

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 12/15/2015 02:54 PM		4. Date/Time of Death 12/15/2015 07:30 PM		5. Fatal Case No 16		
6. Mine Information :										
a) Mining Company Name Continental Cement Company, LLC			b) Mine Name Davenport Plant			c) Parent of Mining Company Summit Materials LLC				
7. Mine Location :		a) City Buffalo		b) County Scott		c) State IA		8. Mine ID Number: 13-00125		9. Union: YES
10. Primary Mineral Mined: HYDRAULIC CEMENT			11. Number of Mine Employees:		a) Total 115	b) Underground	c) Open Pit/Quarry 15	d) Mill/Prep Plant 100	e) Other	
12. Contractor Name:						13. Union		14. Contractor ID Number: ZZZ		
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:		
19) Location of Accident									20. Mining Height:	
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input checked="" type="checkbox"/> Other (specify)		Feet	Inches
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility		quarry shop			
21. Nonfatal Injuries:		22. Fatal Injuries:		1						
23. Victim Information :				a) Name Bernard Gehrts		b) Age 75				
c) Regular Job Title: Laborer			d) Activity at Time of Accident: Laborer			<input type="checkbox"/> Mine Employee		<input type="checkbox"/> Contractor Employee		
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		
a) Total:	1	b) at the mine:		c) at activity (23d)		1	d) with Contractor			
25. Autopsy Performed: If Yes, Location YES Scott County						26. Mine Telephone No.: (815) 672-2340				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
A wrecker service was contacted by a vacuum truck manufacturer for towing the vehicle off the mine site for repair. As one wrecker worker was lowering the boom with a remote control, the boom suddenly dropped, striking the wrecking service laborer. The victim was transported to a local hospital where he later died.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer: Not listed - Tru Hitch			29. Model: 250M		
30. District: M4000 North Central		32. Field Office: Fort Dodge IA			33. Event Number: 6706755
34. Accident Investigator: Thaddeus J. Sichmeller			35. MSHA Person Notified: Anthony D. Runyon		Date 12/15/2015
					Time 03:20 PM
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Gerald D. Holeman			Date 12/17/2015
38. Reason For Amendment:					