

# Preliminary Report of Accident

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



PR001 03/23/2023

|   |                   |   |                     |  |  |  |  |  |  |
|---|-------------------|---|---------------------|--|--|--|--|--|--|
| <b>1. Accident Type</b><br>F - Fatal Injury   |                   | <b>2. Accident Classification</b><br>17 - Machinery         |                     | <b>3. Date/Time of Accident</b><br>03/15/2023 1:15 PM                                      |  | <b>4. Date/Time of Death</b><br>03/16/2023 6:10 PM |  | <b>5. Fatal Case No</b><br>FAI-6972101-1     |  |
| <b>6. Mine Information</b>  |                   |   |                     |  |  |  |  |  |  |
| <b>a) Mining Company Name:</b>  |                   | Florida Rock Industries Inc                                 |                     |  |  |  |  |  |  |
| <b>b) Mine Name:</b>  |                   | Fort Pierce Mine  |                     |  |  |  |  |  |  |
| <b>c) Parent of Mining Company:</b>   |                   | Vulcan Materials Company                                    |                     |  |  |  |  |  |  |
| <b>7. Mine Location Information</b>   |                   |   |                     |  |  | <b>8. Mine ID Number</b>                           |  | <b>9. Union</b>                              |  |
| <b>a) City</b><br>Fort Pierce   |                   | <b>b) County</b><br>St Lucie                                |                     | <b>c) State</b><br>FL  |  | 08-00899   |  | No   |  |
| <b>10. Primary Mineral Mined</b><br>Crushed & Broken Limestone Mining, N.E.C.   |                   |   |                     | <b>11. Number of Employees</b>   |  |  |  |  |  |
|   |                   |   |                     | <b>a) Total</b><br>5   |  | <b>b) Underground</b>                              |  | <b>c) Open Pit/Quarry</b><br>2               |  |
|   |                   |   |                     |  |  |  |  | <b>d) Mill/Prep Plant</b><br>1               |  |
|   |                   |   |                     |  |  |  |  | <b>e) Other</b><br>2                         |  |
| <b>12. Contractor Name</b>  |                   |   |                     |  |  | <b>13. Contractor Union</b>                        |  | <b>14. Contractor ID Number</b>              |  |
| <b>15. Contractor Address</b>   |                   |   |                     |  |  |  |  |  |  |
| <b>a) City</b>  |                   | <b>b) County</b>  |                     | <b>c) State</b>  |  | <b>d) Zip Code</b>                                 |  |  |  |
| <b>16. Number of Contractor Employees</b>   |                   |   |                     |  |  |  |  |  |  |
| <b>a) Total</b>   |                   | <b>b) Underground</b>                                       |                     | <b>c) Open Pit/Quarry</b>  |  | <b>d) Mill/Prep Plant</b>                          |  | <b>e) Other</b>                              |  |
| <b>17. Number of Persons in Mine at Time of Accident</b>  |                   |   |                     |  | <b>18. Number of Persons Unaccounted for</b>                                   |  |  |  |  |
| <b>a) Mine Employees</b><br>5   |                   | <b>b) Contractor Employees</b>                              |                     |  | <b>a) Mine Employees</b><br>1  |  | <b>b) Contractor Employees</b>                                 |  |  |
| <b>19. Accident Location</b><br>03 - Open Pit   |                   |   |                     |  |  |  |  | <b>20. Mining Height</b><br>25 Feet 0 Inches |  |
| <b>21. Nonfatal Injuries</b><br>0   |                   | <b>22. Fatal Injuries</b><br>1                              |                     |  |  |  |  |  |  |
| <b>23. Victims Information</b>  |                   |   |                     |  |  |  |  |  |  |
| Kenneth W Wright  |                   |   |                     |  |  |  |  |  |  |
| <b>a) First Name</b><br>Kenneth   | <b>a) MI</b><br>W | <b>a) Last Name</b><br>Wright                               | <b>b) Age</b><br>42 | <b>c) Regular Job Title</b><br>Equipment Operator  | <b>d) Activity at Time of Accident</b><br>Operating Excavator Digging Material |  |  | <b>Employee</b><br>Mine Employee             |  |
| <b>24. Mining Experience</b>  |                   |   |                     |  |  |  |  |  |  |
| <b>a) Total Experience</b><br>2 Years 49 Weeks 0 Days   |                   | <b>b) Experience at the Mine</b><br>2 Years 49 Weeks 0 Days |                     | <b>c) Experience at the Activity at the Time of the Accident</b><br>2 Years 0 Weeks 0 Days |  |  | <b>d) Experience with Contractor</b><br>0 Years 0 Weeks 0 Days |  |  |
| <b>25. Autopsy Performed</b><br>Yes   |                   | <b>If Yes, Location</b><br>TBD                              |                     |  |  |  |  |  |  |
| <b>26. Mine Telephone No.</b><br>(772) 461-8052   |                   |   |                     |  |  |  |  |  |  |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>A miner was operating an excavator along the bank of a water-filled pit when it fell into the pit and submerged.<br><br><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><br>Caterpillar  |                   |   |                     | <b>29. Model</b><br>2017 390F Excavator  |  |  |  |  |  |
| <b>30. District</b><br>M3000 - Birmingham District  |                   |   |                     | <b>32. Field Office</b><br>M3611 - Bartow FL Field Office                                  |  |  |  | <b>33. Event Number</b><br>6972101           |  |
| <b>34. Accident Investigator</b>  |                   |   |                     |  |  |  |  |  |  |
| <b>First Name</b><br>Richard  |                   | <b>MI</b>   |                     | <b>Last Name</b><br>Woodall  |  |  |  |  |  |
| <b>35. MSHA Person Notified</b>   |                   |   |                     |  |  |  |  |  |  |
| <b>First Name</b><br>David  |                   | <b>MI</b><br>H  |                     | <b>Last Name</b><br>Allen  |  | <b>Date/Time Notified</b><br>03/15/2023 1:15 PM    |  |  |  |
| <b>36. Type of Report</b><br>Initial  |                   | <b>37. Name of Preparer</b><br>Full Name<br>Richard Woodall |                     |  | <b>Date Prepared</b><br>03/15/2023   |  |  |  |  |
| <b>38. Reason for Amendment</b>   |                   |   |                     |  |  |  |  |  |  |