

Preliminary Report of Accident

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



PR001 09/03/2020

| | | | | | | | | | | | |
|--|--------------|--|---------------------------|---|--|--|--|--|--------------------------------------|-----------------|--|
| 1. Accident Type F - Fatal Injury | | 2. Accident Classification 18 - Slip or Fall of Person | | 3. Date/Time of Accident 09/01/2020 7:49 PM | | 4. Date/Time of Death 09/01/2020 7:49 PM | | 5. Fatal Case No FAI-6882771-1 | | | |
| 6. Mine Information | | | | | | | | | | | |
| a) Mining Company Name: | | Arepet Industries, LLC | | | | | | | | | |
| b) Mine Name: | | Arepet Industries | | | | | | | | | |
| c) Parent of Mining Company: | | Ruben Garza et al | | | | | | | | | |
| 7. Mine Location Information | | | | | | | | | | | |
| a) City San Antonio | | | b) County Bexar | | | c) State TX | | | 8. Mine ID Number 41-05471 | | |
| 9. Union No | | | | | | | | | | | |
| 10. Primary Mineral Mined Industrial Sand, N.E.C. | | | | | 11. Number of Employees | | | | | | |
| | | | | | a) Total | b) Underground | c) Open Pit/Quarry | d) Mill/Prep Plant | e) Other | | |
| | | | | | 20 | 0 | 0 | 20 | 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 | | 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 | | b) Contractor Employees | | | a) Mine Employees | | b) Contractor Employees | | | | |
| 4 | | 0 | | | 0 | | 0 | | | | |
| 19. Accident Location 30 - Mill/Prep Plant | | | | | | | | 20. Mining Height | | | |
| | | | | | | | | Feet | Inches | | |
| 21. Nonfatal Injuries 0 | | 22. Fatal Injuries 1 | | | | | | | | | |
| 23. Victims Information | | | | | | | | | | | |
| Darrell W. Johnson | | | | | | | | | | | |
| a) First Name | a) MI | a) Last Name | | b) Age | c) Regular Job Title | | d) Activity at Time of Accident | | Employee | | |
| Darrell | W. | Johnson | | 53 | Plant Helper | | Closing hatches on load-out trucks. | | Mine Employee | | |
| 24. Mining Experience | | | | | | | | | | | |
| a) Total Experience | | b) Experience at the Mine | | | c) Experience at the Activity at the Time of the Accident | | | d) Experience with Contractor | | | |
| 2 Years 8 Weeks 1 Days | | 2 Years 8 Weeks 1 Days | | | 2 Years 8 Weeks 1 Days | | | 0 Years 0 Weeks 0 Days | | | |
| 25. Autopsy Performed | | If Yes, Location | | | | | | | | | |
| Yes | | Bexar County Texas | | | | | | | | | |
| 26. Mine Telephone No. (210) 628-1622 | | | | | | | | | | | |
| 27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) The victim was opening and closing hatches over the tractor-trailers in a loadout facility. The victim stepped down onto the top of a trailer from an elevated platform and then realized the tractor-trailer was not properly situated to be loaded. The victim then tried to gain access back to the elevated platform but fell to the concrete floor. The victim was wearing fall protection but was not tied off. <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 M5000 - Dallas District | | | | | 32. Field Office M5611 - San Antonio TX Field Office | | | 33. Event Number 6882771 | | | |
| 34. Accident Investigator | | | | | | | | | | | |
| First Name | | MI | Last Name | | | | | | | | |
| Robert | | A. | Dreyer | | | | | | | | |
| 35. MSHA Person Notified | | | | | | | | | | | |
| First Name | | MI | Last Name | | | Date/Time Notified | | | | | |
| Brett | | G | Barrick | | | 09/01/2020 9:16 PM | | | | | |
| 36. Type of Report | | 37. Name of Preparer | | | Date Prepared | | | | | | |
| Initial | | Full Name William D ODell | | | 09/03/2020 | | | | | | |
| 38. Reason for Amendment | | | | | | | | | | | |