

## Preliminary Report of Accident

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

PR001 05/29/2024

1. Accident Type F - Fatal Injury		2. Accident Classification 01 - Electrical		3. Date/Time of Accident 05/08/2024 11:21 AM		4. Date/Time of Death 05/08/2024 1:22 PM		5. Fatal Case No FAI-7019093-1					
6. Mine Information a) Mining Company Name: US Aggregates Inc b) Mine Name: US Aggregates-Flat Rock Plant c) Parent of Mining Company: The Heritage Group													
7. Mine Location Information a) City Flat Rock			b) County Shelby		c) State IN		8. Mine ID Number 12-00016		9. Union No				
10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C.					11. Number of Employees a) Total 12		b) Underground	c) Open Pit/Quarry 11	d) Mill/Prep Plant 0	e) Other 1			
12. Contractor Name Belt Tech Industrial Inc						13. Contractor Union No		14. Contractor ID Number VIT					
15. Contractor Address a) City WASHINGTON			b) County		c) State IN		d) Zip Code 47501						
16. Number of Contractor Employees a) Total 4					b) Underground 0		c) Open Pit/Quarry 4		d) Mill/Prep Plant 0	e) Other 0			
17. Number of Persons in Mine at Time of Accident a) Mine Employees 12					b) Contractor Employees 5		18. Number of Persons Unaccounted for a) Mine Employees 0					b) Contractor Employees 0	
19. Accident Location 03 - Open Pit								20. Mining Height Feet Inches					
21. Nonfatal Injuries 0			22. Fatal Injuries 1										
23. Victims Information													
Sean Marek													
a) First Name Sean		a) MI	a) Last Name Marek		b) Age 44	c) Regular Job Title Belt Laborer		d) Activity at Time of Accident Steadying the rigging during a lift	Employee Contractor Employee				
24. Mining Experience a) Total Experience 2 Years 12 Weeks 0 Days				b) Experience at the Mine 0 Years 0 Weeks 1 Days		c) Experience at the Activity at the Time of the Accident 2 Years 3 Weeks 0 Days		d) Experience with Contractor 2 Years 3 Weeks 0 Days					
25. Autopsy Performed Yes			If Yes, Location										
26. Mine Telephone No. (888) 857-8151													
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A contractor performing rigging duties for a crane operation died from an electrical shock after the crane contacted a powerline.  <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 National Crane					29. Model 18103								
30. District C0800 - Vincennes District					32. Field Office C0805 - Mooresville IN Field Office			33. Event Number 7019093					
34. Accident Investigator First Name Tracy		MI		Last Name Judy									
35. MSHA Person Notified First Name Kevin		MI		Last Name Hirsch		Date/Time Notified 05/08/2024 11:40 AM							
36. Type of Report Initial			37. Name of Preparer Full Name Dustin Galloway			Date Prepared 05/10/2024							
38. Reason for Amendment													