

Preliminary Report of Accident

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



PR001 05/05/2026

1. Accident Type F - Fatal Injury		2. Accident Classification 18 - Slip or Fall of Person		3. Date/Time of Accident 04/30/2026 10:30 AM		4. Date/Time of Death 04/30/2026 01:15 PM		5. Fatal Case No FAI-F02AA32-1																																				
6. Mine Information																																												
a) Mining Company Name:		Seubert Excavators Inc																																										
b) Mine Name:		Portable Crusher #1																																										
c) Parent of Mining Company:		Jeanne M (Seubert) McDonough et al																																										
7. Mine Location Information				8. Mine ID Number		9. Union																																						
a) City Weiser		b) County Washington		c) State ID		35-03255																																						
10. Primary Mineral Mined Construction Sand & Gravel Mining, N.E.C.				11. Number of Employees		c) Open Pit/Quarry		d) Mill/Prep Plant																																				
				a) Total 8		b) Underground		e) Other																																				
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 8		b) Contractor Employees			a) Mine Employees 0		b) Contractor Employees																																					
19. Accident Location 03 - Open Pit								20. Mining Height 30 Feet Inches																																				
21. Nonfatal Injuries 0		22. Fatal Injuries 1																																										
23. Victims Information																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">a) First Name</th> <th style="width: 5%;">a) MI</th> <th style="width: 20%;">a) Last Name</th> <th style="width: 10%;">b) Age</th> <th style="width: 15%;">c) Regular Job Title</th> <th style="width: 25%;">d) Activity at Time of Accident</th> <th style="width: 20%;">Employee</th> </tr> </thead> <tbody> <tr> <td>Devin</td> <td>W</td> <td>Knight</td> <td>23</td> <td>Laborer</td> <td>Filling water tanker trailer</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7">24. Mining Experience</td> </tr> <tr> <td colspan="2">a) Total Experience 1 Years 15 Weeks 4 Days</td> <td colspan="2">b) Experience at the Mine 0 Years 4 Weeks 2 Days</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident 0 Years 4 Weeks 2 Days</td> <td>d) Experience with Contractor 0 Years 0 Weeks 0</td> </tr> <tr> <td colspan="3">25. Autopsy Performed Yes</td> <td colspan="4">If Yes, Location Weiser, ID</td> </tr> </tbody> </table>										a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Devin	W	Knight	23	Laborer	Filling water tanker trailer	Mine Employee	24. Mining Experience							a) Total Experience 1 Years 15 Weeks 4 Days		b) Experience at the Mine 0 Years 4 Weeks 2 Days		c) Experience at the Activity at the Time of the Accident 0 Years 4 Weeks 2 Days		d) Experience with Contractor 0 Years 0 Weeks 0	25. Autopsy Performed Yes			If Yes, Location Weiser, ID			
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26. Mine Telephone No. (208) 962-3314																																												
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) On April 30, 2026, a miner died while filling a water trailer when it overturned. <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 HEIL					29. Model S-76																																							
30. District M7000 - Vacaville District					32. Field Office M7611 - Boise ID Field Office			33. Event Number F02AA32																																				
34. Accident Investigator																																												
First Name Daniel		MI J		Last Name Boylan																																								
35. MSHA Person Notified																																												
First Name Jarrod		MI		Last Name Towne		Date/Time Notified 04/30/2026 1:27 PM																																						
36. Type of Report Initial		37. Name of Preparer Full Name Alec N Jording			Date Prepared 05/02/2026																																							
38. Reason for Amendment																																												