## **Preliminary Report of Accident**



## PR001 09/13/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 18 - Slip or Fall of Person	3. Date/Time of 08/04/2024 2:		4. Date/Time of Death 09/02/2024 7:00 AM		5. Fatal Case No FAI-6933180-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Atalco Gramercy LLC Gramercy Operation Concord Resources Ltd (	et al					
7. Mine Location Information a) City GRAMERCY	<b>b) County</b> St James	<b>c) State</b> LA	8. Mine ID Numb 16-00352	ber	9. Unio Yes	on	
<b>10. Primary Mineral Mined</b> Aluminum Ore-Bauxite Mining		11. Number of E a) Total 504	mployees b) Underground	l c) Open Pit/Quarr	y	d) Mill/Prep Plant 381	<b>e) Other</b> 123
12. Contractor Name Waste-Pro USA				13. Contractor Union		14. Contractor ID N B8172	umber
15. Contractor Address a) City Kenner	b) County	c) State LA		<b>d) Zip Code</b> 70062			
16. Number of Contractor Employees a) Total b) Underground 24		c) Open Pit/Quarry		d) Mill/Prep Plant 24			e) Other
17. Number of Persons in Mine at Time of Accidenta) Mine Employeesb) Contractor Employees12624		18. Number of F a) Mine Empl 0	Persons Unaccoun loyees	nted for b) Contractor Employees 0			
<b>19. Accident Location</b> 30 - Mill/Prep Plant		·				20. Mining Height Feet Inches	
21. Nonfatal Injuries	22. Fatal Injuries						
23. Victims Information							

a) First Name Curtis	·, ·· · · · · · · · · · · · · · · · · ·				d) Activity at Time of Acc Setting up job to vaccu		
Mining Experience a) Total Experience 0 Yea 8 Weeks 7 Days	irs b)	Experience at the Mine Years Weeks 1 Day		ence at the Activity at the Weeks 1 Day	Time of the Accident	d) Experience Years 8 We	with Contractor eeks 7 Days
25. Autopsy Performed		If Yes, Location					

**26. Mine Telephone No.** (225) 869-2237

## 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)

On August 4, 2024, a contractor received severe chemical and thermal burns after he stepped into a deep opening in the floor that contained a mixture of hot water and caustic liquid. On September 2, 2024, he died from his injuries.

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.

28. Equipment Manufacturer			29. Model	
<b>30. District</b> M5000 - Dallas District			32. Field Office M5651 - Broussard LA Field Office	<b>33. Event Number</b> 6933180
34. Accident Investigator First Name Brandon	МІ	<b>Last Name</b> Olivier		
35. MSHA Person Notified First Name Brandon	MI D	<b>Last Name</b> Olivier	Date/Time Notified 08/04/2024 3:00 PM	
36. Type of Report Initial	37. Name of Preparer Full Name Brandon Olivier		Date Prepared 09/03/2024	
38. Reason for Amendment	·			