## **Preliminary Report of Accident**

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



## PR001 08/29/2025

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of Accident 08/25/2025 7:15 AM		4. Date/Time of Death 08/25/2025 07:15 AM		5. Fatal Case No FAI-F009586-1	
6. Mine Information a) Mining Company Name: Colt Rock and Lime, LLC b) Mine Name: Colt Rock and Lime, LLC - Scott City c) Parent of Mining Company: Brad Gipson et al							
7. Mine Location Information a) City SCOTT CITY	b) County c) Scott	8. Mine ID Numl 23-02459 MO		ber 9. Unio		n	
10. Primary Mineral Mined Crushed & Broken Limestone M	11. Number of E a) Total 8				d) Mill/Prep Plant e) 0	Other	
12. Contractor Name				13. Contractor Union		14. Contractor ID Number	r
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 b) Contractor Employees a) Mine Employees b) Contractor Employees b) Contractor Employees							
19. Accident Location 03 - Open Pit						20. Mining Height Feet Inches	
21. Nonfatal Injuries	22. Fatal Injuries						
23. Victims Information							
Ethan Amberger							ı
a) First Name a Ethan	a) MI a) Last Name Amberger	26 Ha	gular Job Title aul Truck perator	d) Activity at Time of Acc Operating Haul Truck	cident	Employee Mine Employee	
24. Mining Experience a) Total Experience 6 Years 3 Weeks 0 Days						erience with Contractor ears 0 Weeks 0	
25. Autopsy Performed No	If Yes, Location						
<b>26. Mine Telephone No.</b> (573) 275-3403							
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died after the haul truck he was driving went through a berm in the haul road, over a highwall, and overturned into water in the pit.							
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.							
28. Equipment Manufacturer Volvo		<b>29. Model</b> A40D					
30. District C0800 - Vincennes District		32. Field Office C0802 - Mari	ion IL Field Office			33. Event Number F00760C	
34. Accident Investigator First Name Rexdon	MI Last Name L Boliard						
35. MSHA Person Notified First Name David	MI Last Name Stepp		Date/Time Not 08/25/2025 8:3				
36. Type of Report Initial	37. Name of Preparer Full Name Rexdon L Boliard	<b>Date P</b> 08/26/2	Prepared 2025				
38. Reason for Amendment	1						