

# Preliminary Report of Accident

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



PR001 02/02/2023

|  |  |   |  |  |
|--|--|---|--|--|
| <b>1. Accident Type</b><br>F - Fatal Injury              | <b>2. Accident Classification</b><br>01 - Electrical | <b>3. Date/Time of Accident</b><br>01/27/2023 6:33 AM | <b>4. Date/Time of Death</b><br>01/27/2023 6:33 AM | <b>5. Fatal Case No</b><br>FAI-6971308-2     |
| <b>6. Mine Information</b>                               |  |   |  |  |
| a) Mining Company Name: KaMin LLC                        |  | b) Mine Name: Wrens Plant                             |  |  |
| c) Parent of Mining Company: IMin Partners               |  |   |  |  |
| <b>7. Mine Location Information</b>                      |  |   | <b>8. Mine ID Number</b>                           | <b>9. Union</b>                              |
| a) City<br>WRENS   | b) County<br>Jefferson                               | c) State<br>GA  | 09-00143   | No   |
| <b>10. Primary Mineral Mined</b><br>Kaolin               |  | <b>11. Number of Employees</b>                        |  |  |
|  |  | a) Total<br>41  | b) Underground<br>11                               | c) Open Pit/Quarry<br>30                     |
|  |  | d) Mill/Prep Plant<br>0                               |  | e) Other<br>0                                |
| <b>12. Contractor Name</b><br>Piedmont Mining, LLC       |  |   | <b>13. Contractor Union</b><br>No                  | <b>14. Contractor ID Number</b><br>B2884     |
| <b>15. Contractor Address</b>                            |  |   |  |  |
| a) City<br>McIntyre                                      | b) County  | c) State<br>GA  | d) Zip Code<br>31054                               |  |
| <b>16. Number of Contractor Employees</b>                |  |   |  |  |
| a) Total<br>8  | b) Underground<br>0                                  | c) Open Pit/Quarry<br>8                               | d) Mill/Prep Plant<br>0                            | e) Other<br>0                                |
| <b>17. Number of Persons in Mine at Time of Accident</b> |  | <b>18. Number of Persons Unaccounted for</b>          |  |  |
| a) Mine Employees<br>11                                  | b) Contractor Employees<br>8                         | a) Mine Employees<br>0                                | b) Contractor Employees<br>0                       |  |
| <b>19. Accident Location</b><br>03 - Open Pit            |  |   |  | <b>20. Mining Height</b><br>30 Feet 0 Inches |
| <b>21. Nonfatal Injuries</b><br>0                        | <b>22. Fatal Injuries</b><br>2                       |   |  |  |

**23. Victims Information**

| Charquavian Bloodsaw                         |       |  |        |  |                                 |  |
|--|-------|--|--------|--|---------------------------------|--|
| a) First Name                                | a) MI | a) Last Name                                       | b) Age | c) Regular Job Title   | d) Activity at Time of Accident | Employee   |
| CharQuaveiun                                 |       | Bloodsaw   | 23     | Off-road truck driver  | Starting up haul truck          | Contractor Employee                                    |
| <b>24. Mining Experience</b>                 |       |  |        |  |                                 |  |
| a) Total Experience<br>Years 18 Weeks 4 Days |       | b) Experience at the Mine<br>Years 18 Weeks 4 Days |        | c) Experience at the Activity at the Time of the Accident<br>Years 18 Weeks 4 Days |                                 | d) Experience with Contractor<br>Years 18 Weeks 4 Days |
| <b>25. Autopsy Performed</b>                 |       |  |        |  |                                 |  |
| Yes  |       | If Yes, Location<br>Atlanta, Georgia               |        |  |                                 |  |

**26. Mine Telephone No.**  
(706) 547-6554

**27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)**  
Two contractors were electrocuted when a 14,400-volt overhead power line came in contact with their off-road dump trucks, and the contractors were outside the cabs of their trucks and came in contact with the electrical energy.  
*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.*

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| <b>28. Equipment Manufacturer</b><br>Caterpillar   | <b>29. Model</b><br>773G                                 |
| <b>30. District</b><br>M3000 - Birmingham District | <b>32. Field Office</b><br>M3631 - Macon GA Field Office |
| <b>33. Event Number</b><br>6971308                 |  |
| <b>34. Accident Investigator</b>                   |  |
| First Name<br>Freddie                              | MI<br>Last Name<br>Trice                                 |
| <b>35. MSHA Person Notified</b>                    |  |
| First Name<br>David                                | MI<br>Last Name<br>Allen                                 |
| Date/Time Notified<br>01/27/2023 6:44 AM           |  |
| <b>36. Type of Report</b><br>Initial               | <b>37. Name of Preparer</b>                              |
|  | Full Name<br>Freddie Trice                               |
|  | Date Prepared<br>01/29/2023                              |

**38. Reason for Amendment**