## Preliminary Report of Accident



## PR001 06/24/2022

1. Accident Type F - Fatal Injury	2. Accident Classification 18 - Slip or Fall of Person	3. Date/Time of Accident 06/20/2022 11:30 AM	4. Date/Time of Death 06/20/2022 1:15 PM	5. Fatal Case No FAI-6806019-1
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	3M Company 3 M Little Rock Industrial Mir Minnesota Mining & Manufao			
7. Mine Location Information a) City LITTLE ROCK	<b>b) County</b> Pulaski	c) State AR	8. Mine ID Number 03-00426	9. Union No
10. Primary Mineral Mined Crushed & Broken Granite Minir	g	11. Number of Employeesa) Totalb) Underg139	ground c) Open Pit/Quarry 26	d) Mill/Prep Plant e) Other 113
12. Contractor Name Explosives Contractors Inc			13. Contractor Union No	14. Contractor ID Number 6EJ
15. Contractor Address a) City Hollister	b) County	<b>c) State</b> MO	<b>d) Zip Code</b> 65672	
16. Number of Contractor Employ a) Total 45	ees b) Underground	c) Open Pit/Quarry 45	<b>d) Mill/Prep Plant</b> 0	e) Other
17. Number of Persons in Mine at Time of Accident a) Mine Employees 20 18. Number of Persons Unaccounted for a) Mine Employees 0 b) Contractor Employees 0				
<b>19. Accident Location</b> 03 - Open Pit				20. Mining Height 50 Feet 0 Inches
21. Nonfatal Injuries 22. Fatal Injuries   0 1				
23. Victims Information	1			
Donald V Saul				
a) First Name a) MI a)	, ,	egular Job Title d) Activity at Time o iller Driller	f Accident	Employee Contractor Employee
24. Mining Experience   b) Experience at the Mine   c) Experience at the Activity at the Time of the Accident   d) Experience with Contractor     2 Years 17 Weeks 1 Days   2 Years 17 Weeks 1 Days   2 Years 17 Weeks 1 Days   2 Years 17 Weeks 1 Days				
25. Autopsy Performed If Yes, Location				
Yes	Yes Arkansas State Crime lab			
<b>26. Mine Telephone No.</b> (501) 918-5805				
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A contract driller was working outside of his drill when he fell over a 25-foot highwall.				
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.				
28. Equipment Manufacturer Atlas Copco		<b>29. Model</b> D65		
<b>30. District</b> M5000 - Dallas District		32. Field Office M5871 - Little Rock AR Field Of	fice	<b>33. Event Number</b> 6806019
34. Accident Investigator First Name Michael	MI Last Nai Tefertille			
35. MSHA Person Notified First Name Brett	MI Last Nar Barrick	ne Date/Time No 06/20/2022 12		
36. Type of Report Initial	37. Name of Preparer Full Name Dwight Shields	Date Prepared 06/21/2022		
38. Reason for Amendment				