

Preliminary Report of Accident

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



PR001 12/29/2026

1. Accident Type F - Fatal Injury		2. Accident Classification 03 - Exploding Vessels under Pressure		3. Date/Time of Accident 12/22/2025 4:16 PM		4. Date/Time of Death 12/22/2025 07:02 PM		5. Fatal Case No FAI-F0293CA-1																																																									
6. Mine Information a) Mining Company Name: Mundy Stone Company b) Mine Name: Rockydale-Flatrock Quarry c) Parent of Mining Company: Rockydale Quarries Corporation																																																																	
7. Mine Location Information a) City: ROANOKE b) County: Shenandoah c) State: VA				8. Mine ID Number 44-00081		9. Union No																																																											
10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C.				11. Number of Employees a) Total: 12 b) Underground: 4 c) Open Pit/Quarry: 4 d) Mill/Prep Plant: 6 e) Other: 2																																																													
12. Contractor Name Kemper Equipment						13. Contractor Union No		14. Contractor ID Number GVG																																																									
15. Contractor Address a) City: HONEY BROOK b) County: PA c) State: PA d) Zip Code: 19344																																																																	
16. Number of Contractor Employees a) Total: 1 b) Underground: 1 c) Open Pit/Quarry: 1 d) Mill/Prep Plant: 1 e) Other: 1																																																																	
17. Number of Persons in Mine at Time of Accident a) Mine Employees: 10 b) Contractor Employees: 2				18. Number of Persons Unaccounted for a) Mine Employees: 0 b) Contractor Employees: 0																																																													
19. Accident Location 30 - Mill/Prep Plant								20. Mining Height Feet Inches																																																									
21. Nonfatal Injuries 0		22. Fatal Injuries 1																																																															
23. Victims Information																																																																	
<table border="1"> <tr> <th colspan="7">Andrew Loveday</th> </tr> <tr> <td>a) First Name</td> <td>a) MI</td> <td>a) Last Name</td> <td>b) Age</td> <td>c) Regular Job Title</td> <td>d) Activity at Time of Accident</td> <td>Employee</td> </tr> <tr> <td>Andrew</td> <td></td> <td>Loveday</td> <td>40</td> <td>Field Service Tech</td> <td>Cutting with torch</td> <td>Contractor Employee</td> </tr> <tr> <td colspan="7">24. Mining Experience</td> </tr> <tr> <td>a) Total Experience</td> <td colspan="2">b) Experience at the Mine</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident</td> <td colspan="2">d) Experience with Contractor</td> </tr> <tr> <td>7 Years 28 Weeks 0 Days</td> <td colspan="2">0 Years 0 Weeks 2 Days</td> <td colspan="2">7 Years 28 Weeks 0 Days</td> <td colspan="2">0 Years 10 Weeks 2</td> </tr> <tr> <td colspan="7">25. Autopsy Performed</td> </tr> <tr> <td colspan="2">Yes</td> <td colspan="5">If Yes, Location</td> </tr> </table>										Andrew Loveday							a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Andrew		Loveday	40	Field Service Tech	Cutting with torch	Contractor Employee	24. Mining Experience							a) Total Experience	b) Experience at the Mine		c) Experience at the Activity at the Time of the Accident		d) Experience with Contractor		7 Years 28 Weeks 0 Days	0 Years 0 Weeks 2 Days		7 Years 28 Weeks 0 Days		0 Years 10 Weeks 2		25. Autopsy Performed							Yes		If Yes, Location				
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26. Mine Telephone No. (540) 896-1441																																																																	
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A contractor died after receiving burns from a pressurized hydraulic line that ruptured and caught fire. The contractor was cutting wedges from a cone crusher with a torch. <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 Iowa Manufacturing [Cedar Rapids]				29. Model EL-JAY rollercone																																																													
30. District C0500 - Norton District				32. Field Office C0508 - Staunton VA Field Office				33. Event Number F0293CA																																																									
34. Accident Investigator First Name: Timothy MI: Ryan Last Name: McBryde																																																																	
35. MSHA Person Notified First Name: Michael MI: Colley Last Name: Colley Date/Time Notified: 12/22/2025 4:21 PM																																																																	
36. Type of Report Initial		37. Name of Preparer Full Name: Timothy Ryan McBryde Date Prepared: 12/22/2025																																																															
38. Reason for Amendment																																																																	