

Preliminary Report of Accident

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



PR001 08/09/2022

| | | | | | | | | | |
|--|--------------|---|------------------|--|-----------------------------|--|--|---|-----------------|
| 1. Accident Type F - Fatal Injury | | 2. Accident Classification 17 - Machinery | | 3. Date/Time of Accident 08/04/2022 3:50 PM | | 4. Date/Time of Death 08/04/2022 3:50 PM | | 5. Fatal Case No FAI-6890243-1 | |
| 6. Mine Information | | | | | | | | | |
| a) Mining Company Name: | | Wooten Sand & Gravel, Inc. | | | | | | | |
| b) Mine Name: | | Wooten Sand & Gravel, Inc. | | | | | | | |
| c) Parent of Mining Company: | | Jimmy Wooten | | | | | | | |
| 7. Mine Location Information | | | | | 8. Mine ID Number | | 9. Union | | |
| a) City TEXARKANA | | b) County Miller | | c) State AR | | 03-01975 | | No | |
| 10. Primary Mineral Mined Construction Sand & Gravel Mining, N.E.C. | | | | 11. Number of Employees | | | | | |
| | | | | a) Total | b) Underground | c) Open Pit/Quarry | d) Mill/Prep Plant | e) Other | |
| | | | | 12 | 0 | 5 | 3 | 4 | |
| 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 Employees | | | | | | | | | |
| a) Total | | b) Underground | | c) Open Pit/Quarry | | d) Mill/Prep Plant | | e) Other | |
| 17. Number of Persons in Mine at Time of Accident | | | | 18. Number of Persons Unaccounted for | | | | | |
| a) Mine Employees | | b) Contractor Employees | | a) Mine Employees | | b) Contractor Employees | | | |
| 10 | | | | 0 | | | | | |
| 19. Accident Location 03 - Open Pit | | | | | | | | 20. Mining Height 13 Feet Inches | |
| 21. Nonfatal Injuries 0 | | 22. Fatal Injuries 1 | | | | | | | |
| 23. Victims Information | | | | | | | | | |
| Jimmy D Wooten Sr | | | | | | | | | |
| a) First Name | a) MI | a) Last Name | | b) Age | c) Regular Job Title | | d) Activity at Time of Accident | | Employee |
| Jimmy | D | Wooten, Sr. | | 67 | Co-owner / President | | Performing maintenance on bulldozer | | Mine Employee |
| 24. Mining Experience | | | | | | | | | |
| a) Total Experience | | b) Experience at the Mine | | c) Experience at the Activity at the Time of the Accident | | | d) Experience with Contractor | | |
| 14 Years 5 Weeks 0 Days | | 14 Years 5 Weeks 0 Days | | 51 Years 0 Weeks Days | | | Years Weeks Days | | |
| 25. Autopsy Performed | | If Yes, Location | | | | | | | |
| Yes | | Arkansas State Medical Crime Lab | | | | | | | |
| 26. Mine Telephone No. | | | | | | | | | |
| 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) | | | | | | | | | |
| A co-owner / president died when he was struck by a bulldozer while he was working on it at the mine's shop. | | | | | | | | | |
| <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> | | | | | | | | | |
| 28. Equipment Manufacturer Komatsu | | | | 29. Model D65PX | | | | | |
| 30. District M5000 - Dallas District | | | | 32. Field Office M5871 - Little Rock AR Field Office | | | | 33. Event Number 6890243 | |
| 34. Accident Investigator | | | | | | | | | |
| First Name | | MI | Last Name | | | | | | |
| Wesley | | L | Hackworth | | | | | | |
| 35. MSHA Person Notified | | | | | | | | | |
| First Name | | MI | Last Name | | | Date/Time Notified | | | |
| Ronnie | | | Free | | | 08/04/2022 4:06 PM | | | |
| 36. Type of Report Initial | | 37. Name of Preparer | | | Date Prepared | | | | |
| | | Full Name Wesley L Hackworth | | | 08/04/2022 | | | | |
| 38. Reason for Amendment | | | | | | | | | |