## Preliminary Report of Accident



## PR001 10/11/2022

| 1. Accident Type<br>F - Fatal Injury  | 2. Accident Classifica<br>17 - Machinery                          | tion                      | 3. Date/Time of Accid<br>10/01/2022 8:13 AM         |                                    | 4. Date/Time of Death<br>10/01/2022 8:13 AM |            | 5. Fatal Case No<br>FAI-6899651-1           |                      |
|---|---|---------------------------|---|------------------------------------|---|------------|---|----------------------|
| 6. Mine Information<br>a) Mining Company Name:<br>b) Mine Name:<br>c) Parent of Mining Company:   | R J Valente Gravel<br>R J Valente Grafton (<br>Roderick J Valente | Quarry                    |   |                                    |   |            |   |                      |
| 7. Mine Location Information  |   |                           |   | 8                                  | 3. Mine ID Number                           |            | 9. Union                                    |                      |
| a) City<br>TROY   | b) County<br>Rensselaer   |                           | c) State<br>NY                                      |                                    | 30-03434                                    |            | No  |                      |
| 10. Primary Mineral Mined<br>Crushed & Broken Stone Minir   | ng, N.E.C.  |                           | <b>11. Number of Emplo</b><br><b>a) Total</b><br>12 | yees<br>b) Undergro                | und c) Open Pit/Qua<br>11                   | irry       | <b>d) Mill/Prep Plant</b><br>0              | <b>e) Other</b><br>1 |
| 12. Contractor Name   |   |                           |   |                                    | 13. Contractor Union                        |            | 14. Contractor ID Nui                       | mber                 |
| 15. Contractor Address<br>a) City   | b) County   |                           | c) State  | •                                  | d) Zip Co                                   | ode        |   |                      |
| 16. Number of Contractor Emplo<br>a) Total  | byees<br>b) Underground   |                           | c) Open Pit/Quar                                    | ry                                 | d) Mill/Prep Pla                            | nt         | e) Oth                                      | ner                  |
| 17. Number of Persons in Mine a<br>a) Mine Employees<br>12  | at Time of Accident<br>b) Contractor Employee                     | s                         | 18. Number of Person<br>a) Mine Employee            |                                    | d for<br>Contractor Employees               |            |   |                      |
| <b>19. Accident Location</b><br>03 - Open Pit   |   |                           | ·   |                                    |   |            | <b>20. Mining Height</b><br>0 Feet 0 Inches | s                    |
| <b>21. Nonfatal Injuries</b><br>0   | 22. Fatal Injuries  |                           |   |                                    |   |            |   |                      |
| 23. Victims Information   |   |                           |   |                                    |   |            |   |                      |
| Darren J Miller   |   |                           |   |                                    |   |            |   |                      |
|   |   |                           |   |                                    |   |            | <b>-</b> .                                  |                      |
| a) First Name a) MI<br>Darren J   | a) Last Name b) Age<br>Miller 35                                  | e c) Regu<br>Mech         |   | stalling Motor                     | of Accident                                 |            | Employee<br>Mine Employee                   | e                    |
| 24. Mining Experience b) Experience at the Mine c) Experience at the Activity at the Time of the Accident d) Experience with Contractor   0 Years 47 Weeks 5 Days 0 Years 2 Weeks 5 Days 0 Years 0 Years 0 Weeks 0 Days |   |                           |   |                                    |   |            |   |                      |
| 25. Autopsy Performed   | 25. Autopsy Performed If Yes, Location                            |                           |   |                                    |   |            |   |                      |
| Yes Dutchess County Medical Examiner Office   |   |                           |   |                                    |   |            |   |                      |
| <b>26. Mine Telephone No.</b> (518) 432-4470  |   |                           |   |                                    |   |            |   |                      |
| 27. Description of Accident (incl<br>A miner died while he was rem<br>fall and strike the miner.  |   |                           |   |                                    |   | oke, caus  | ing the hook and ball a                     | ssembly to           |
| The information provided in thi<br>cause of the accident.   | is notice is based on prelim                                      | inary data ON             | ILY and does not repres                             | ent final determi                  | nation regarding the nature                 | of the inc | ident or conclusions re                     | garding the          |
| 8. Equipment Manufacturer<br>Grove Manufacturing  |   |                           | 29. Model<br>RT 765E-2                              |                                    |   |            |   |                      |
| <b>30. District</b><br>M2000 - Warrendale District  |   |                           | 32. Field Office<br>M2881 - Albany NY Field Office  |                                    |   |            | <b>33. Event Number</b><br>6899651          |                      |
| 34. Accident Investigator<br>First Name<br>Daniel   |   | <b>ast Name</b><br>Pullen | 1   |                                    |   | 1          |   |                      |
| 35. MSHA Person Notified  | • • • • •   |                           | -   |                                    |   |            |   |                      |
| <b>First Name</b><br>Thomas   |   | ast Name<br>lasmussen     |   | Date/Time Notifi<br>0/01/2022 8:20 |   |            |   |                      |
| 36. Type of Report<br>Initial   | 37. Name of Preparer<br>Full Name<br>Matthew H Mattisor           |                           | Date Prepared<br>10/03/2022                         |                                    |   |            |   |                      |
| 38. Reason for Amendment  | _!  |                           |   |                                    |   |            |   |                      |