

Preliminary Report of Accident

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



PR001 08/26/2026

1. Accident Type F - Fatal Injury		2. Accident Classification 06 - Fall of Face, Rib, Pillar or Highwall		3. Date/Time of Accident 08/24/2026 10:38 AM		4. Date/Time of Death 08/24/2026 10:55 AM		5. Fatal Case No FAI-F042000-1																																																		
6. Mine Information a) Mining Company Name: Haynes Materials Company b) Mine Name: Haynes Aggregates - Seymour LLC c) Parent of Mining Company: Thomas R Haynes																																																										
7. Mine Location Information a) City OXFORD b) County New Haven c) State CT				8. Mine ID Number 06-00763		9. Union No																																																				
10. Primary Mineral Mined Crushed & Broken Granite Mining				11. Number of Employees a) Total 13 b) Underground c) Open Pit/Quarry 12 d) Mill/Prep Plant 0 e) Other 1																																																						
12. Contractor Name D'Ambruoso Construction Company						13. Contractor Union No		14. Contractor ID Number B6518																																																		
15. Contractor Address a) City Oxford b) County c) State CT d) Zip Code 06478																																																										
16. Number of Contractor Employees a) Total 1 b) Underground 0 c) Open Pit/Quarry 1 d) Mill/Prep Plant 0 e) Other 0																																																										
17. Number of Persons in Mine at Time of Accident a) Mine Employees 13 b) Contractor Employees 1				18. Number of Persons Unaccounted for a) Mine Employees 0 b) Contractor Employees 0																																																						
19. Accident Location 03 - Open Pit								20. Mining Height Feet Inches																																																		
21. Nonfatal Injuries 0		22. Fatal Injuries 1																																																								
23. Victims Information																																																										
<table border="1"> <thead> <tr> <th colspan="7">Edwin D Sinclair</th> </tr> <tr> <th>a) First Name</th> <th>a) MI</th> <th>a) Last Name</th> <th>b) Age</th> <th>c) Regular Job Title</th> <th>d) Activity at Time of Accident</th> <th>Employee</th> </tr> </thead> <tbody> <tr> <td>Edwin</td> <td>D</td> <td>Sinclair</td> <td>41</td> <td>Driller</td> <td>Driller</td> <td>Contractor Employee</td> </tr> <tr> <td colspan="7">24. Mining Experience</td> </tr> <tr> <td colspan="2">a) Total Experience 10 Years 0 Weeks 2 Days</td> <td colspan="2">b) Experience at the Mine 4 Years 0 Weeks 0 Days</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident 10 Years 0 Weeks 2 Days</td> <td>d) Experience with Contractor 10 Years 0 Weeks 2</td> </tr> <tr> <td colspan="7">25. Autopsy Performed Yes</td> </tr> <tr> <td colspan="7">If Yes, Location Farmington, CT</td> </tr> </tbody> </table>										Edwin D Sinclair							a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Edwin	D	Sinclair	41	Driller	Driller	Contractor Employee	24. Mining Experience							a) Total Experience 10 Years 0 Weeks 2 Days		b) Experience at the Mine 4 Years 0 Weeks 0 Days		c) Experience at the Activity at the Time of the Accident 10 Years 0 Weeks 2 Days		d) Experience with Contractor 10 Years 0 Weeks 2	25. Autopsy Performed Yes							If Yes, Location Farmington, CT						
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26. Mine Telephone No. (203) 888-8165																																																										
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A contract driller died after rocks fell from a highwall and struck him while he was operating a drill at the base of the highwall. <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 Furukawa				29. Model HCR1100ER																																																						
30. District M2000 - Warrendale District				32. Field Office M2800 - Albany NY Field Office				33. Event Number F042000																																																		
34. Accident Investigator First Name Jason		MI J		Last Name Dibble																																																						
35. MSHA Person Notified First Name Kevin		MI S		Last Name Honeycutt		Date/Time Notified 08/24/2026 11:03 AM																																																				
36. Type of Report Initial		37. Name of Preparer Full Name Jason J Dibble				Date Prepared 08/24/2026																																																				
38. Reason for Amendment																																																										