Preliminary Report of Accident

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



PR001 11/25/2025

1. Accident Type F - Fatal Injury	2. Accident Classification 09 - Handling Material	3. Date/Time of Accident 11/22/2025 3:45 PM		4. Date/Time of Death 11/22/2025 03:45 PM		5. Fatal Case No FAI-F0155BA-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	United Salt Carlsbad LLC CARLSBAD PLANT Texas United Corp						
7. Mine Location Information a) City Carlsbad		State NM	8. Mine ID Numl 29-01043	9. Unic No		on	
10. Primary Mineral Mined Salt Mining		11. Number of E a) Total 54	mployees b) Underground	i c) Open Pit/Quarr			e) Other 8
12. Contractor Name				13. Contractor Union		14. Contractor ID Nur	nber
15. Contractor Address a) City	b) County	c) State		d) Zip Code			
16. Number of Contractor Emplo a) Total	yees b) Underground	c) Open P	Pit/Quarry	d) Mill/Pı	rep 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 0							
19. Accident Location 30 - Mill/Prep Plant		1				20. Mining Height Feet Inches	
21. Nonfatal Injuries	22. Fatal Injuries						
23. Victims Information	I.						
Martin A Delgado							
	a) MI a) Last Name I A Delgado		gular Job Title nt Operator	d) Activity at Time of Acc Clearing the discharge		Employee Mine Employee	
24. Mining Experience a) Total Experience 27 Years 43 Weeks 1 Days	b) Experience at the Mine 27 Years 43 Weeks 1 Days		ne Activity at the	Fime of the Accident	d) Expe	erience with Contractor rs Weeks	
25. Autopsy Performed No	If Yes, Location						
26. Mine Telephone No. (575) 706-9736							
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died after he was engulfed by salt while pressure washing a silo.							
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		29. Model					
30. District M5000 - Dallas District		32. Field Office M5631 - Carls	sbad NM Field Offi	ce		33. Event Number F0155BA	
34. Accident Investigator First Name Ty	MI Last Name Fisher						
35. MSHA Person Notified First Name Ronnie	MI Last Name Free		Date/Time Noti 11/22/2025 5:47				
36. Type of Report Initial	37. Name of Preparer Full Name Ty Fisher		Date Prepared 11/23/2025				
38. Reason for Amendment							