# Preliminary Report of Accident

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

**PR001 11/13/2025**

| 1. Accident Type | 2. Accident Classification | 3. Date/Time of Accident | 4. Date/Time of Death | 5. Fatal Case No |
|---|---|---|---|---|
| F - Fatal Injury | 18 - Slip or Fall of Person | 10/16/2025 7:45 PM | 10/16/2025 08:41 PM | FAI-F015C62-1 |

**6. Mine Information**
- **a) Mining Company Name:** MLC
- **b) Mine Name:** MLC - Bonne Terre
- **c) Parent of Mining Company:** HBM Holdings Company

| 7. Mine Location Information | | | 8. Mine ID Number | 9. Union |
|---|---|---|---|---|
| a) City | b) County | c) State | | |
| Bonne Terre | St Francois | MO | 23-02371 | No |

| 10. Primary Mineral Mined | 11. Number of Employees | | | | |
|---|---|---|---|---|---|
| | a) Total | b) Underground | c) Open Pit/Quarry | d) Mill/Prep Plant | e) Other |
| Lime, N.E.C. | 40 | 0 | 0 | 40 | |

| 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 | | 18. Number of Persons Unaccounted for | |
|---|---|---|---|
| a) Mine Employees | b) Contractor Employees | a) Mine Employees | b) Contractor Employees |
| 5 | 0 | | |

| 19. Accident Location | 20. Mining Height |
|---|---|
| 30 - Mill/Prep Plant | Feet Inches |

| 21. Nonfatal Injuries | 22. Fatal Injuries |
|---|---|
| | 1 |

**23. Victims Information**

**James J Hayes**

| a) First Name | a) MI | a) Last Name | b) Age | c) Regular Job Title | d) Activity at Time of Accident | Employee |
|---|---|---|---|---|---|---|
| James | J | Hayes | 34 | Production Laborer | Cleaning/Houskeeping | Mine 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 |
|---|---|---|---|
| 1 Years 1 Weeks 3 Days | 1 Years 1 Weeks 3 Days | 1 Years 1 Weeks 3 Days | 0 Years 0 Weeks 0 |

| 25. Autopsy Performed | If Yes, Location |
|---|---|
| Yes | St. Francois County Coroner Office |

**26. Mine Telephone No.**
(573) 358-2275

**27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)**
A miner died after falling approximately 30 feet from an elevated platform near the lime bucket elevator on 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 | 32. Field Office | 33. Event Number |
|---|---|---|
| C1000 - Madisonville District | C1004 - Rolla MO Field Office | F015C62 |

**34. Accident Investigator**

| First Name | MI | Last Name |
|---|---|---|
| Brady | L | Sebastian |

**35. MSHA Person Notified**

| First Name | MI | Last Name | Date/Time Notified |
|---|---|---|---|
| Timothy | | Gardner | 10/16/2025 8:01 PM |

| 36. Type of Report | 37. Name of Preparer | |
|---|---|---|
| | Full Name | Date Prepared |
| Initial | Matthew Stone | 10/17/2025 |

**38. Reason for Amendment**