## **Preliminary Report of Accident**

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



## PR001 11/19/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of 11/05/2024 0		4. Date/Time of Death 11/05/2024 01:05 PM		<b>Case No</b> 938183-1
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	DelHur Industries, Inc. Cactus Samuel G Hurworth				·	
7. Mine Location Information a) City WEST RICHLAND	<b>b) County</b> Crane	c) State	<b>8. Mine ID Num</b> 41-05396	9. Union No		
10. Primary Mineral Mined		11. Number of	Employees			
Crushed & Broken Limestone N	flining, N.E.C.	<b>a) Total</b> 9	b) Undergroun	d c) Open Pit/Quarr	y d) Mill/Pr	ep Plant e) Other
12. Contractor Name				13. Contractor Union	14. Cor	ntractor ID Number
15. Contractor Address a) City	b) County	c) State		d) Zip Code		
16. Number of Contractor Emplo a) Total	oyees b) Underground	c) Open	Pit/Quarry	d) Mill/Pr	rep Plant	e) Other
17. Number of Persons in Mine a a) Mine Employees b)	at Time of Accident Contractor Employees	18. Number of a) Mine Emp	Persons Unaccou ployees	nted for b) Contractor Employees		
19. Accident Location 03 - Open Pit		-				ing Height eet Inches
21. Nonfatal Injuries	22. Fatal Injuries				'	
23. Victims Information	<u> </u>					
Troy T Tarr						
	a) MI a) Last Name	b) Age c) Re	egular Job Title	d) Activity at Time of Acc	rident Emp	oyee
Troy	T Tarr	32 H	aul Truck perator	Dumping material off th		ne Employee
24. Mining Experience a) Total Experience 0 Years 6 Weeks 2 Days	b) Experience at the Mine 0 Years 6 Weeks 2 Days					
25. Autopsy Performed No	If Yes, Location					
<b>26. Mine Telephone No.</b> (512) 878-9472						
	lude equipment involved, the exa					
	is notice is based on preliminary da	,	•		ture of the incident	or conclusions regarding
28. Equipment Manufacturer Terex		29. Model Pay Loader	350 55 ton			
30. District M5000 - Dallas District		32. Field Office M5631 - Ca	e rlsbad NM Field Off	ice		nt Number 8183
34. Accident Investigator First Name Homer	MI Last Name Pricer	•			,	
35. MSHA Person Notified First Name Neil	MI Last Name Davis	•	<b>Date/Time Not</b> 11/05/2024 01:			
36. Type of Report Initial	37. Name of Preparer Full Name Homer Pricer	<b>Date</b> 11/05/	Prepared /2024			
38. Reason for Amendment						