

Preliminary Report of Accident

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



PR001 09/25/2026

1. Accident Type F - Fatal Injury		2. Accident Classification 18 - Slip or Fall of Person		3. Date/Time of Accident 09/23/2026 3:30 PM		4. Date/Time of Death 09/23/2026 05:10 PM		5. Fatal Case No 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 Graham			b) County Jack			c) State TX			41-04851		
No											
10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C.					11. Number of Employees						
					a) Total 11		b) Underground		c) Open Pit/Quarry 5		
							d) Mill/Prep Plant 6		e) Other 0		
12. Contractor Name						13. Contractor Union		14. Contractor ID Number			
15. Contractor Address				16. Number of Contractor Employees							
a) City				b) County		c) State		d) Zip Code			
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 11					b) Contractor Employees						
19. Accident Location 00 - Other Rip Rap rock plant								20. Mining Height 15 Feet 0 Inches			
21. Nonfatal Injuries				22. Fatal Injuries 1							
23. Victims Information											
Guss McComack											
a) First Name Guss		a) MI		a) Last Name McComack		b) Age 38		c) Regular Job Title Loader operator		d) Activity at Time of Accident Dislodging rocks from a shake/grizzly	
24. Mining Experience				25. Autopsy Performed							
a) Total Experience 1 Years 7 Weeks 3 Days				b) Experience at the Mine 1 Years 7 Weeks 3 Days				c) Experience at the Activity at the Time of the Accident 0 Years 8 Weeks 0 Days			
								d) Experience with Contractor 0 Years 0 Weeks 0			
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. <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 Lippman Grizzly Feeder					29. Model 6224						
30. District M5000 - Dallas District					32. Field Office M5671 - Dallas TX Field Office			33. Event Number F0294E7			
34. Accident Investigator											
First Name James		MI M		Last Name MeadowsII							
35. MSHA Person Notified											
First Name James		MI		Last Name Redwine			Date/Time Notified 09/23/2026 5:23 PM				
36. Type of Report Initial		37. Name of Preparer Full Name Steven W Oates			Date Prepared 09/25/2026						
38. Reason for Amendment											