

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 04/12/2018 08:30 AM		4. Date/Time of Death 04/12/2018 09:00 AM		5. Fatal Case No 3		
6. Mine Information :										
a) Mining Company Name Trinity Materials Inc			b) Mine Name RYE DREDGE & PLANT			c) Parent of Mining Company Trinity Industries Inc				
7. Mine Location :		a) City Cleveland		b) County Liberty		c) State TX		8. Mine ID Number: 41-02547		9. Union: NO
10. Primary Mineral Mined: CONSTRUCTION SAND & GRAVEL M			11. Number of Mine Employees:		a) Total 7	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other	
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: 6		b) Contractor Employees:			a) Mine Employees: 0		b) Contractor Employees:			
19) Location of Accident									20. Mining Height:	
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input checked="" type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> 99-Office Facility	<input type="checkbox"/> Other (specify)	Feet Inches	
21. Nonfatal Injuries:		22. Fatal Injuries:		1						
23. Victim Information :										
a) Name Manual Rodriguez			b) Age 60							
c) Regular Job Title: Truck Driver (Customer)				d) Activity at Time of Accident: Checking into the mine			<input type="checkbox"/> Mine Employee	<input type="checkbox"/> Contractor Employee		
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		
a) Total:	20	b) at the mine:	1	c) at activity (23d)		d) with Contractor				
25. Autopsy Performed: If Yes, Location YES						26. Mine Telephone No.: (281) 592-8029				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
A customer truck driver was fatally injured when his over the road truck ran over him while he was at the mine's check-in system.

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: Freightliner			29. Model: Col		
30. District: M5000 South Central		32. Field Office: Broussard LA		33. Event Number: 6802222	
34. Accident Investigator: Homer Pricer			35. MSHA Person Notified: William O'Dell		Date 04/12/2018
					Time 09:00 AM
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Larry Trainor			Date 04/17/2018
38. Reason For Amendment:					