Preliminary Report of Accident

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

PR001 12/21/2020

1. Accident Type F - Fatal Injury	2. Accident Classification 07 - Fall of Roof or Back	3. Date/Time of Accident 12/14/2020 2:30 AM	4. Date/Time of Death 12/15/2020 9:45 AM	5. Fatal Case No FAI6882460-2
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Cargill Deicing Technology AVERY ISLAND Cargill Inc			!
7. Mine Location Information a) City AVERY ISLAND	b) County Iberia	c) State LA	8. Mine ID Number 16-00509	9. Union Yes
10. Primary Mineral Mined Salt Mining		11. Number of Employees a) Total b) Under 200 118	rground c) Open Pit/Quarry	d) Mill/Prep Plant e) Othe
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 Employer a) Total	ees b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
17. Number of Persons in Mine at a) Mine Employees 18	Time of Accident b) Contractor Employees	18. Number of Persons Unaccou a) Mine Employees	nted for b) Contractor Employees	
19. Accident Location 01 - Underground				20. Mining Height 20 Feet 0 Inches
21. Nonfatal Injuries	22. Fatal Injuries			
23. Victims Information				
Lance Begnaud				
a) First Name a) MI a) Lance	, , , ,	gular Job Title d) Activity at Ti outer Drilling	me of Accident	Employee Mine Employee
24. Mining Experience a) Total Experience Years 22 Weeks 1 Days	b) Experience at the Mine Years 22 Weeks 1 Days	c) Experience at the Activity at the Years Weeks Days		perience with Contractor rs Weeks Days
25. Autopsy Performed No	If Yes, Location			
26. Mine Telephone No. (337) 373-1744				
•	de equipment involved, the exact I when the roof fall occurred in the int	location in the mine, and status and tersection of H-13 and room H-14.	recovery operations)	
The information provided in this cause of the accident.	notice is based on preliminary data (ONLY and does not represent final dete	ermination regarding the nature of the in	ncident or conclusions regarding the
28. Equipment Manufacturer		29. Model		
30. District		32. Field Office		33. Event Number

6882460 M5000 - Dallas District M5651 - Broussard LA Field Office 34. Accident Investigator First Name MI **Last Name** Brett Barrick 35. MSHA Person Notified First Name MI **Last Name Date/Time Notified** Brett Barrick 12/15/2020 2:12 AM 36. Type of Report 37. Name of Preparer Date Prepared Initial **Full Name** Brandon Olivier 12/16/2020 38. Reason for Amendment

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23. Victims Information				
Rene J Romero Jr				
a) First Name a) MI a	N Last Name b) Age c) Regular Job Title d) Activity at Time of Accident Romero Jr 41 Grouter Drilling		Employee Mine Employee	
24. Mining Experience a) Total Experience Years 27 Weeks 0 Days	b) Experience at the Mine Years 27 Weeks 0 Days	c) Experience at the Activity at the Years Weeks Days	The state of the s	xperience with Contractor ars Weeks Days
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30. District M5000 - Dallas District		32. Field Office M5651 - Broussard LA Field O	ffice	33. Event Number 6882460
34. Accident Investigator First Name Brett	MI Last N Barrick			
35. MSHA Person Notified First Name Brett	MI Last N			

Date Prepared 12/16/2020

36. Type of Report

38. Reason for Amendment

Initial

37. Name of Preparer

Full Name
Brandon Olivier