# Preliminary Report of Accident

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

**PR001 09/25/2026**

| 1. Accident Type | 2. Accident Classification | 3. Date/Time of Accident | 4. Date/Time of Death | 5. Fatal Case No |
|---|---|---|---|---|
| F - Fatal Injury | 18 - Slip or Fall of Person | 09/23/2026 3:30 PM | 09/23/2026 05:10 PM | FAI-F0294E7-1 |

**6. Mine Information**
- **a) Mining Company Name:** Zack Burkett Co.
- **b) Mine Name:** Springfield Pit
- **c) Parent of Mining Company:** Zack Burkett III

| 7. Mine Location Information | | | 8. Mine ID Number | 9. Union |
|---|---|---|---|---|
| a) City | b) County | c) State | | |
| Graham | Jack | TX | 41-04851 | 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. | 11 | | 5 | 6 | 0 |

| 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 | b) Contractor Employees | a) Mine Employees | b) Contractor Employees |
| 11 | | 11 | |

| 19. Accident Location | 20. Mining Height |
|---|---|
| 00 - Other Rip Rap rock plant | 15 Feet 0 Inches |

| 21. Nonfatal Injuries | 22. Fatal Injuries |
|---|---|
| | 1 |

**23. Victims Information**

**Guss McComack**

| a) First Name | a) MI | a) Last Name | b) Age | c) Regular Job Title | d) Activity at Time of Accident | Employee |
|---|---|---|---|---|---|---|
| Guss | | McComack | 38 | Loader operator | Dislodging rocks from a shake/grizzly | |

| 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 |
| 1 Years 7 Weeks 3 Days | 1 Years 7 Weeks 3 Days | 0 Years 8 Weeks 0 Days | 0 Years 0 Weeks 0 |

| 25. Autopsy Performed | If Yes, Location |
|---|---|
| No | |

**26. Mine Telephone No.**

**27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)**
A miner died when he fell from a feeder onto the ground below.

*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 |
|---|---|
| Not listed Lippman Grizzly Feeder | 6224 |

| 30. District | 32. Field Office | 33. Event Number |
|---|---|---|
| M5000 - Dallas District | M5671 - Dallas TX Field Office | F0294E7 |

**34. Accident Investigator**

| First Name | MI | Last Name |
|---|---|---|
| James | M | MeadowsII |

**35. MSHA Person Notified**

| First Name | MI | Last Name | Date/Time Notified |
|---|---|---|---|
| James | | Redwine | 09/23/2026 5:23 PM |

| 36. Type of Report | 37. Name of Preparer | |
|---|---|---|
| | Full Name | Date Prepared |
| Initial | Steven W Oates | 09/25/2026 |

**38. Reason for Amendment**