## PR001 19-Feb-15

## **Preliminary Report of Accident**

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

1. Accident Type:	2. Accident Clas	sification			3. Date/Time	3. Date/Time of Accident		me of Dea	5. Fatal Case No			
Fatal Injury	Other Accid	ent			06/17/20	06/17/2014 10:30 AM		06/17/2014 10:30 AM		26		
6. Mine Information :							_					
a) Mining Company Name	) Mine Name				c) Parent of Mining Company							
Holcim (Texas) LP		ŀ	łolcim (Texas	) LP			Holcim Ltd	d; Crow Holdings				
7. Mine Location:		b) Co	ounty	•				D Number: 9. Union:				
Midlothian			Ellis umber of Mine		TX			-03307		NO		
10. Primary Mineral Mined: HYDRAULIC CEMENT	· 1			a) Total 135	b) Underground	c) Open P	it/Quarry	d) Mill/Prep Plant e) Other 135				
12. Contractor Name:	····					13. U	Union		14. Contrac	tor ID Number:		
Star Bulk							NO					
15. Contractor Address:	a) City				c) Sta	d) Zi	p Code					
. Mic	dlothian		Ellis				κ	065				
16. Number of Contractor Employees: a) Total b) Underground c) Open Pit/Quarry d) Mill/Prep Plant e) Other												
17 Number of Persons in Mi	45 15 30  17. Number of Persons in Mine at Time of Accident: 18. Number of Persons Unaccounted For:											
	81		ractor F mployee	s: 45	į.		accounted Fo		ntractor Fran	lavees.		
a) Mine Employees: 81 b) Contractor Employees: 45 a) Mine Employees: b) Contractor Employees:  19) Location of Accident 20. Mining Height:												
01-Underground					ce Mining	e Mining X 30-Mill/Prep Plant			r (specify)	Feet Inches		
02-Surface at Underground 06-Dredge Mining 08-Retreat Mining 99-Office Facility												
21. Nonfatal Injuries:	22. F	atal Injur	ies:						•			
23. Victim Information :	a) Name		1	b) Age								
	Rona	ald Dun			41							
c) Regular Job Title: Truck Driver			d) Activity	at Time of Ac		truck hatch			[V] C	antwaatan Emplayaa		
<del></del>	Weeks Days		Years Wee	eks Davs	Oponing	Years We	eks Davs			ontractor Employee Years Weeks Days		
•		) at the n			at activity (23d)		2 3	d) with (	Contractor	Tells vicens buys		
25. Autopsy Performed:	If Yes, Locati	<u> </u>		<u> </u>	<u> </u>	<del></del>	26. Mine	e Telephon	ie No.:			
YES Ft. Worth Medical Examiners Office						(972) 923-5800						
27. Description of Accident (	include equipmer	t involved	l, the exact locat	ion in the mine	, and status of r	escue and recov	ery operation	ıs):				
The truck driver parked in preparation to get load the tank of the truck but to a hospital and pronoubut was unable to get out	ded with ceme could not get l inced dead. A	nt. Ano nim out	ther driver not and called for	ticed the vict help. A res	tim was not o ponder team	n top of the tr arrived and f	uck. The dound the vic	Iriver fou ctim unre	nd the victi esponsive.	m conscious inside He was transported		
On, September 3, 2014, MSHA referred the accident to the Chargeability Review Committee. On February 2, 2015, the Chargeability Review Committee determined that this death should be charged to the mining industry. The autopsy report indicated that the manner of death was accidental and that the cause of death was asthma exacerbated by environmental dust exposure.												
The information provided in regarding the cause of the ac	ccident.	ed on prel	iminary data Of	NLY and does	not represent fir	,	ons regarding	the nature	e of the incide	nt or conclusions		
28. Equipment Manufacturer: Transportation Equipment Corp						29. Model:		1978	3			
30. District: M5000 Sou	32. Field Office: Dallas TX			33. Event Nu				mber: 6654748				
34. Accident Investigator:	<del> </del>	35. MSHA P	erson Notified:			Date Time						
Maria C. Rich			Bradl	ey Peay	_			2014	09:26 A			
36. Type of Report: 37. Name of Preparer and Date Preparer and Mike Han							Date 02/19/2015					
39 Descen For Amendment:												