

Preliminary Report of Accident

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



PR001 07/08/2020

| | | | | | | | | | | |
|--|--|--|-------------------------|---|--|--|-------------------------|--|--|---------------------------|
| 1. Accident Type F - Fatal Injury | | 2. Accident Classification 05 - Falling, Rolling or Sliding Rock /Material | | 3. Date/Time of Accident 06/19/2020 2:15 PM | | 4. Date/Time of Death 06/19/2020 3:02 PM | | 5. Fatal Case No FAI-6787560-1 | | |
| 6. Mine Information | | | | | | | | | | |
| a) Mining Company Name: | | Harshman Construction L L C | | | | | | | | |
| b) Mine Name: | | PLANT 2 | | | | | | | | |
| c) Parent of Mining Company: | | Warren W Harshman et al | | | | | | | | |
| 7. Mine Location Information | | | | | | 8. Mine ID Number | | 9. Union | | |
| a) City Melvern | | b) County Osage | | c) State KS | | 14-01537 | | No | | |
| 10. Primary Mineral Mined Crushed & Broken Limestone Mining, N.E.C. | | | | 11. Number of Employees | | | | | | |
| | | | | a) Total 6 | | b) Underground 3 | | c) Open Pit/Quarry 2 | | d) Mill/Prep Plant 1 |
| 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 2 | | b) Contractor Employees | | | a) Mine Employees | | b) Contractor Employees | | | |
| 19. Accident Location 03 - Open Pit | | | | | | | | 20. Mining Height 22 Feet Inches | | |
| 21. Nonfatal Injuries | | 22. Fatal Injuries 1 | | | | | | | | |
| 23. Victims Information | | | | | | | | | | |
| Frank J Rockers | | | | | | | | | | |
| a) First Name Frank | | a) MI J | a) Last Name Rockers | | b) Age 68 | c) Regular Job Title Quality Control | | d) Activity at Time of Accident Visually scanning the Stockpile | | Employee Mine Employee |
| 24. Mining Experience | | | | | | | | | | |
| a) Total Experience 49 Years 42 Weeks Days | | b) Experience at the Mine 4 Years 21 Weeks 6 Days | | | c) Experience at the Activity at the Time of the Accident 4 Years 21 Weeks 6 Days | | | d) Experience with Contractor Years Weeks Days | | |
| 25. Autopsy Performed Yes | | If Yes, Location Frontier Forensics Midwest, LLC Kansas City, KS | | | | | | | | |
| 26. Mine Telephone No. (620) 274-4377 | | | | | | | | | | |
| 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died while inspecting a stockpile for over-sized material. As the victim walked along the stockpile, the stockpile sloughed off, covering him with approximately four feet of material. <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 C1000 - Madisonville District | | | | | 32. Field Office C1005 - Topeka KS Field Office | | | 33. Event Number 6787560 | | |
| 34. Accident Investigator | | | | | | | | | | |
| First Name Christopher | | MI | | Last Name Ewing | | | | | | |
| 35. MSHA Person Notified | | | | | | | | | | |
| First Name Robert | | MI | | Last Name Simms | | Date/Time Notified 06/19/2020 2:40 PM | | | | |
| 36. Type of Report Initial | | 37. Name of Preparer Full Name Christopher Ewing | | | Date Prepared 06/19/2020 | | | | | |
| 38. Reason for Amendment | | | | | | | | | | |