Preliminary Report of Accident

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



PR001 05/13/2024

	ccident Type - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of 05/09/2024 8:		4. Date/Time of Death 05/09/2024 5:46 PM		5. Fatal Case No FAI-6936960-1	
a) b)	ine Information Mining Company Name: Mine Name: Parent of Mining Company:	ARCOSA LWS,LLC Streetman Plant Arcosa, Inc						
7. Mine Location Information a) City NORMAN		b) County c) Navarro	8. Mine ID Nun State 41-01628		nber 9. Ui		nion Io	
	Primary Mineral Mined Common Shale Mining		11. Number of E a) Total 56	Employees b) Undergroun	d c) Open Pit/Quarr	у	d) Mill/Prep Plant 46	e) Other
12. Contractor Name			13. Contractor Union			14. Contractor ID Number		
15. Contractor Address a) City b) County			c) State	c) State d) Zip Code				
16. Number of Contractor Employees a) Total b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant			e) Other	
17. Number of Persons in Mine at Time of Accident a) Mine Employees b) Contractor Employees 32 18. Number of Persons Unaccounted for a) Mine Employees b) Contractor Employees 0								
	Accident Location 30 - Mill/Prep Plant						20. Mining Height Feet Inches	
21. [Nonfatal Injuries	22. Fatal Injuries						
23. Victims Information								
	Francisco Contreras a) First Name a) MI a) Last Name	b) Ago o) Bo	gular Job Title	d) Activity at Time of Acc	ident	Employee	
	Francisco	Contreras	63 Ca	areer Equipment	Operating Personnel Li		Mine Employee	
	24. Mining Experience a) Total Experience b) Experience at the Mine 23 Years 0 Weeks 2 Days c) Experience at the Activity at the Time of the Accident 3 Years 0 Weeks 0 Days d) Experience with Contractor Years Weeks Days							r
	25. Autopsy Performed No							
26. Mine Telephone No. (903) 390-8186								
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died when he was pinned between the personnel lift that he was operating and the roof of a structure.								
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 thecause of the accident.								
	Equipment Manufacturer JLG Industries, Inc.		29. Model 800S					
	District M5000 - Dallas District		32. Field Office M5881 - Lon	gview TX Field Offi	ice		33. Event Number 6936960	
F	Accident Investigator First Name	MI Last Name Fisher						
F	MSHA Person Notified First Name Ty	MI Last Name Fisher		Date/Time Not 05/09/2024 9:0				
	Type of Report nitial	37. Name of Preparer Full Name Jerry Wayne Whitehead	Date F 05/10/2	Prepared 2024				
38. Reason for Amendment								