

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 11/03/2018 01:45 AM		4. Date/Time of Death 11/03/2018 01:45 AM		5. Fatal Case No 15				
6. Mine Information :												
a) Mining Company Name O-N Minerals (Michigan) Company			b) Mine Name O-N Minerals, Cedarville Operation			c) Parent of Mining Company Carmeuse Holding SA						
7. Mine Location :		a) City Cedarville		b) County Mackinac		c) State MI		8. Mine ID Number: 20-00061		9. Union: YES		
10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE M			11. Number of Mine Employees:		a) Total 85	b) Underground 0	c) Open Pit/Quarry 44		d) Mill/Prep Plant 41	e) Other 0		
12. Contractor Name:						13. 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: 9		b) Contractor Employees: 0				a) Mine Employees: 0		b) Contractor Employees: 0				
19) Location of Accident									20. Mining Height:			
<input type="checkbox"/> 01-Underground	<input checked="" type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> Other (specify)				Feet	Inches			
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 99-Office Facility									
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1										
23. Victim Information :												
a) Name Jill M. Klein					b) Age 44							
c) Regular Job Title: Shift Supervisor												
d) Activity at Time of Accident: Managing employees at quarry and mill												
<input checked="" type="checkbox"/> Mine Employee												
24. Experience :												
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days			
a) Total:	3	34	0	b) at the mine:	3	34	0	c) at activity (23d)	3	34	0	d) with Contractor
25. Autopsy Performed: If Yes, Location												
YES	Not Available											
26. Mine Telephone No.:								(906) 484-2201				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

A shift supervisor was run over by a loaded Caterpillar 785B haul truck while sitting in a pickup truck at the crusher site.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer: Caterpillar				29. Model: 785B					
30. District: M4000 North Central		32. Field Office: Marquette MI				33. Event Number: 6831129			
34. Accident Investigator: Thaddeus J. Sichmeller				35. MSHA Person Notified: Scott K. Johnson		Date 11/03/2018		Time 02:25 AM	
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Thaddeus J. Sichmeller				Date 11/03/2018			
38. Reason For Amendment:									