

Preliminary Report of Accident

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



PR001 06/23/2022

| 1. Accident Type F - Fatal Injury | | 2. Accident Classification 17 - Machinery | | 3. Date/Time of Accident 06/17/2022 1:11 PM | | 4. Date/Time of Death 06/17/2022 1:11 PM | | 5. Fatal Case No FAI-6915826-1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|---|------------------------------|---|--|--|---|--|--------------------------------------|-----------------|--|--|--|--|--|--|---------------|-------|--------------|--------|----------------------|---------------------------------|----------|-------|---|---------|----|--------------------|-------------------------------|---------------------|------------------------------|--|--|--|--|--|--|---------------------|--|---------------------------|--|---|--|-------------------------------|------------------------|--|------------------------|--|------------------------|--|------------------------|------------------------------|--|------------------|--|--|--|-----|--|---------|--|--|--|
| 6. Mine Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Mining Company Name: | | Vulcan Materials Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Mine Name: | | Jackson Quarry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Parent of Mining Company: | | Vulcan Materials Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Mine Location Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) City Jefferson | | | b) County Jackson | | | c) State GA | | | 8. Mine ID Number 09-01264 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Union No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Primary Mineral Mined Crushed & Broken Granite Mining | | | | | 11. Number of Employees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Total 0 | | b) Underground 0 | | c) Open Pit/Quarry 0 | | d) Mill/Prep Plant 0 | | e) Other 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Contractor Name Terra Excavating, LLC | | | | | | 13. Contractor Union | | 14. Contractor ID Number C3757 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Contractor Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) City Augusta | | | b) County Richmond | | | c) State GA | | d) Zip Code 30904 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Number of Contractor Employees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Total 4 | | b) Underground 0 | | c) Open Pit/Quarry 0 | | d) Mill/Prep Plant 4 | | e) Other 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Number of Persons in Mine at Time of Accident | | | | | 18. Number of Persons Unaccounted for | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Mine Employees 0 | | b) Contractor Employees 4 | | | a) Mine Employees 0 | | b) Contractor Employees 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Accident Location 30 - Mill/Prep Plant | | | | | | | | 20. Mining Height Feet Inches | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Nonfatal Injuries | | 22. Fatal Injuries 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Victims Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <th colspan="7">Brian C Thigpen</th> </tr> <tr> <th>a) First Name</th> <th>a) MI</th> <th>a) Last Name</th> <th>b) Age</th> <th>c) Regular Job Title</th> <th>d) Activity at Time of Accident</th> <th>Employee</th> </tr> <tr> <td>Brian</td> <td>C</td> <td>Thigpen</td> <td>16</td> <td>Equipment Operator</td> <td>operating Cat CP44B Compactor</td> <td>Contractor Employee</td> </tr> <tr> <th colspan="7">24. Mining Experience</th> </tr> <tr> <th colspan="2">a) Total Experience</th> <th colspan="2">b) Experience at the Mine</th> <th colspan="2">c) Experience at the Activity at the Time of the Accident</th> <th>d) Experience with Contractor</th> </tr> <tr> <td colspan="2">0 Years 3 Weeks 0 Days</td> <td colspan="2">0 Years 3 Weeks 0 Days</td> <td colspan="2">0 Years 3 Weeks 0 Days</td> <td>0 Years 3 Weeks 0 Days</td> </tr> <tr> <th colspan="2">25. Autopsy Performed</th> <th colspan="4">If Yes, Location</th> </tr> <tr> <td colspan="2">Yes</td> <td colspan="4">Georgia</td> </tr> </table> | | | | | | | | | | Brian C Thigpen | | | | | | | a) First Name | a) MI | a) Last Name | b) Age | c) Regular Job Title | d) Activity at Time of Accident | Employee | Brian | C | Thigpen | 16 | Equipment Operator | operating Cat CP44B Compactor | Contractor 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 | 0 Years 3 Weeks 0 Days | | 0 Years 3 Weeks 0 Days | | 0 Years 3 Weeks 0 Days | | 0 Years 3 Weeks 0 Days | 25. Autopsy Performed | | If Yes, Location | | | | Yes | | Georgia | | | |
| Brian C Thigpen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) First Name | a) MI | a) Last Name | b) Age | c) Regular Job Title | d) Activity at Time of Accident | Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brian | C | Thigpen | 16 | Equipment Operator | operating Cat CP44B Compactor | Contractor 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 Years 3 Weeks 0 Days | | 0 Years 3 Weeks 0 Days | | 0 Years 3 Weeks 0 Days | | 0 Years 3 Weeks 0 Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. Autopsy Performed | | If Yes, Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | Georgia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. Mine Telephone No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A contract miner died when the compactor he was operating overturned, pinning him beneath the cab. As the compactor was traveling in reverse, the compactor's left tire went off a four-foot embankment causing the compactor to overturn.</p> <p><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></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. Equipment Manufacturer Caterpillar | | | | | 29. Model CP44B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. District M3000 - Birmingham District | | | | | 32. Field Office M3631 - Macon GA Field Office | | | 33. Event Number 6915826 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Accident Investigator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name Jarvis | | MI F | | Last Name Westery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. MSHA Person Notified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name Brian | | MI T | | Last Name Thompson | | | Date/Time Notified 06/17/2022 2:27 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36. Type of Report Initial | | 37. Name of Preparer | | | Date Prepared | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Full Name Rory M Smith | | | Date Prepared 06/20/2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38. Reason for Amendment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |