Preliminary Report of Accident

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

PR001 10/28/2021

1. Accident Type F - Fatal Injury	2. Accident Classification 17 - Machinery	3. Date/Time of Accident 10/20/2021 9:37 AM	4. Date/Time of Death 10/20/2021 10:09 AM	5. Fatal Case No FAI-6886164-1
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Alleyton Resource Company, L Wegenhoft Plant Summit Materials LLC	LC.		
7. Mine Location Information			8. Mine ID Number	9. Union
a) City	b) County	c) State	41-02916	No
Richmond	Fayette	TX		
10. Primary Mineral Mined Construction Sand & Gravel Min	ing, N.E.C.	11. Number of Employees a) Total b) Unde	erground c) Open Pit/Quarry	d) Mill/Prep Plant e) Other
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 a) Total	ees 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 Unacco a) Mine Employees	unted for b) Contractor Employees	
19. Accident Location 03 - Open Pit				20. Mining Height 30 Feet Inches
21. Nonfatal Injuries	22. Fatal Injuries			
23. Victims Information	<u> </u>			
B () VI				
Bonatacio ybarra				
Bonafacio Ybarra	Loot Name b) Age a) Per	vular lab Titla d\ Activity at	Time of Assident	Employee
		gular Job Title d) Activity at intenance Welder Moving Ma	Time of Accident in Hopper	Employee Mine Employee
a) First Name a) MI a)	b) Experience at the Mine		in Hopper the Time of the Accident d) Ex	
a) First Name a) MI a) Bonafacio 24. Mining Experience a) Total Experience	b) Experience at the Mine	ntenance Welder Moving Ma c) Experience at the Activity at the	in Hopper the Time of the Accident d) Ex	Mine Employee
a) First Name a) MI a) Bonafacio 24. Mining Experience a) Total Experience 12 Years 12 Weeks 2 Day 25. Autopsy Performed	b) Experience at the Mine 1 Years 8 Weeks Days	ntenance Welder Moving Ma c) Experience at the Activity at the	in Hopper the Time of the Accident d) Ex	Mine Employee
a) First Name a) MI a) Bonafacio 24. Mining Experience a) Total Experience 12 Years 12 Weeks 2 Day 25. Autopsy Performed No 26. Mine Telephone No. (956) 229-1490 27. Description of Accident (include)	b) Experience at the Mine s 1 Years 8 Weeks Days If Yes, Location	c) Experience at the Activity at 1 1 Years 8 Weeks Days	in Hopper the Time of the Accident d) E: 0	Mine Employee
a) First Name a) MI a) Bonafacio 24. Mining Experience a) Total Experience 12 Years 12 Weeks 2 Day 25. Autopsy Performed No 26. Mine Telephone No. (956) 229-1490 27. Description of Accident (included the miner was struck by the budgets)	b) Experience at the Mine s 1 Years 8 Weeks Days If Yes, Location de equipment involved, the exact cket of an excavator while assisting	c) Experience at the Activity at 1 1 Years 8 Weeks Days t location in the mine, and status and in repositioning a hopper.	in Hopper the Time of the Accident d) E: 0	Mine Employee xperience with Contractor Years 0 Weeks 0 Days
a) First Name a) MI a) Bonafacio 24. Mining Experience a) Total Experience 12 Years 12 Weeks 2 Day 25. Autopsy Performed No 26. Mine Telephone No. (956) 229-1490 27. Description of Accident (included the information provided in this	b) Experience at the Mine s 1 Years 8 Weeks Days If Yes, Location de equipment involved, the exact cket of an excavator while assisting	c) Experience at the Activity at 1 1 Years 8 Weeks Days t location in the mine, and status and in repositioning a hopper.	the Time of the Accident d) Ex 0	Mine Employee xperience with Contractor Years 0 Weeks 0 Days
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a) First Name a) MI a) Bonafacio 24. Mining Experience a) Total Experience 12 Years 12 Weeks 2 Day 25. Autopsy Performed No 26. Mine Telephone No. (956) 229-1490 27. Description of Accident (includence) The miner was struck by the buck of the accident. 28. Equipment Manufacturer Volvo 30. District M5000 - Dallas District 34. Accident Investigator First Name Ronnie 35. MSHA Person Notified First Name	b) Experience at the Mine In Years 8 Weeks Days If Yes, Location de equipment involved, the exact control of the exact shadown of the	c) Experience at the Activity at 1 1 Years 8 Weeks Days c) Iocation in the mine, and status and in repositioning a hopper. ONLY and does not represent final de 29. Model EC480EL 32. Field Office M5611 - San Antonio TX Field	the Time of the Accident d) E: 0 d recovery operations) termination regarding the nature of the	Mine Employee kperience with Contractor Years 0 Weeks 0 Days incident or conclusions regarding the 33. Event Number