Preliminary Report of Accident

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

PR001 07/15/2026

1. Accident Type	2. Accident Classification	3. Date/Time of Accident	4. Date/Time of Death	5. Fatal Case No
F - Fatal Injury	12 - Powered Haulage	06/26/2026 6:56 AM	06/26/2026 07:09 AM	FAI-F037BD5-1

6. Mine Information
- **a) Mining Company Name:** Le Claire Investments Inc
- **b) Mine Name:** Leclaire Portable Crusher #2
- **c) Parent of Mining Company:** Riverstone Group

7. Mine Location Information			8. Mine ID Number	9. Union
a) City	b) County	c) State		
DAVENPORT	Scott	IA	13-02224	No

10. Primary Mineral Mined	11. Number of Employees				
	a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
Crushed & Broken Limestone Mining, N.E.C.	6		5	1	

12. Contractor Name	13. Contractor Union	14. Contractor ID Number
Overland Systems Inc		RMS

15. Contractor Address			
a) City	b) County	c) State	d) Zip Code
BLUE GRASS		IA	52726

16. Number of Contractor Employees				
a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
2		2		

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
2	2	0	0

19. Accident Location	20. Mining Height
03 - Open Pit	100 Feet 0 Inches

21. Nonfatal Injuries	22. Fatal Injuries
	1

23. Victims Information

Austin Snow

a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee
Austin		Snow	31	Truck Driver	Loading a CAT 988K loader onto a beam tr	Contractor 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
4 Years 0 Weeks 0 Days	3 Years 0 Weeks 0 Days	4 Years 0 Weeks 0 Days	4 Years 0 Weeks 0

25. Autopsy Performed	If Yes, Location
Yes	

26. Mine Telephone No.

27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)
While loading a front-end loader onto a trailer, a contractor died when the front-end loader shifted and struck him.

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
Caterpillar	988K Loader

30. District	32. Field Office	33. Event Number
M4000 - Duluth District	M4821 - Peru IL Field Office	F037BD5

34. Accident Investigator

First Name	MI	Last Name
Randall	W	Jamison

35. MSHA Person Notified

First Name	MI	Last Name	Date/Time Notified
Kevin		Ouke	06/26/2026 7:30 AM

36. Type of Report	37. Name of Preparer	
	Full Name	Date Prepared
Initial	Randall W Jamison	06/26/2026

38. Reason for Amendment