

Preliminary Report of Accident

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



PR001 07/25/2023

1. Accident Type F - Fatal Injury		2. Accident Classification 17 - Machinery		3. Date/Time of Accident 07/17/2023 1:06 PM		4. Date/Time of Death 07/17/2023 3:06 PM		5. Fatal Case No FA-6925271-1																																											
6. Mine Information																																																			
a) Mining Company Name:		Holcim - NER, Inc.																																																	
b) Mine Name:		SWAMPSCOTT QUARRY																																																	
c) Parent of Mining Company:		Holcim Ltd																																																	
7. Mine Location Information				8. Mine ID Number		9. Union																																													
a) City MIDDLETON		b) County Essex		c) State MA		19-00020		Yes																																											
10. Primary Mineral Mined Crushed & Broken Traprock Mining				11. Number of Employees		c) Open Pit/Quarry		d) Mill/Prep Plant																																											
				a) Total 32		27		e) Other 5																																											
12. Contractor Name						13. Contractor Union		14. Contractor ID Number																																											
15. Contractor Address																																																			
a) City		b) County			c) State		d) Zip Code																																												
16. Number of Contractor Employees																																																			
a) Total		b) Underground			c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other																																										
17. Number of Persons in Mine at Time of Accident					18. Number of Persons Unaccounted for																																														
a) Mine Employees 24		b) Contractor Employees 2			a) Mine Employees 0		b) Contractor Employees																																												
19. Accident Location 03 - Open Pit								20. Mining Height Feet Inches																																											
21. Nonfatal Injuries		22. Fatal Injuries 1																																																	
23. Victims Information																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">a) First Name</th> <th style="width: 5%;">a) MI</th> <th style="width: 20%;">a) Last Name</th> <th style="width: 5%;">b) Age</th> <th style="width: 15%;">c) Regular Job Title</th> <th style="width: 15%;">d) Activity at Time of Accident</th> <th style="width: 20%;">Employee</th> </tr> </thead> <tbody> <tr> <td>Christopher</td> <td>G</td> <td>Perry</td> <td>37</td> <td>Laborer</td> <td>Laborer</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7">24. Mining Experience</td> </tr> <tr> <td colspan="2">a) Total Experience 2 Years 28 Weeks 5 Days</td> <td colspan="2">b) Experience at the Mine 2 Years 28 Weeks 5 Days</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident Years Weeks 3 Days</td> <td>d) Experience with Contractor Years Weeks 3 Days</td> </tr> <tr> <td colspan="7">25. Autopsy Performed</td> </tr> <tr> <td colspan="7">If Yes, Location</td> </tr> </tbody> </table>										a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Christopher	G	Perry	37	Laborer	Laborer	Mine Employee	24. Mining Experience							a) Total Experience 2 Years 28 Weeks 5 Days		b) Experience at the Mine 2 Years 28 Weeks 5 Days		c) Experience at the Activity at the Time of the Accident Years Weeks 3 Days		d) Experience with Contractor Years Weeks 3 Days	25. Autopsy Performed							If Yes, Location						
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26. Mine Telephone No. (781) 584-1159																																																			
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died while performing repairs on a gyratory crusher. A lifting eye attached to a crusher component broke free, striking the miner. <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>																																																			
28. Equipment Manufacturer Not listed Metso Gyratory Crusher					29. Model 42-65																																														
30. District M2000 - Warrendale District					32. Field Office M2861 - Portsmouth NH Field Office			33. Event Number 6925271																																											
34. Accident Investigator																																																			
First Name Jason		MI J	Last Name Dibble																																																
35. MSHA Person Notified																																																			
First Name Kevin		MI H	Last Name Abel			Date/Time Notified 07/17/2023 1:19 PM																																													
36. Type of Report Initial		37. Name of Preparer			Date Prepared																																														
		Full Name Jason J Dibble			07/17/2023																																														
38. Reason for Amendment																																																			