Preliminary Report of Accident

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



PR001 08/31/2023

8. Mining Company Name:	1. Accident Type F - Fatal Injury	2. Accident Classification 17 - Machinery	3. Date/Time of Accident 08/21/2023 7:10 PM		4. Date/Time of Death 08/23/2023 2:10 AM		5. Fatal Case No FAI-6947520-1		
3 City Gunnison City City City City City Contractor Name Construction Sand & Grawwill Mills N.E.C. Contractor Name Contractor Male Co	a) Mining Company Name:b) Mine Name:	Portable Crusher #2							
1. Contractor Name	a) City								
16. Contractor Address a) City b) County c) State d) Zip Code 17. Number of Contractor Employees b) Underground b) Underground b) Underground contractor Employees b) Contractor Employees contractor Con			a) Total b) Underground				d) Mill/Prep Plant	e) Other	
a) City b) County of State of Contractor Employees a) Total of Contractor Employees b) Underground contractor Employees b) Underground contractor Employees b) Underground contractor Employees b) Underground contractor Employees b) Contractor Empl	12. Contractor Name				13. Contractor Union		14. Contractor ID N	lumber	
a) Total voltement of Persons in Mine at Time of Accident 1 mole of Accident 2 mole of Accident 3 mole of Accident 2 mole of Accident 3 mole of Accident 4 mole of Accident 3 mole of Accident 4 mole of Ac		b) County	c) State		d) Zip Code				
a) Mine Employees b) Contractor Employees d) Ontractor Employees d)									
21. Nonfatal Injuries 22. Fatal Injuries 23. Victims Information Maithew J McCaghren a) Mil a) Last Name b) Age C) Regular Job Title d) Activity at Time of Accident Employee Milne Employee	a) Mine Employees b) Contractor Employees a) Mine Employees b) Contractor Employees								
Matthew J McCaghren a) First Name a) MI a) Last Name b) Age c) Regular Job Title d) Activity at Time of Accident Employee Mine Employee Mi									
Matthew J McCaghren a) First Name	21. Nonfatal Injuries								
a) First Name	23. Victims Information								
a) First Name Matthew a) MI a) Last Name Matthew Box Capterine Cap	Matthew J McCaghren								
24. Mining Experience a) Total Experience O Years 1 Weeks 1 Days 25. Autopsy Performed Yes Single State State Single Single State Sing									
26. Mine Telephone No. (719) 458-5270 27. Description of Accident (Include equipment involved, the exact location in the mine, and status and recovery operations) A miner was killed when a lifting strap broke causing a crusher lid to fall and strike the victim. 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 Not listed Canica - VSI Crusher 30. District M6000 - Denver District 31. Field Office M6642 - Denver CO Field Office M1 Last Name Lee A. Hughes 35. MSHA Person Notified First Name R WI Last Name Yeager Date/Time Notified O8/21/2023 8:39 AM 36. Type of Report Initial Name Steven Polgar Date Prepared 08/29/2023	24. Mining Experience a) Total Experience 0 Years 1 Weeks 1	b) Experience at the Mine	c) Experience at t	he Activity at the	<u> </u>	d) Expe	erience with Contract		
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Initial Full Name Date Prepared Steven Polgar 08/29/2023	First Name								
38. Reason for Amendment		Full Name							
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