

Preliminary Report of Accident

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



PR001 09/16/2025

1. Accident Type F - Fatal Injury		2. Accident Classification 01 - Electrical		3. Date/Time of Accident 09/13/2025 8:30 AM		4. Date/Time of Death 09/13/2025 08:30 AM		5. Fatal Case No FAI-F00C520-1	
6. Mine Information									
a) Mining Company Name:		Tower Rock Stone Company							
b) Mine Name:		Tower Rock St Co St Genevieve Fa							
c) Parent of Mining Company:		Jay E Luhr et al							
7. Mine Location Information				8. Mine ID Number		9. Union			
a) City STE. GENEVIEVE		b) County Ste Genevieve		c) State MO		23-00781		Yes	
10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C.				11. Number of Employees					
				a) Total 186		b) Underground		c) Open Pit/Quarry 130	
						d) Mill/Prep Plant 50		e) Other 6	
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 45		b) Contractor Employees		a) Mine Employees 0		b) Contractor Employees			
19. Accident Location 99 - Office Facility								20. Mining Height Feet Inches	
21. Nonfatal Injuries 0		22. Fatal Injuries 1							
23. Victims Information									
Chase D Conrad									
a) First Name Chase		a) MI D		a) Last Name Conrad		b) Age 21		c) Regular Job Title Electrician	
						d) Activity at Time of Accident Electrical work		Employee Mine Employee	
24. Mining Experience									
a) Total Experience 1 Years 14 Weeks 2 Days		b) Experience at the Mine 1 Years 14 Weeks 2 Days		c) Experience at the Activity at the Time of the Accident 1 Years 14 Weeks 2 Days		d) Experience with Contractor 0 Years 0 Weeks 0			
25. Autopsy Performed Yes				If Yes, Location Ste Genevieve, MO					
26. Mine Telephone No. (573) 883-7415									
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) An electrician died after he was doing electrical work and then fell off a ladder. <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 Not listed Cooper Lighting Solutions				29. Model Dimmable LED light					
30. District C0800 - Vincennes District				32. Field Office C0802 - Marion IL Field Office				33. Event Number F00C520	
34. Accident Investigator									
First Name Jason		MI M		Last Name Noel					
35. MSHA Person Notified									
First Name Anthony		MI		Last Name DiLorenzo		Date/Time Notified 09/13/2025 9:54 AM			
36. Type of Report Initial		37. Name of Preparer Full Name Dustin Galloway		Date Prepared					
38. Reason for Amendment									