Preliminary Report of Accident

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



PR001 04/22/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of Accident 04/15/2024 12:01 PM		4. Date/Time of Death 04/15/2024 12:01 PM		5. Fatal Case No FAI-6947954-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Martin Marietta Materials In Riverbend Sand and Gravel Martin Marietta Materials Ind						
7. Mine Location Information a) City LAKEWOOD	b) County c) State CO	8. Mine ID Number 05-04841		9. Union No		
0. Primary Mineral Mined Gravel Mining		11. Number of a) Total 26	Employees b) Underground	d c) Open Pit/Quarry	y d) Mill/Prep Plant 14	e) Othe	
2. Contractor Name				13. Contractor Union	14. Contractor I	D Number	
5. Contractor Address a) City	b) County	c) State		d) Zip Code	·		
6. Number of Contractor Emplo a) Total	yees b) Underground	c) Open	Pit/Quarry	d) Mill/Pr	rep Plant	e) Othe	
7. Number of Persons in Mine a a) Mine Employees b) 6	at Time of Accident Contractor Employees	18. Number of a) Mine Emp	Persons Unaccou oloyees	nted for b) Contractor Employees			
9. Accident Location 03 - Open Pit		-1			20. Mining Heig Feet Inches	ht	
1. Nonfatal Injuries	22. Fatal Injuries						
3. Victims Information							
Tanguy Gore							
a) First Name a Tanguy	a) MI a) Last Name Gore	. 50 Fi	egular Job Title eld Service aintenance	d) Activity at Time of Acc Field Service Maintenar		oyee	
24. Mining Experience a) Total Experience 25 Years 6 Weeks 1 Days	b) Experience at the Mine 25 Years 6 Weeks 1 Days	c) Experience at 3 Years 30 Wee		Time of the Accident d) Experience with Contractor Years Weeks Days			
25. Autopsy Performed Yes	If Yes, Location						
26. Mine Telephone No. (303) 410-5742							
	ude equipment involved, the exact folding movable conveyor system for				nected sections when one se	ection suddenly	
The information provided in thi thecause of the accident.	is notice is based on preliminary data	ONLY and does no	t represent final det	ermination regarding the nat	ture of the incident or conclu	sions regarding	
28. Equipment Manufacturer Not listed Fisher		29. Model 36X225 CB ⁴	457				
80. District		32. Field Office)		33. Event Numb	er	

Date/Time Notified 04/15/2024 2:04 PM

Date Prepared 04/15/2024

34. Accident Investigator First Name Thaddeus

35. MSHA Person Notified First Name Lee

38. Reason for Amendment

36. Type of Report Initial MI J

MI A

37. Name of Preparer Full Name Lee A. Hughes

Last Name Sichmeller

Last Name Hughes