

Preliminary Report of Accident

U.S. Department of Labor
Mine Safety and Health Administration



PR001 04/29/2020

1. Accident Type F - Fatal Injury		2. Accident Classification 21 - Other Accident Lightning Strike		3. Date/Time of Accident 08/27/2019 10:40 AM		4. Date/Time of Death 08/27/2019 10:40 AM		5. Fatal Case No					
6. Mine Information													
a) Mining Company Name:		Premium Sandstone LLC											
b) Mine Name:		Premium Sandstone Quarry											
c) Parent of Mining Company:		Michael Ruff et al											
7. Mine Location Information						8. Mine ID Number		9. Union					
a) City Gordon		b) County Palo Pinto		c) State TX		41-04918		No					
10. Primary Mineral Mined Crushed & Broken Sandstone Mining				11. Number of Employees									
				a) Total 23		b) Underground		c) Open Pit/Quarry 23		d) Mill/Prep Plant		e) Other	
12. Contractor Name						13. Contractor 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			a) Mine Employees		b) Contractor Employees						
19. Accident Location 03 - Open Pit								20. Mining Height					
								Feet		Inches			
21. Nonfatal Injuries		22. Fatal Injuries 1											
23. Victims Information													
Jose M Barcenas Angel													
a) First Name Jose		a) MI M	a) Last Name Barcenas Angel		b) Age 46	c) Regular Job Title Miner		d) Activity at Time of Accident Splitting rock		Employee Mine Employee			
24. Mining Experience				a) Total Experience 0 Years 0 Weeks 6 Days		b) Experience at the Mine 0 Years 0 Weeks 6 Days		c) Experience at the Activity at the Time of the Accident 0 Years 0 Weeks 6 Days		d) Experience with Contractor 0 Years 0 Weeks 0 Days			
25. Autopsy Performed No		If Yes, Location											
26. Mine Telephone No. (254) 631-7234													
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) EE was splitting rock by hand using a hammer; lightning was seen in the area and struck the EE exiting his foot <i>The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.</i>													
28. Equipment Manufacturer					29. Model								
30. District M5000 - Dallas District					32. Field Office M5671 - Dallas TX Field Office			33. Event Number 6659732					
34. Accident Investigator													
First Name Robert		MI A.	Last Name Dreyer										
35. MSHA Person Notified													
First Name Brett		MI	Last Name Barrick			Date/Time Notified 08/27/2019 1:15 PM							
36. Type of Report Initial		37. Name of Preparer			Date Prepared								
		Full Name Elwood Burriss			04/06/2020								
38. Reason for Amendment													