PR001 31-Aug-15

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	3. Date/Time of Accident 4. Date/			4. Date/Time of De	e/Time of Death		e No										
Fatal Injury Slip or Fall of Person					05/18/20	18/2015 08:15 PM 05		05/29/2015	05/29/2015 03:30 PM								
6. Mine Information :								I		11							
a) Mining Company Name b) Mine Name c) Parent of Mining Company																	
Buzzi Unicem USA		Lone Star Qu				uzzi Unicem S P											
7. Mine Location : a) City			b) (B. Mine ID Number:										
Cape Girardeau			Cape G	MO				23-00134		5							
10. Primary Mineral Mined:			umber of Min	e a) Total b)	Underground	c) O _I	en Pit/0	Quarry d) M	lill/Prep Plant		-						
CRUSHED & BROKEN L	IMESTONE	М	Employees:	151	0			14	129		8						
12. Contractor Name:						13. Uni	on	14. Contra	ctor ID Number	:							
Chemical Re		LC - Vendor	r			1	OV	ZZZ	7								
15. Contractor Address:	ty	b) (County		c) State	State d) Zip Code									
Avalon Ellis TX 766									623								
16. Number of Contractor Employees: a) Total b) Underground c) Open Pit/Quarry d) Mill/Prep Plant e) Other																	
81																	
17. Number of Persons in Mine at Time of Accident: 18. Number of Persons Unaccount in Mine at Time of Accident:																	
a) Mine Employees:	19	b) Cont	ractor Employe	ees: 1	a) Mine E	Employees:		0 b) Co	ontractor Emp	oloyees:	0						
19) Location of Accident 01-Underground		03-Open	D:+	07.4.	Mini	20 20			0 0 0000	20. Mining	Height:						
02-Surface at Undergrou	nd		r n ge Mining	07-Advance		X 30-Mi			er (specify)	Feet I	nches						
21. Nonfatal Injuries:				08-Retreat	viining	99-01	fice Fac	ility									
21. Pontacai injuries.	22.	Fatal Injur	1es:														
23. Victim Information :		a) Name			b) Age												
Gary Blackburn 59																	
c) Regular Job Title:			d) Activit	ty at Time of Accid	lent:					****	***************************************						
Truck Driver Vendor Truck Driver X Contractor Employee																	
24. Experience: Years Wee	eeks Days	Years Weeks Days Years Weeks Days															
a) Total: 32 7		b) at the m	ine: 0	0 1 c) at	activity (23d)	32	7	1 d) with (Contractor	12 7	0						
25. Autopsy Performed:	If Yes, Locat	ion						26. Mine Telephon									
YES St Louis, MO								335-5591									
27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):																	
				A delivery driver arrived at the Alternate fuels location to deliver drums. After opening the trailer doors, the driver walked to the cab of his truck and													
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07-17-15 - Change Accident Classification to "Slip or Fall of person" and it is now a chargeable fatality.