Preliminary Report of Accident

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



PR001 04/10/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 21 - Other Accident Drowning	3. Date/Time of 04/25/2022 4		4. Date/Time of Death 04/25/2022 7:09 PM		5. Fatal Case No FAI6917017-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Columbus Quarry LLC Columbus Quarry LLC Frank Foley	·					
7. Mine Location Information a) City COLUMBUS	b) County Muscogee	c) State GA	8. Mine ID Num 09-01135	ber	9. Unio No	on	
10. Primary Mineral Mined Crushed & Broken Granite Minir	ng	11. Number of I a) Total 27	Employees b) Undergroun	d c) Open Pit/Quarr	у	d) Mill/Prep Plant 15	e) Other
12. Contractor Name				13. Contractor Union		14. Contractor ID Nu	mber
15. Contractor Address a) City	b) County	c) State		d) Zip Code			
16. Number of Contractor Employ a) Total	yees b) Underground	c) Open	Pit/Quarry	d) Mill/Pr 1	rep Plant		e) Other
17. Number of Persons in Mine a a) Mine Employees b) C 20	t Time of Accident Contractor Employees	18. Number of a) Mine Emp	Persons Unaccou loyees	nted for b) Contractor Employees 0			
19. Accident Location 30 - Mill/Prep Plant						20. Mining Height 0 Feet 0 Inches	
21. Nonfatal Injuries	22. Fatal Injuries						

23. Victims Information

Anthowan A Smith							
a) First Name Anthowan	a) MI A	a) Last Name Smith	b) Age 41	c) Regular Job Title Maintenance	 d) Activity at Time of A Cleaning under Conv hose 		Employee Mine Employee
24. Mining Experience a) Total Experience 0 Years 25 Weeks 5 Days		Experience at the Mine 0 Years 25 Weeks 5 Days		ence at the Activity at the s 0 Weeks 0 Days	Time of the Accident		ence with Contractor s 0 Weeks 0 Days
25. Autopsy Performed Yes	If Yes, Location Georgia Bureau of Investigations (GBI)						

26. Mine Telephone No.

(706) 653-2144

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

The victim drowned in a small pool of water after suffering a medical event.

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 thecause of the accident.

		32. Field Office M3631 - Macon GA Field Office	33. Event Number 6917017
MI A	Last Name Johnson		·
MI	Last Name Thompson	Date/Time Notified 04/26/2022 4:49 PM	
37. Name of Preparer Full Name Robert A Johnson		Date Prepared 04/28/2022	
	MI 37. Name of Full Nam	MI Last Name Thompson 37. Name of Preparer Full Name	MI Last Name A Johnson MI Last Name Thompson Date/Time Notified 04/26/2022 4:49 PM 37. Name of Preparer Full Name Date Prepared