## **Preliminary Report of Accident**

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

## PR001 09/20/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of 09/18/2024 9:		4. Date/Time of Death 09/18/2024 9:24 AM		<b>5. Fatal Case No</b> FAI-6927497-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	American Asphalt Paving Co American Asphalt - CHASE Bernard C (aka Jr.) Banks						
7. Mine Location Information a) City SHAVERTOWN	b) County c Luzerne	8. Mine ID Num State 36-00005		ber 9. Unio			
10. Primary Mineral Mined Crushed & Broken Sandstone Mining		11. Number of E a) Total 17	of Employees b) Underground c) Open Pit/Quarry		y d)	Mill/Prep Plant	e) Other
12. Contractor Name		-1		13. Contractor Union		14. Contractor ID Nu	umber
15. Contractor Address a) City	b) County	c) State		d) Zip Code			
16. Number of Contractor Employ a) Total	vees b) Underground	c) Open l	Pit/Quarry	d) Mill/Pr	ep Plant		e) Other
17. Number of Persons in Mine at a) Mine Employees b) C	Time of Accident ontractor Employees	18. Number of F a) Mine Emp	Persons Unaccou lloyees	nted for b) Contractor Employees			
19. Accident Location 03 - Open Pit						20. Mining Height 0 Feet 0 Inches	
21. Nonfatal Injuries	22. Fatal Injuries						
23. Victims Information							
David E Brace							
a) First Name a David	MI a) Last Name E Brace	΄68 ΄Cι	gular Job Title ustomer Truck river	d) Activity at Time of Acc Hauling stone material	ident	Employee Other Employee	e
24. Mining Experience a) Total Experience 45 Years 16 Weeks 4 Days	b) Experience at the Mine 45 Years 16 Weeks 4 Days	c) Experience at t 45 Years 16 We		Time of the Accident		ience with Contractor ars Weeks Days	or
25. Autopsy Performed No	If Yes, Location						
26. Mine Telephone No.							
	de equipment involved, the exact	location in the min	ne, and status and	recovery operations)			
	struck by a front-end loader.  notice is based on preliminary data	ONLY and does not	t represent final det	ermination regarding the nat	ure of the in	ncident or conclusions	s regarding
thecause of the accident.  28. Equipment Manufacturer Volvo		<b>29. Model</b> L180H					
30. District M2000 - Warrendale District		32. Field Office	ztown PA Field Offic	fice		33. Event Number 6927497	
34. Accident Investigator First Name Leslie	MI Last Name R Tharp	1					
35. MSHA Person Notified First Name Cody	MI Last Name R Sheldon		<b>Date/Time Not</b> 09/18/2024 10:				
36. Type of Report Initial	37. Name of Preparer Full Name Leslie R Tharp	<b>Date F</b> 09/18/:	Prepared 2024				
38. Reason for Amendment		33, 10/1					