313
34. Accident Investigator First Name	MI Last Name	1		ı
Duane	L Hongisto			
35. MSHA Person Notified			N. 455 . I	
First Name	MI Last Name	Date/Time		
Gerald	D Holeman	10/01/202	1 10:00 AM	
36. Type of Report Initial	37. Name of Preparer Full Name	Date Prepared		
	Duane L Hongisto	10/03/2021		

38. Reason for Amendment