# Preliminary Report of Accident

**PR001 07/27/2020**

## 1. Accident Type
- **F** - Fatal Injury

## 2. Accident Classification
- **17** - Machinery

## 3. Date/Time of Accident
- **07/24/2020 1:58 PM**

## 4. Date/Time of Death
- **07/24/2020 1:58 PM**

## 5. Fatal Case No
- FAI--6847521-1

## 6. Mine Information
- **a) Mining Company Name:** Carmeuse L&S
- **b) Mine Name:** Cisco Mine
- **c) Parent of Mining Company:** Carmeuse Holding SA

## 7. Mine Location Information
- **a) City:** CHATSWORTH
- **b) County:** Murray
- **c) State:** GA

## 8. Mine Number
- **ID Number:** 09-01101

## 10. Primary Mineral Mined
- Crushed & Broken Limestone Mining, N.E.C.

## 11. Number of Employees
- **a) Total:** 9
- **b) Underground:** 9
- **c) Open Pit/Quarry:** 0
- **d) Mill/Prep Plant:** 0
- **e) Other:** 0

## 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:** 5
- **b) Underground:** 5
- **c) Open Pit/Quarry:** 0
- **d) Mill/Prep Plant:** 0
- **e) Other:** 0

## 17. Number of Persons in Mine at Time of Accident
- **a) Mine Employees:** 5
- **b) Contractor Employees:** 0

## 18. Number of Persons Unaccounted for
- **a) Mine Employees:** 0
- **b) Contractor Employees:** 0

## 19. Accident Location
- **01-07 - Underground Advance Mining**

## 20. Mining Height
- **26 Feet 0 Inches**

## 21. Nonfatal Injuries
- **1**

## 22. Fatal Injuries
- **1**

## 23. Victims Information

<table>
<thead>
<tr>
<th>Victim</th>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Regular Job Title</th>
<th>Activity at Time of Accident</th>
<th>Experience</th>
<th>Experience with Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joshua D Claphan</td>
<td>Joshua</td>
<td>D</td>
<td>Claphan</td>
<td>24</td>
<td>Trainee</td>
<td>Loading shot at working face</td>
<td></td>
</tr>
</tbody>
</table>

## 24. Mining Experience
- **a) Total Experience:** Years Weeks 2 Days
- **b) Experience at the Mine:** Years Weeks 2 Days
- **c) Experience at the Activity at the Time of the Accident:** Years Weeks 1 Days
- **d) Experience with Contractor:** Years Weeks Days

## 25. Autopsy Performed
- **If Yes, Location**

## 26. Mine Telephone No.
- **(706) 517-2221**

## 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)

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.

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.

## 28. Equipment Manufacturer
- **Not listed**

## 29. Model
- **Airplaco**

## 30. District
- **M3000 - Birmingham District**

## 31. Field Office
- **M3631 - Macon GA Field Office**

## 32. Event Number
- **6847521**

## 33. Accident Investigator
- **First Name:** Scottie
- **MI:** W
- **Last Name:** Sizemore

## 34. MSHA Person Notified
- **First Name:** Robert
- **MI:** L
- **Last Name:** Ashley
- **Date/Time Notified:** 07/24/2020 12:32 PM

## 35. Reason for Amendment

**MSHA Form 7000-13, March 2019 (revised)**