Preliminary Report of Accident

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



PR001 02/25/2025

1. Accident Type F - Fatal Injury	2. Accident Classification 17 - Machinery	3. Date/Time of 01/30/2025 11		4. Date/Time of Death 01/30/2025 11:29 AM	5. Fatal Case FAI-F002D	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Ellinger Sand & Gravel Ellinger Sand & Gravel Ruben Salinas Sr	·			·	
7. Mine Location Information a) City HOUSTON	b) County Fayette	c) State TX	8. Mine ID Num 41-04891	ber	9. Union No	
10. Primary Mineral Mined Common Sand Mining		11. Number of I a) Total 5	Employees b) Undergroun	d c) Open Pit/Quarr	y d) Mill/Prep Pla	ant e) Other
12. Contractor Name				13. Contractor Union	14. Contract	or ID Number
15. Contractor Address a) City	b) County	c) State		d) Zip Code		
16. Number of Contractor Employ a) Total	yees b) Underground	c) Open	Pit/Quarry	d) Mill/Pı	rep Plant	e) Other
17. Number of Persons in Mine at a) Mine Employees b) C	t Time of Accident Contractor Employees	18. Number of l a) Mine Emp	Persons Unaccou loyees	nted for b) Contractor Employees		
19. Accident Location 03 - Open Pit		·			20. Mining H 0 Feet 0 I	
21. Nonfatal Injuries	22. Fatal Injuries					
22 Mintime Information						

23. Victims Information

a) First Name Raynaldo	a) MI	a) Last Name Barriento	b) Age 47	c) Regular Job Title Plant Operator/Leadman	d) Activity at Time of Acci Working on Log Washer	
24. Mining Experience a) Total Experience 9 Years 0 Weeks 0 Days		Experience at the Mine 4 Years 12 Weeks 0 Days		ence at the Activity at the s 0 Weeks 0 Days	Time of the Accident	d) Experience with Contractor 0 Years 0 Weeks 0
25. Autopsy Performed		If Yes, Location				

26. Mine Telephone No.

27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)
A miner died when he became entangled in a log washer.

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.

		29. Model	
		32. Field Office M5651 - Broussard LA Field Office	33. Event Number F002D0F
MI	Last Name Robertson		
MI W	Last Name Oates	Date/Time Notified 01/30/2025 11:54 AM	
37. Name of Preparer Full Name O'Neal Robertson		Date Prepared 01/30/2025	
	MI W 37. Name of Full Nam	MI Last Name W Oates 37. Name of Preparer Full Name	32. Field Office M5651 - Broussard LA Field Office MI Last Name Robertson MI Last Name W Oates Date/Time Notified 01/30/2025 11:54 AM 37. Name of Preparer Full Name Date Prepared