

# Preliminary Report of Accident

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



PR001 07/27/2020

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 17 - Machinery		<b>3. Date/Time of Accident</b> 07/24/2020 1:58 PM		<b>4. Date/Time of Death</b> 07/24/2020 1:58 PM		<b>5. Fatal Case No</b> FAI-6847521-1					
<b>6. Mine Information</b>													
a) Mining Company Name:		Carmeuse L&S											
b) Mine Name:		Cisco Mine											
c) Parent of Mining Company:		Carmeuse Holding SA											
<b>7. Mine Location Information</b>						<b>8. Mine ID Number</b>		<b>9. Union</b>					
a) City		b) County		c) State		09-01101							
CHATSWORTH		Murray		GA									
<b>10. Primary Mineral Mined</b> Crushed & Broken Limestone Mining, N.E.C.				<b>11. Number of Employees</b>									
				a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other	
				9		9							
<b>12. Contractor Name</b>						<b>13. Contractor Union</b>		<b>14. Contractor ID Number</b>					
<b>15. Contractor Address</b>													
a) City		b) County			c) State			d) Zip Code					
<b>16. Number of Contractor Employees</b>													
a) Total		b) Underground			c) Open Pit/Quarry			d) Mill/Prep Plant		e) Other			
<b>17. Number of Persons in Mine at Time of Accident</b>													
a) Mine Employees		b) Contractor Employees			<b>18. Number of Persons Unaccounted for</b>								
5					a) Mine Employees		b) Contractor Employees						
					0								
<b>19. Accident Location</b> 01-07 - Underground Advance Mining								<b>20. Mining Height</b> 26 Feet 0 Inches					
<b>21. Nonfatal Injuries</b>		<b>22. Fatal Injuries</b> 1											
<b>23. Victims Information</b>													
Joshua D Claphan													
a) First Name		a) MI	a) Last Name		b) Age	c) Regular Job Title		d) Activity at Time of Accident		Employee			
Joshua		D	Claphan		24	Trainee		Loading shot at working face		Other Employee			
<b>24. Mining Experience</b>													
a) Total Experience		b) Experience at the Mine			c) Experience at the Activity at the Time of the Accident			d) Experience with Contractor					
Years Weeks 2 Days		Years Weeks 2 Days			Years Weeks 1 Days			Years Weeks Days					
<b>25. Autopsy Performed</b>		If Yes, Location											
<b>26. Mine Telephone No.</b> (706) 517-2221													
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> Two miners were loading explosives using an aerial lift's basket when the basket jolted upward into the mine roof causing the death of one of the miners.  <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>													
<b>28. Equipment Manufacturer</b> Not listed Airplaco					<b>29. Model</b> Powder Monkey								
<b>30. District</b> M3000 - Birmingham District					<b>32. Field Office</b> M3631 - Macon GA Field Office			<b>33. Event Number</b> 6847521					
<b>34. Accident Investigator</b>													
First Name		MI	Last Name										
Scottie		W	Sizemore										
<b>35. MSHA Person Notified</b>													
First Name		MI	Last Name			Date/Time Notified							
Robert		L	Ashley			07/24/2020 12:32 PM							
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b> Full Name			Date Prepared								
		Robert L Ashley			07/25/2020								
<b>38. Reason for Amendment</b>													