

# Preliminary Report of Accident

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



PR001 05/31/2022

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 21 - Other Accident Drowning		<b>3. Date/Time of Accident</b> 03/22/2022 9:33 AM		<b>4. Date/Time of Death</b> 03/22/2022 11:35 AM		<b>5. Fatal Case No</b> FAI-6901539-1		
<b>6. Mine Information</b>										
a) Mining Company Name:		AMI Silica LLC								
b) Mine Name:		AMI Silica LLC								
c) Parent of Mining Company:		Athabasca Minerals Inc								
<b>7. Mine Location Information</b>						<b>8. Mine ID Number</b>		<b>9. Union</b>		
a) City HIXTON		b) County Jackson		c) State WI		47-03742		No		
<b>10. Primary Mineral Mined</b> Industrial Sand, N.E.C.				<b>11. Number of Employees</b>			<b>d) Mill/Prep Plant</b>		<b>e) Other</b>	
				a) Total 19	b) Underground	c) Open Pit/Quarry 5	8		6	
<b>12. Contractor Name</b>						<b>13. Contractor Union</b>		<b>14. Contractor ID Number</b>		
<b>15. Contractor Address</b>										
a) City		b) County			c) State		d) Zip Code			
<b>16. Number of Contractor Employees</b>										
a) Total		b) Underground			c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other	
<b>17. Number of Persons in Mine at Time of Accident</b>				<b>18. Number of Persons Unaccounted for</b>						
a) Mine Employees 19		b) Contractor Employees		a) Mine Employees		b) Contractor Employees				
<b>19. Accident Location</b> 00 - Other Storm water runoff pond (P15 Pond)								<b>20. Mining Height</b>		
								Feet Inches		
<b>21. Nonfatal Injuries</b>		<b>22. Fatal Injuries</b> 1								
<b>23. Victims Information</b>										
<b>Tony M Killian</b>										
<b>a) First Name</b>	<b>a) MI</b>	<b>a) Last Name</b>		<b>b) Age</b>	<b>c) Regular Job Title</b>		<b>d) Activity at Time of Accident</b>		<b>Employee</b>	
Tony	M	Killian		44	Heavy Equipment Operator		Pump Maintenance		Mine Employee	
<b>24. Mining Experience</b>										
<b>a) Total Experience</b>		<b>b) Experience at the Mine</b>			<b>c) Experience at the Activity at the Time of the Accident</b>			<b>d) Experience with Contractor</b>		
6 Years 28 Weeks 0 Days		6 Years 28 Weeks 0 Days			0 Years 0 Weeks 1 Days			0 Years 0 Weeks 0 Days		
<b>25. Autopsy Performed</b>		<b>If Yes, Location</b>								
Yes		Midwest Forensics Ramsey, MN								
<b>26. Mine Telephone No.</b> (331) 223-1570										
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> A miner died when the floating pump platform he was working on capsized, trapping him under water.  <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>										
<b>28. Equipment Manufacturer</b>					<b>29. Model</b>					
<b>30. District</b> M4000 - Duluth District					<b>32. Field Office</b> M4651 - Duluth MN Field Office			<b>33. Event Number</b> 6901539		
<b>34. Accident Investigator</b>										
<b>First Name</b>		<b>MI</b>	<b>Last Name</b>							
Amy		Z	Jackson							
<b>35. MSHA Person Notified</b>										
<b>First Name</b>		<b>MI</b>	<b>Last Name</b>		<b>Date/Time Notified</b>					
William			Soderlind		03/22/2022 10:15 AM					
<b>36. Type of Report</b>		<b>37. Name of Preparer</b>								
Initial		<b>Full Name</b>			<b>Date Prepared</b>					
		Amy Z Jackson			03/22/2022					
<b>38. Reason for Amendment</b>										