## PR001 24-Jul-17

## **Preliminary Report of Accident**

U.S. Department of Labor

Mine Safety and Health Administration

| <b>(</b>   |  |
|------------|--|
| <b>N//</b> |  |

| 1. Accident Type:   | 2. Accident Classification               |                              |                  | 3. Date/Time o              | 4. Date/Time of De | ath                          | 5. Fatal Case No          |                      |  |  |  |
|---|--|------------------------------|------------------|-----------------------------|--------------------|------------------------------|---------------------------|----------------------|--|--|--|
| Fatal Injury  | Falling, Rolling or Sliding Rock /Materl |                              |                  | 07/20/2017                  | 07/20/2017         | 11:20 AM                     | 6                         |                      |  |  |  |
| 6. Mine Information :   |  |                              |                  |                             |                    |                              |                           |                      |  |  |  |
| a) Mining Company Name b) Mine Name   |  |                              |                  | c) Parent of Mining Company |                    |                              |                           |                      |  |  |  |
| Blue Sky Quarries, Inc.   | ue Sky Quarries, Inc. Blue Sky Quarry #2 |                              |                  | Massoud Besharat            |                    |                              |                           |                      |  |  |  |
| 7. Mine Location :  | 3 7 3                                    |                              |                  | c) State                    | 8                  | 3. Mine ID Number:           |                           | 9. Union:            |  |  |  |
| Carlton   |  | Oglethorp                    | Oglethorpe       |                             | GA                 |                              |                           | NO                   |  |  |  |
| 10. Primary Mineral Mined: 11   |  | 11. Number of Mine           |                  |                             | c) Open Pit/       | Quarry d) M                  | d) Mill/Prep Plant e) Oth |                      |  |  |  |
| DIMENSION GRANITE MINING  |  | Employees:                   | Employees: 9     |                             |                    | 9                            | 0                         | 0 0                  |  |  |  |
| 12. Contractor Name:  |  |                              |                  |                             | 13. Uni            | on                           | 14. Contractor ID Number: |                      |  |  |  |
| 15. Contractor Address: a) City   |  |                              | b) County        |                             |                    | c) State                     | p Code                    |                      |  |  |  |
| 16. Number of Contractor Em   | ployees:                                 | a) Total b)                  | Underground      | c) Oper                     | n Pit/Quarry       | d) Mill/Pro                  | ep Plant                  | e) Other             |  |  |  |
| 17. Number of Persons in Min  | e at Time of Acc                         | rident:                      |                  | 18 Number o                 | f Persons Unacc    | ounted For:                  |                           |                      |  |  |  |
| a) Mine Employees:  | 6  | b) Contractor Employee       | es: 0            | a) Mine En                  |                    |                              | ontractor Emp             | lovees: 0            |  |  |  |
| 19) Location of Accident  |  | b) Contractor Employee       | .s. U            | a) Wille Eli                | iipioyees.         | 0 1) (1                      | meracioi Emp              | 20. Mining Height:   |  |  |  |
| 15) Location of Accident    01-Underground   X   03-Open Pit   07-Advance Mining   30-Mill/Prep Plant   Other (specify)   Feet Inches |  |                              |                  |                             |                    |                              |                           |                      |  |  |  |
| 02-Surface at Underground 06-Dredge Mining 08-Retreat Mining 99-Office Facility   |  |                              |                  |                             |                    |                              |                           |                      |  |  |  |
| 21. Nonfatal Injuries:  | 0 22.1                                   | Fatal Injuries:              | Ī                |                             |                    |                              |                           |                      |  |  |  |
| 23. Victim Information :  | Matt                                     | a) Name<br>hew W. Kantala IV |                  | b) Age<br>36                |                    |                              |                           |                      |  |  |  |
| c) Regular Job Title:   |  |                              | at Time of Accid |                             |                    |                              | X M                       | ine Employee         |  |  |  |
| Ledge Man   |  |                              |                  | Ledge Man                   |                    |                              | ,                         | r                    |  |  |  |
| 24. Experience : Years We   | eeks Days                                | Years Wee                    | ks Days          |                             | Years Weeks        | Days                         |                           | Years Weeks Days     |  |  |  |
| a) Total: 1 3   | 5 1                                      | b) at the mine: 1 35         | 1 c) at          | activity (23d)              | 1 35               | 1 d) with                    | Contractor                |                      |  |  |  |
| 25. Autopsy Performed:  | If Yes, Locati                           | on                           |                  |                             |                    | 26. Mine Telepho             |                           |                      |  |  |  |
|   |  |                              |                  |                             |                    | (706                         | ) 283-4417                |                      |  |  |  |
| 27. Description of Accident (in The victim was driving we which weighed about 9 tor   | dges into a blo                          | ock of granite in an atte    | mpt to break it  | loose in the s              | •                  | •                            | A piece of th             | e block broke loose, |  |  |  |
| The information provided in tregarding the cause of the acc 28. Equipment Manufacturer  | ident.                                   |                              |                  | represent final o           | determinations ro  |                              |                           | t or conclusions     |  |  |  |
| 30. District: M3000 South   | neastern                                 | 32. Field Office:  Macon O   |                  | GΑ                          | 33. Ever           | 33. Event Number:<br>6793210 |                           |                      |  |  |  |
| 34. Accident Investigator:  | .530(0)11                                | ļ                            | 35. MSHA Per     |                             |                    | Da                           |                           | Time                 |  |  |  |
| James Hollis  |  |                              |                  | A. Evans                    |                    | 07/20/                       |                           | 11:05 AM             |  |  |  |
| 36. Type of Report:   |  | 37. Name of Preparer a       |                  |                             |                    | 020                          | _                         |                      |  |  |  |
| In  | tial                                     | 1                            | Michael A. Ev    |                             |                    |                              | Date<br>07/20/201         | 7                    |  |  |  |