Preliminary Report of Accident



PR001 05/07/2020

| 1. Accident Type F - Fatal Injury | 2. Accident Classification 17 - Machinery | 3. Date/Time of Accident 02/29/2020 9:33 AM | 4. Date/Time of Death 02/29/2020 9:33 AM | 5. Fatal Case No 6882030-1 |
|--|---|---|--|---|
| 6. Mine Information | | | | |
| a) Mining Company Name: b) Mine Name: c) Parent of Mining Company | Newmark Acquisition, LLC Newmark Acquisition, LLC : Mark LaBorde et al | | | |
| 7. Mine Location Information | | | 8. Mine ID Number | 9. Union |
| a) City | b) County | c) State | 16-01557 | No |
| Longville | Beauregard | LA | | |
| 10. Primary Mineral Mined | | 11. Number of Employees | | |
| Common Sand Mining | | . , | erground c) Open Pit/Quarry | d) Mill/Prep Plant e) Other |
| Common Sand Minning | | 5 | erground c) open Filoquarry | d) will/Frep Flant e) Other 5 |
| 12. Contractor Name | | | 13. Contractor Union | 14. Contractor ID Number |
| 15. Contractor Address | | | 1 | |
| a) City | b) County | c) State | d) Zip Code | |
| -, | .,, | -, | -, | |
| | | | | |
| 16. Number of Contractor Emplo 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 Unacco | unted for | |
| a) Mine Employees | b) Contractor Employees | a) Mine Employees | b) Contractor Employees | |
| 2 | b) contractor Employees | 0 | | |
| | | | 0 | |
| 19. Accident Location | | | | 20. Mining Height |
| 06 - Dredge Mining | | | | Feet Inches |
| 21. Nonfatal Injuries | 22. Fatal Injuries | | | |
| 23. Victims Information | | | | |
| | | | | |
| Israel Spears, Jr | | | | |
| ioraor opeare, er | | | | |
| | a) Loot Name (b) Ame (c) E | | The of A coldent | E-mail and a |
| a) First Name a) MI | | | ime of Accident | Employee |
| | | Regular Job Title d) Activity at T Foreman Dredge repa | | Employee Mine Employee |
| a) First Name a) MI | | | | |
| a) First Name a) MI Israel | | | ir | |
| a) First Name a) MI Israel 24. Mining Experience | Spears, Jr 28 F | c) Experience at the Activity at t | ir the Time of the Accident d) E | Mine Employee |
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