## PR001 06-Feb-18

## **Preliminary Report of Accident**

U.S. Department of Labor

Mine Safety and Health Administration

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<b>N//</b>	

1. Accident Type:		2. Accident Classification				3. Date/Tir	3. Date/Time of Accident 4. Date/T		4. Date/Time of De	ime of Death		e No		
Fatal Injury		Powere	d Haula	ulage			01/25/2	01/25/2018 05:00 AM		01/25/2018 05:00 AM		1		
6. Mine Informatio	n:			_			I.			1		· L		
a) Mining Company Name					b) Mine Name					c) Parent of Mining Company				
Hallett Materials				Stripping #1				Oldcastle			e Materials, Inc.			
7. Mine Location : a) City			ty	b) County			c) Sta	c) State 8. Mine I			ID Number: 9. Union:			
Ankeny				Polk			IA	IA			13-01825			
10. Primary Mineral Mined:				11. Number Employ		a) Total	b) Undergroun	nd c)	Open Pit/	Quarry d) M	Iill/Prep Plant	e) Oth	er	
CONSTRUCTION	ON SAND	& GRAV	ELM	Employ	ees:	15	0			15	0		0	
12. Contractor Nan	ne:								13. Uni	ion	14. Contra	ctor ID Numbe	r:	
15. Contractor Add	lress:	a)	City				b) County		•	c) State	d) Z	ip Code		
16. Number of Con	tractor Emp	oloyees:	a)	Total	<b>b</b> ) <sup>1</sup>	Undergroun	d c) (	Open Pit/Q	uarry	d) Mill/Pr	ep Plant	e) Other		
17. Number of Pers	sons in Mine	at Time o	f Acciden	t:			18. Numl	er of Pers	ons Unacc	ounted For:				
a) Mine Employees	:	7	b)	Contractor E	Employees	s: 0		e Employe			ontractor Emp	ployees:	0	
19) Location of Acc	cident						•					20. Mining	Height:	
01-Undergrou	ınd		X 03-	Open Pit		07-Adva	nce Mining	_	Mill/Prep		er (specify)	Feet	Inches	
02-Surface at	Undergrour	ıd	06-	Dredge Mini	ng	08-Retr	eat Mining	99-	Office Fa	cility				
21. Nonfatal Injurio	es:	0	22. Fatal	Injuries:	1									
23. Victim Informa	tion :	(		Name her W. Mo	Mullen		b) Age 38							
c) Regular Job Title	e:					at Time of A					X N	Iine Employe	e	
Equipm	ent Opera	tor					HaulTru	ıck Drive	r					
24. Experience :	Years Wee	•		Y	ears Weel	ks Days		Ye	ars Week	s Days		Years Weeks I	Days	
a) Total:	4 30			the mine:	0 4	0 0	) at activity (23c	l)	0 4		Contractor	0 0	0	
25. Autopsy Perform		If Yes, L								26. Mine Telepho				
YES low	va Medical	Examine	er							(515	6) 419-3213			
27. Description of A	Accident (inc	clude equi	pment inv	volved, the ex	act locati	on in the mir	ie, and status of	rescue and	l recovery	operations):				
The victim was h 20 feet into a ice									c. The vio	ctim drove throug	h a berm, dr	opping appro	ximately	
The information pr			based on	preliminary	data ONI	LY and does	not represent fi	nal determ	inations r	egarding the nature	of the inciden	t or conclusion	s	
	e of the accid	lent.	based on	preliminary	data ONI	LY and does	not represent fi		inations r Aodel:	egarding the nature		at or conclusion	s	
regarding the cause 28. Equipment Mai 30. District:	e of the accionufacturer:	lent.			data ONI	re:	-			A40	OG nt Number:		s	
28. Equipment Mai 30. District: M4000	e of the accidentifications and accuracy accuracy and accuracy accuracy and accuracy and accuracy accuracy and accuracy accuracy accuracy and accuracy accuracy accuracy accuracy and accur	lent.				ee: Fort	Dodge IA	29. N		A4(	)G nt Number: 6745	760	s	
regarding the cause 28. Equipment Mai 30. District: M4000 34. Accident Invest	North	lent.				Fort 35. MSHA	Dodge IA Person Notified:	29. N		A40 33. Eve	OG nt Number: 6745 nte	760 Time	s	
28. Equipment Mai 30. District:  M4000 34. Accident Invest Thaddeus Si	e of the accidentifications:  North in igator:  chmeller	lent.	/olvo	32. F	ield Offic	Fort   35. MSHA Willi	Dodge IA Person Notified: am Soderlind	29. N		A4(	OG nt Number: 6745 nte '2018	760	s	
regarding the cause 28. Equipment Ma 30. District: M4000 34. Accident Invest	e of the accidentifications:  North in igator:  chmeller	lent. V	/olvo		ield Offic	Fort   35. MSHA Willi	Dodge IA Person Notified: am Soderlind ared:	29. N		A40 33. Eve	OG nt Number: 6745 nte	760 Time 05:36 AM	s	