## **Preliminary Report of Accident**

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

## PR001 01/11/2022

1. Accident Type F - Fatal Injury	2. Accident Classification 07 - Fall of Roof or Back	3. Date/Time of Accident 01/07/2022 2:45 PM	4. Date/Time of Death 01/07/2022 11:03 PM	<b>5. Fatal Case No</b> FAI7013315-1
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Laurel Aggregates of Delaware, L 1366 Laurel Arcosa, Inc	LC		
7. Mine Location Information a) City Lake Lynn	<b>b) County</b> Fayette	c) State PA	8. Mine ID Number 36-08891	9. Union No
<b>10. Primary Mineral Mined</b> Crushed & Broken Limestone Mining, N.E.C.		11. Number of Employees a) Total b) Underg	ground c) Open Pit/Quarry	d) Mill/Prep Plant e) Other 30 13
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	rees 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 Unaccoun a) Mine Employees	ted for b) Contractor Employees	
19. Accident Location 07 - Advance Mining				20. Mining Height 27 Feet 0 Inches
21. Nonfatal Injuries	22. Fatal Injuries			
23. Victims Information				
David A Hayden, Jr.				
a) First Name a) MI a David A		ular Job Title d) Activity at Time ler Operator Loader Operator		Employee Mine Employee
· ·	b) Experience at the Mine		or ne Time of the Accident d) Ex	
David A  24. Mining Experience a) Total Experience	b) Experience at the Mine	er Operator Loader Operator  c) Experience at the Activity at the	or ne Time of the Accident d) Ex	Mine Employee
David A  24. Mining Experience a) Total Experience 15 Years 27 Weeks 6 Day  25. Autopsy Performed	b) Experience at the Mine  s 15 Years 27 Weeks 6 Days	er Operator Loader Operator  c) Experience at the Activity at the	or ne Time of the Accident d) Ex	Mine Employee
David A  24. Mining Experience a) Total Experience 15 Years 27 Weeks 6 Day  25. Autopsy Performed No  26. Mine Telephone No. (724) 564-5099  27. Description of Accident (included)	b) Experience at the Mine /s 15 Years 27 Weeks 6 Days If Yes, Location	c) Experience at the Activity at the 8 Years 4 Weeks 1 Days	or ne Time of the Accident d) Ex 0 \	Mine Employee
David A  24. Mining Experience a) Total Experience 15 Years 27 Weeks 6 Day  25. Autopsy Performed No  26. Mine Telephone No. (724) 564-5099  27. Description of Accident (included in the company of the	b) Experience at the Mine /s 15 Years 27 Weeks 6 Days  If Yes, Location  de equipment involved, the exact location of the roof collapsed on the from	c) Experience at the Activity at the 8 Years 4 Weeks 1 Days	ne Time of the Accident d) Ex 0 N	Mine Employee  perience with Contractor  years 0 Weeks 0 Days
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