

Preliminary Report of Accident

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

PR001 09/11/2024

| | | | | | | | | | | |
|--|--|--|-------------------------------------|---|---|--|------------------------------|--|----------------|--|
| 1. Accident Type F - Fatal Injury | | 2. Accident Classification 18 - Slip or Fall of Person | | 3. Date/Time of Accident 08/22/2024 3:45 PM | | 4. Date/Time of Death 09/06/2024 11:14 AM | | 5. Fatal Case No FAI-6938249-1 | | |
| 6. Mine Information | | | | | | | | | | |
| a) Mining Company Name: | | APAC-Central, Inc | | | | | | | | |
| b) Mine Name: | | East Quarry | | | | | | | | |
| c) Parent of Mining Company: | | CRH PLC | | | | | | | | |
| 7. Mine Location Information | | | | 8. Mine ID Number | | 9. Union | | | | |
| a) City TULSA | | b) County Tulsa | | c) State OK | | 34-00050 | | Yes | | |
| 10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C. | | | | 11. Number of Employees | | c) Open Pit/Quarry | | d) Mill/Prep Plant | | e) Other |
| | | | | a) Total 37 | | 33 | | | | 4 |
| 12. Contractor Name Crisp Industries, LLC | | | | | | 13. Contractor Union | | 14. Contractor ID Number Z3F | | |
| 15. Contractor Address | | | | c) State | | d) Zip Code | | | | |
| a) City BRIDGEPORT | | b) County | | TX | | 76426 | | | | |
| 16. Number of Contractor Employees | | | | | | | | | | |
| a) Total 142 | | b) Underground | | | c) Open Pit/Quarry | | d) Mill/Prep Plant | | e) Other 50 | |
| 17. Number of Persons in Mine at Time of Accident | | | | | 18. Number of Persons Unaccounted for | | | | | |
| a) Mine Employees 33 | | b) Contractor Employees 10 | | | a) Mine Employees 0 | | b) Contractor Employees 0 | | | |
| 19. Accident Location 03 - Open Pit | | | | | | | | 20. Mining Height Feet Inches | | |
| 21. Nonfatal Injuries | | 22. Fatal Injuries 1 | | | | | | | | |
| 23. Victims Information | | | | | | | | | | |
| Joel E Diaz-Escabar | | | | | | | | | | |
| a) First Name Joel | | a) MI E | a) Last Name Diaz-Estrada | | b) Age 32 | c) Regular Job Title Utility Hand / Welder | | d) Activity at Time of Accident Setting the Feeder | | Employee Contractor Employee |
| 24. Mining Experience | | | | b) Experience at the Mine | | c) Experience at the Activity at the Time of the Accident | | d) Experience with Contractor | | |
| a) Total Experience 1 Years 51 Weeks 4 Days | | Years 1 Weeks 4 Days | | Years 1 Weeks 4 Days | | 1 Years Weeks 4 Days | | | | |
| 25. Autopsy Performed Yes | | If Yes, Location Oklahoma Medical Examiners Office - Tulsa | | | | | | | | |
| 26. Mine Telephone No. (918) 438-2020 | | | | | | | | | | |
| 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A contractor was installing a material feeder when he fell approximately 21 feet through an opening in the walkway platform. The contractor died of his injuries on September 6, 2024 <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 | | | | | 29. Model | | | | | |
| 30. District M5000 - Dallas District | | | | | 32. Field Office M5861 - Norman OK Field Office | | | 33. Event Number 6938249 | | |
| 34. Accident Investigator | | MI | Last Name | | | | | | | |
| First Name Thomas | | | Kelly | | | | | | | |
| 35. MSHA Person Notified | | MI | Last Name | | Date/Time Notified | | | | | |
| First Name Brandon | | | Olivier | | 08/22/2024 3:17 PM | | | | | |
| 36. Type of Report Initial | | 37. Name of Preparer | | | Date Prepared | | | | | |
| | | Full Name Thomas Kelly | | | 09/09/2024 | | | | | |
| 38. Reason for Amendment | | | | | | | | | | |