Preliminary Report of Accident

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

PR001 06/24/2022

1. Accident Type F - Fatal Injury	2. Accident Classification 17 - Machinery	3. Date/Time of Accident 06/20/2022 3:40 PM	4. Date/Time of Death 06/20/2022 3:45 PM	5. Fatal Case No FAI-4126748-1
Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Lhoist North America of Virginia, KIMBALLTON PLANT #1 Lhoist Group	Inc.		
7. Mine Location Information a) City RIPPLEMEAD	b) County Giles	c) State VA	8. Mine ID Number 44-00082	9. Union No
10. Primary Mineral Mined		11. Number of Employees		
Crushed & Broken Limestone M	lining, N.E.C.	a) Total b) Under	rground c) Open Pit/Quarry	d) Mill/Prep Plant e) Other 54 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 Employ	rees			
a) Total	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 Unaccou a) Mine Employees	nted for b) Contractor Employees	
19. Accident Location 01 - Underground				20. Mining Height 26 Feet 0 Inches
21. Nonfatal Injuries	22. Fatal Injuries			
23. Victims Information	·			
Chuart B Maara				
Stuart R Moore				
a) First Name a) MI a		ular Job Titled) Activity at Tavator operatorOperating ex	ime of Accident cavator	Employee Mine Employee
24. Mining Experience a) Total Experience Years 9 Weeks 4 Days	b) Experience at the Mine Years 9 Weeks 4 Days	c) Experience at the Activity at the T Years 9 Weeks 4 Days		perience with Contractor ars Weeks Days
25. Autopsy Performed	If Yes, Location			
26. Mine Telephone No. (540) 626-7163				
		ocation in the mine, and status and ankment and was engulfed by lime kiln		
The information provided in this cause of the accident.	notice is based on preliminary data C	ONLY and does not represent final dete	ermination regarding the nature of the	incident or conclusions regarding the
cause of the accident.				
28. Equipment Manufacturer Caterpillar		29. Model 336		
28. Equipment Manufacturer		29. Model		33. Event Number 4126748
28. Equipment Manufacturer Caterpillar 30. District C0500 - Norton District 34. Accident Investigator First Name	MI Last Name	29. Model 336 32. Field Office		33. Event Number
28. Equipment Manufacturer Caterpillar 30. District C0500 - Norton District 34. Accident Investigator		29. Model 336 32. Field Office		33. Event Number
28. Equipment Manufacturer Caterpillar 30. District C0500 - Norton District 34. Accident Investigator First Name Russell 35. MSHA Person Notified First Name	MI Last Name A Dresch MI Last Name	29. Model 336 32. Field Office C0508 - Staunton VA Field Off	ice	33. Event Number
28. Equipment Manufacturer Caterpillar 30. District C0500 - Norton District 34. Accident Investigator First Name Russell 35. MSHA Person Notified	MI Last Name A Dresch	29. Model 336 32. Field Office C0508 - Staunton VA Field Off	ice	33. Event Number

38. Reason for Amendment