## **Preliminary Report of Accident**

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



## PR001 06/28/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 08 - Fire	3. Date/Time of Accident 06/14/2024 2:08 PM		4. Date/Time of Death 06/14/2024 2:08 PM		5. Fatal Case No FAI-F002E29-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Hi-Grade Materials Co Littlerock Quarry Robar Enterprises Inc						
7. Mine Location Information a) City Littlerock	b) County Los Angeles	8. Mine ID Nur 04-04802		9. Union No			
10. Primary Mineral Mined Construction Sand & Gravel Min	ning, N.E.C.	11. Number of E a) Total 13	Employees b) Underground	c) Open Pit/Quarr	у	d) Mill/Prep Plant	e) Other
12. Contractor Name				13. Contractor Union		14. Contractor ID No	umber
15. Contractor Address a) City	b) County	c) State		d) Zip Code			
16. Number of Contractor Employa) Total	yees b) Underground	c) Open l	Pit/Quarry	d) Mill/Pı	rep Plant		e) Other
17. Number of Persons in Mine a a) Mine Employees b) C	t Time of Accident Contractor Employees	18. Number of F a) Mine Emp 0	Persons Unaccour loyees	nted for b) Contractor Employees			
19. Accident Location 00 - Other Quarry plant						20. Mining Height Feet Inches	
21. Nonfatal Injuries	22. Fatal Injuries						
23. Victims Information  Andrew Pontious  a) First Name Andrew	) MI a) Last Name Pontious		gular Job Title efighter	d) Activity at Time of Acc	cident	<b>Employee</b> Other Employee	
24. Mining Experience a) Total Experience 0 Years 0 Weeks 0 Days	b) Experience at the Mine 0 Years 0 Weeks 0 Days	c) Experience at the Activity at the 0 Years 0 Weeks 0 Days					
25. Autopsy Performed	If Yes, Location						
<b>26. Mine Telephone No.</b> (760) 669-3244							
27. Description of Accident (inclu A firefighter died while fighting a from the front-end loader. The information provided in this	a fire on a front-end loader. The vic s notice is based on preliminary dat	tim was approximatel	ly four feet away fro	m the tire when it ruptured,	· ·	· ·	•
regarding thecause of the accid  28. Equipment Manufacturer Cateroillar	15/IL.	29. Model 988K					
30. District M7000 - Vacaville District		32. Field Office	nderson NV Field Of	fice		33. Event Number F002E29	
34. Accident Investigator	MI Last Namo					· · · · · · · · · · · · · · · · · · ·	

Date/Time Notified 06/14/2024 3:55 PM

**Date Prepared** 06/15/2024

Kenneth

Troy

First Name

36. Type of Report Initial

35. MSHA Person Notified

38. Reason for Amendment

Pettus

ΜI

37. Name of Preparer Full Name

Kenneth Pettus

Last Name VanWey