

Preliminary Report of Accident

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



PR001 03/11/2025

1. Accident Type F - Fatal Injury		2. Accident Classification 04 - Explosives and Breaking Agents		3. Date/Time of Accident 03/05/2025 4:15 PM		4. Date/Time of Death 03/05/2025 4:15 PM		5. Fatal Case No FAI-F00BDF8-1																																																		
6. Mine Information a) Mining Company Name: Calhoun Quarry Inc b) Mine Name: Calhoun Quarry #1 c) Parent of Mining Company: Jerome Sievers																																																										
7. Mine Location Information a) City: BACTHTOWN b) County: Jersey c) State: IL				8. Mine ID Number 11-00111			9. Union No																																																			
10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C.				11. Number of Employees a) Total: 7 b) Underground: 7 c) Open Pit/Quarry: 7 d) Mill/Prep Plant: 7 e) Other: 7																																																						
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: 6 b) Contractor Employees:				18. Number of Persons Unaccounted for a) Mine Employees: b) Contractor Employees:																																																						
19. Accident Location 03 - Open Pit								20. Mining Height Feet Inches:																																																		
21. Nonfatal Injuries		22. Fatal Injuries 1																																																								
23. Victims Information																																																										
<table border="1"> <thead> <tr> <th colspan="7">Anthony L Sievers</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>Anthony</td> <td>L</td> <td>Sievers</td> <td>67</td> <td>Vice President</td> <td>Operating Front End Loader</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7">24. Mining Experience</td> </tr> <tr> <td colspan="2">a) Total Experience 53 Years 0 Weeks 0 Days</td> <td colspan="2">b) Experience at the Mine 40 Years 0 Weeks 0 Days</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident 40 Years 0 Weeks 0 Days</td> <td>d) Experience with Contractor 0 Years 0 Weeks 0</td> </tr> <tr> <td colspan="7">25. Autopsy Performed No</td> </tr> <tr> <td colspan="7">If Yes, Location:</td> </tr> </tbody> </table>										Anthony L Sievers							a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Anthony	L	Sievers	67	Vice President	Operating Front End Loader	Mine Employee	24. Mining Experience							a) Total Experience 53 Years 0 Weeks 0 Days		b) Experience at the Mine 40 Years 0 Weeks 0 Days		c) Experience at the Activity at the Time of the Accident 40 Years 0 Weeks 0 Days		d) Experience with Contractor 0 Years 0 Weeks 0	25. Autopsy Performed No							If Yes, Location:						
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26. Mine Telephone No. (618) 576-9223																																																										
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) Victim was exiting the Front End Loader when he was struck by a piece of fly rock from a detonated shot. <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				29. Model																																																						
30. District C0800 - Vincennes District				32. Field Office C0803 - Litchfield IL Field Office				33. Event Number F00BDF8																																																		
34. Accident Investigator First Name: Rexdon MI: L Last Name: Boliard																																																										
35. MSHA Person Notified First Name: Chris MI: Last Name: Persinger Date/Time Notified: 03/05/2025 5:59 PM																																																										
36. Type of Report Initial:		37. Name of Preparer Full Name: Rexdon L Boliard Date Prepared: 03/06/2025																																																								
38. Reason for Amendment																																																										