

Preliminary Report of Accident

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



PR001 09/09/2025

1. Accident Type F - Fatal Injury		2. Accident Classification 07 - Fall of Roof or Back		3. Date/Time of Accident 09/02/2025 3:30 PM		4. Date/Time of Death 09/02/2025 05:47 PM		5. Fatal Case No FAI-F010C87-1		
6. Mine Information										
a) Mining Company Name:		Heidelberg Materials Northeast LLC								
b) Mine Name:		Torrance Mine (UG)								
c) Parent of Mining Company:		Heidelberg Materials AG								
7. Mine Location Information				8. Mine ID Number			9. Union			
a) City CONNELLSVILLE		b) County Westmoreland		c) State PA		36-08484			No	
10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C.				11. Number of Employees						
				a) Total 55		b) Underground 28		c) Open Pit/Quarry 0		d) Mill/Prep Plant 23
								e) Other 4		
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 13		b) Contractor Employees		a) Mine Employees 0		b) Contractor Employees				
19. Accident Location 01-07 - Underground Advance Mining								20. Mining Height Feet Inches		
21. Nonfatal Injuries 0		22. Fatal Injuries 1								
23. Victims Information										
James Gershman										
a) First Name James		a) MI		a) Last Name Gershman		b) Age 61		c) Regular Job Title Blaster		
								d) Activity at Time of Accident Blaster/ Shot fire laborer		
								Employee Mine Employee		
24. Mining Experience										
a) Total Experience 10 Years 0 Weeks 0 Days		b) Experience at the Mine 8 Years 16 Weeks 0 Days		c) Experience at the Activity at the Time of the Accident 8 Years 16 Weeks 0 Days				d) Experience with Contractor Years Weeks		
25. Autopsy Performed Yes										
If Yes, Location Westmoreland County Coroner										
26. Mine Telephone No. (724) 459-6031										
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner was loading holes from the ground when a piece of rock fell from the roof and struck him. The miner died from his injuries. <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 C0200 - Mt. Pleasant District					32. Field Office C0205 - Indiana PA Field Office			33. Event Number F010C87		
34. Accident Investigator										
First Name Steven		MI E		Last Name Pentz						
35. MSHA Person Notified										
First Name Kevin		MI		Last Name Honeycutt		Date/Time Notified 09/02/2025 4:18 PM				
36. Type of Report Initial		37. Name of Preparer Full Name Steven E Pentz				Date Prepared 09/02/2025				
38. Reason for Amendment										