U.S. Department of Labor PR001 **Preliminary Report of Accident** Mine Safety and Health Administration 22-Mar-18 1. Accident Type: 2. Accident Classification 3. Date/Time of Accident 4. Date/Time of Death 5. Fatal Case No 03/14/2018 01:05 PM 03/14/2018 01:32 PM Fatal Injury Machinery 2 6. Mine Information: a) Mining Company Name b) Mine Name c) Parent of Mining Company Geneva Rock Products Inc HANSEN PIT CCI (Clyde Companies Inc) 7. Mine Location: a) City b) County c) State 8. Mine ID Number: 9. Union: 42-02107 Draper Salt Lake YES 10. Primary Mineral Mined: b) Underground c) Open Pit/Quarry d) Mill/Prep Plant 11. Number of Mine a) Total e) Other **Employees:** CONSTRUCTION SAND & GRAVEL M 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: d) Mill/Prep Plant a) Total b) Underground c) Open Pit/Quarry e) Other 17. Number of Persons in Mine at Time of Accident: 18. Number of Persons Unaccounted For: 30 0 0 a) Mine Employees: b) Contractor Employees: a) Mine Employees: b) Contractor Employees: 19) Location of Accident 20. Mining Height: 30-Mill/Prep Plant X 03-Open Pit 07-Advance Mining Other (specify) 01-Underground Feet Inches 06-Dredge Mining **08-Retreat Mining** 99-Office Facility 02-Surface at Underground 21. Nonfatal Injuries: 22. Fatal Injuries: 23. Victim Information: a) Name b) Age Lee Mackay 56 c) Regular Job Title: d) Activity at Time of Accident: X Mine Employee Placing Discharge Chutes Crusher Maintenance 24. Experience : Years Weeks Days Years Weeks Days Years Weeks Days Years Weeks Days b) at the mine: 15 37 c) at activity (23d) d) with Contractor a) Total: 25. Autopsy Performed: If Yes, Location 26. Mine Telephone No.: (801) 633-6670 27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations): The victim sustained a fatal injury to the head when he was hit during the process of placing discharge chutes on the screen deck. 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: 29. Model: Cedar Rapids 8 x 20 Screen Deck 32. Field Office: 33. Event Number:

30. District: M6000 Rocky Mountain Salt Lake City UT 6776030 34. Accident Investigator: 35. MSHA Person Notified: Date Time 03/14/2018 02:31 PM Ernesto A. Vasquez Peter A. Del Duca 37. Name of Preparer and Date Prepared: 36. Type of Report: Date Peter A. Del Duca 03/15/2018

38. Reason For Amendment: