

Preliminary Report of Accident

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



PR001 09/18/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of Accident 09/06/2024 3:11 PM	4. Date/Time of Death 09/06/2024 3:11 PM	5. Fatal Case No FAI-6927394-1																																			
6. Mine Information a) Mining Company Name: Bosket Brothers Bluestone, LLC b) Mine Name: Bosket Mountain c) Parent of Mining Company:																																							
7. Mine Location Information a) City Deposit b) County Broome c) State NY		8. Mine ID Number 30-04141		9. Union No																																			
10. Primary Mineral Mined Dimension Stone Mining, N.E.C.		11. Number of Employees a) Total 3 b) Underground c) Open Pit/Quarry 3 d) Mill/Prep Plant e) Other																																					
12. Contractor Name			13. Contractor Union	14. Contractor ID Number																																			
15. Contractor Address a) City b) County 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 3 b) Contractor Employees		18. Number of Persons Unaccounted for a) Mine Employees 0 b) Contractor Employees																																					
19. Accident Location 03 - Open Pit				20. Mining Height																																			
21. Nonfatal Injuries	22. Fatal Injuries 1																																						
23. Victims Information																																							
<table border="1"> <thead> <tr> <th colspan="7">Brandon Felter</th> </tr> <tr> <th>a) First Name</th> <th>a) MI</th> <th>a) Last Name</th> <th>b) Age</th> <th>c) Regular Job Title</th> <th>d) Activity at Time of Accident</th> <th>Employee</th> </tr> </thead> <tbody> <tr> <td>Brandon</td> <td></td> <td>Felter</td> <td>29</td> <td>General Laborer</td> <td>Haul Truck Operator</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7"> 24. Mining Experience a) Total Experience 1 Years 23 Weeks 3 Days b) Experience at the Mine 1 Years 23 Weeks 3 Days c) Experience at the Activity at the Time of the Accident 0 Years 0 Weeks Days d) Experience with Contractor 0 Years 0 Weeks Days </td> </tr> <tr> <td colspan="7"> 25. Autopsy Performed Yes If Yes, Location 207 Joyner Road, Glen Aubrey Hamlet, NY 13777 </td> </tr> </tbody> </table>					Brandon Felter							a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Brandon		Felter	29	General Laborer	Haul Truck Operator	Mine Employee	24. Mining Experience a) Total Experience 1 Years 23 Weeks 3 Days b) Experience at the Mine 1 Years 23 Weeks 3 Days c) Experience at the Activity at the Time of the Accident 0 Years 0 Weeks Days d) Experience with Contractor 0 Years 0 Weeks Days							25. Autopsy Performed Yes If Yes, Location 207 Joyner Road, Glen Aubrey Hamlet, NY 13777						
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26. Mine Telephone No. (607) 287-2981																																							
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) On September 6, 2024, an articulating haul truck operator died when he lost control of the truck down a steep roadway and embankments, crashing into a residence. <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 Caterpillar		29. Model D400D																																					
30. District M2000 - Warrendale District		32. Field Office M2851 - Geneva NY Field Office		33. Event Number 6927394																																			
34. Accident Investigator First Name Jason MI J Last Name Dibble																																							
35. MSHA Person Notified First Name Cody MI Last Name Sheldon Date/Time Notified 09/06/2024 4:30 PM																																							
36. Type of Report Initial	37. Name of Preparer Full Name Jason J Dibble Date Prepared 09/08/2024																																						
38. Reason for Amendment																																							