## **Preliminary Report of Accident**

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

## PR001 10/20/2020

1. Accident Type F - Fatal Injury	2. Accident Classification 17 - Machinery	3. Date/Time of Accident 08/21/2020 7:45 AM	<b>4. Date/Time of Death</b> 08/21/2020 1:20 PM	<b>5. Fatal Case No</b> FAI-6838316-1
i. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Martin Marietta Materials Inc. Moore Quarry Martin Marietta Materials Inc			·
. Mine Location Information			8. Mine ID Number	9. Union
a) City Gilmore City	b) County Pocahontas	c) State IA	13-02188	No
0. Primary Mineral Mined		11. Number of Employees	:	•
Crushed & Broken Limestone N	Mining, N.E.C.	a) Total b) Und	erground c) Open Pit/Quarry 32	d) Mill/Prep Plant e) Oth
2. Contractor Name			13. Contractor Union	14. Contractor ID Number
5. Contractor Address	h) County	a) State	d) Zin Codo	
a) City	b) County	c) State	d) Zip Code	
6. Number of Contractor Emplo	=			
a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
7. Number of Persons in Mine a a) Mine Employees 28	t Time of Accident b) Contractor Employees	18. Number of Persons Unacco a) Mine Employees	unted for b) Contractor Employees	
9. Accident Location 03 - Open Pit				20. Mining Height Feet Inches
1. Nonfatal Injuries	22. Fatal Injuries			'
3. Victims Information	<u> </u>			
Dennis A Dose				
a) First Name a) MI a) Dennis A	· · · · · · · · · · · · · · · · · · ·	gular Job Title d) Activity a stomer Truck Driver Tarping tra	t Time of Accident <sub>iller</sub>	<b>Employee</b> Other Employee
24. Mining Experience a) Total Experience Years Weeks Days	b) Experience at the Mine Years Weeks Days	c) Experience at the Activity at the Ti Years Weeks Days	,	perience with Contractor 'ears 0 Weeks 0 Days
25. Autopsy Performed No	If Yes, Location			
6. Mine Telephone No. (515) 373-6543				
•		act location in the mine, and status and as deploying the tarp system on his fifth		
The information provided in this cause of the accident.	s notice is based on preliminary da	ta ONLY and does not represent final de	termination regarding the nature of the	e incident or conclusions regarding ti
3. Equipment Manufacturer Not listed Aero (tarp)		29. Model SideKick 2		
0. District M4000 - Duluth District		32. Field Office M4671 - Fort Dodge IA Field	Office	33. Event Number 6838316
4. Accident Investigator		'		'
First Name	MI Last Nar	me		
James	A Hines			

**Date/Time Notified** 

Date Prepared 08/28/2020

08/21/2020 10:15 AM

MI

37. Name of Preparer

Full Name Gerald D Holeman

**Last Name** 

Hensler

35. MSHA Person Notified First Name

38. Reason for Amendment

Chistopher

36. Type of Report

Initial