

# Preliminary Report of Accident

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



PR001 03/08/2022

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 17 - Machinery		<b>3. Date/Time of Accident</b> 03/04/2022 10:58 AM		<b>4. Date/Time of Death</b> 03/04/2022 11:17 AM		<b>5. Fatal Case No</b> FAI-6875221-1					
<b>6. Mine Information</b>													
a) Mining Company Name:		Brunswick Canyon Materials LLC											
b) Mine Name:		Brunswick Canyon Materials LLC											
c) Parent of Mining Company:		Zack Doane et al											
<b>7. Mine Location Information</b>					<b>8. Mine ID Number</b>		<b>9. Union</b>						
a) City		b) County		c) State		26-02007		No					
CARSON CITY		Carson City		NV									
<b>10. Primary Mineral Mined</b>				<b>11. Number of Employees</b>									
Construction Sand & Gravel Mining, N.E.C.				a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other	
				6				2		2		2	
<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>													
a) Mine Employees		b) Contractor Employees			<b>18. Number of Persons Unaccounted for</b>								
6					a) Mine Employees		b) Contractor Employees						
					0								
<b>19. Accident Location</b>								<b>20. Mining Height</b>					
03 - Open Pit								80 Feet		0 Inches			
<b>21. Nonfatal Injuries</b>		<b>22. Fatal Injuries</b>											
0		1											
<b>23. Victims Information</b>													
Robert Covington													
a) First Name		a) MI	a) Last Name		b) Age	c) Regular Job Title		d) Activity at Time of Accident		Employee			
Robert			Covington		37	Bulldozer Operator		Pushing material		Mine Employee			
<b>24. Mining Experience</b>													
a) Total Experience			b) Experience at the Mine			c) Experience at the Activity at the Time of the Accident			d) Experience with Contractor				
8 Years 3 Weeks 6 Days			0 Years 3 Weeks 6 Days			0 Years 3 Weeks 6 Days			0 Years 0 Weeks 0 Days				
<b>25. Autopsy Performed</b>		<b>If Yes, Location</b>											
Yes		Washoe County Medical Examiner											
<b>26. Mine Telephone No.</b>													
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b>													
A miner was fatally injured when the bulldozer he was operating rolled down a steep slope and came to rest on the cab.													
<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>								
Liebherr					756								
<b>30. District</b>					<b>32. Field Office</b>			<b>33. Event Number</b>					
M7000 - Vacaville District					M7851 - Elko NV Field Office			6875221					
<b>34. Accident Investigator</b>													
First Name		MI	Last Name										
Chad			Hilde										
<b>35. MSHA Person Notified</b>													
First Name		MI	Last Name			Date/Time Notified							
James			Fitch			03/04/2022 11:25 AM							
<b>36. Type of Report</b>		<b>37. Name of Preparer</b>											
Initial		Full Name			Date Prepared								
		Chad Hilde			03/05/2022								
<b>38. Reason for Amendment</b>													