## **Preliminary Report of Accident**



## PR001 09/12/2023

	<b>No</b> 96-1
6. Mine Information   a) Mining Company Name:   Neiswonger Construction Inc     b) Mine Name:   Sewickley Mine     c) Parent of Mining Company:   Clyde Holding Inc	
7. Mine Location Information a) City Saltsburgb) County Indianac) State 	
10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C. 11. Number of Employees a) Total b) Underground 8 c) Open Pit/Quarry 3 d) Mill/Prep Plate	nt e) Other 1
12. Contractor Name 13. Contractor Union 14. Contractor	or 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   b) Contractor Employees     6   0	
19. Accident Location 20. Mining H   30 - Mill/Prep Plant 0 Feet 0 I	
21. Nonfatal Injuries 22. Fatal Injuries   0 1	
23. Victims Information	
Eric M Komlosky Sr	
a) First Name a) MI a) Last Name b) Age c) Regular Job Title d) Activity at Time of Accident Employee	
Eric M Komlosky Sr 39 Plant Operator Maintenance Mine En	ployee
24. Mining Experience   a) Total Experience   b) Experience at the Mine   c) Experience at the Activity at the Time of the Accident   d) Experience with Co     1 Years 36 Weeks 1   1 Years 36 Weeks 1 Days   1 Years 36 Weeks 1 Days   1 Years 36 Weeks 1 Days   0 Years 0 Weeks 0 I	
25. Autopsy PerformedIf Yes, LocationYesPA	
<b>26.</b> Mine Telephone No. (724) 726-5499	
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died while he was working inside a hopper after a front-end loader dumped stone into the hopper.	
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 con-	clusions regarding
thecause of the accident.	
28. Equipment Manufacturer 29. Model   Not listed Manufactured in house	
30. District M2000 - Warrendale District32. Field Office M2681 - Warrendale PA Field Office33. Event Nu 6893096	mber
34. Accident Investigator   First Name MI Last Name   Leslie R Tharp	
35. MSHA Person Notified   First Name MI Last Name Date/Time Notified   Kevin H Abel 09/08/2023 10:59 AM	
36. Type of Report 37. Name of Preparer   Initial Full Name Date Prepared	
Leslie R Tharp 09/08/2023	