Preliminary Report of Accident

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

PR001 09/09/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 01 - Electrical	3. Date/Time of Accident 08/09/2024 2:27 PM		4. Date/Time of Death 08/22/2024 5:57 PM		5. Fatal Case No FAI-6937746-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Buzzi Unicem USA MARYNEAL QUARRY AND I Buzzi Unicem S P A	MILL					
7. Mine Location Information a) City MARYNEAL		State 8. Mine ID Num TX 41-00283		9. Union Yes		on	
10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C.		11. Number of Employees a) Total b) Undergroun 134 0		d c) Open Pit/Quarry		d) Mill/Prep Plant 65	e) Other 58
12. Contractor Name Eaton Corporation				13. Contractor Union No		14. Contractor ID Nun B3089	ıber
15. Contractor Address a) City grapevine	b) County	c) State TX		d) Zip Code 76051			
16. Number of Contractor Employees a) Total b) Underground 4		c) Open Pit/Quarry		d) Mill/Prep Plant 4			e) Other
	Time of Accident ontractor Employees 1	18. Number of F a) Mine Empl	Persons Unaccou loyees	nted for b) Contractor Employees			
19. Accident Location 30 - Mill/Prep Plant						20. Mining Height Feet Inches	
21. Nonfatal Injuries	22. Fatal Injuries						
23. Victims Information							
William L Harger Sr							
a) First Name a William	MI a) Last Name L Harger Sr	65 Se	gular Job Title nior Field rvice presentative	d) Activity at Time of Acc Electrical Troubleshooti		Employee Contractor Employ	yee
24. Mining Experience a) Total Experience 38 Years Weeks Days	c) Experience at the Activity at the Time of the Accident Years Weeks Days			d) Experience with Contractor 15 Years Weeks Days			
25. Autopsy Performed No	If Yes, Location						
26. Mine Telephone No. (325) 766-6068							
27. Description of Accident (inclu An electrician was seriously injuries.	de equipment involved, the exact lead by an arc flash from a 4,160 VAC	circuit while workir	ng on an electrical	panel for a motor control cen			
28. Equipment Manufacturer		29. Model SYW1387654	11-0-10				
30. District M5000 - Dallas District		32. Field Office	as TX Field Office			33. Event Number 6937746	
24 Accident Investigator							

Date/Time Notified

08/09/2024 2:02 PM

Date Prepared 09/08/2024

MSHA Form 7000-13, March 2019 (revised)

First Name Jerry

36. Type of Report

Amended

John

35. MSHA Person Notified First Name

38. Reason for Amendment

MI Wayne

37. Name of Preparer

Full Name Jerry Wayne Whitehead

ΜI

The victim in the accident died of his burns on August 22, 2024 at 5:57 PM.

Last Name Whitehead

Last Name