

# Preliminary Report of Accident

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



PR001 04/24/2023

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 17 - Machinery		<b>3. Date/Time of Accident</b> 04/20/2023 1:00 PM		<b>4. Date/Time of Death</b> 04/20/2023 2:35 PM		<b>5. Fatal Case No</b> FAI-7018573-1	
<b>6. Mine Information</b>									
<b>a) Mining Company Name:</b> Peabody Bear Run Mining LLC		<b>b) Mine Name:</b> Bear Run Mine							
<b>c) Parent of Mining Company:</b> Peabody Energy									
<b>7. Mine Location Information</b>						<b>8. Mine ID Number</b> 12-02422		<b>9. Union</b> No	
<b>a) City</b> CARLISLE		<b>b) County</b> Sullivan		<b>c) State</b> IN					
<b>10. Primary Mineral Mined</b> Bituminous				<b>11. Number of Employees</b>			<b>d) Mill/Prep Plant</b> 41		<b>e) Other</b> 10
				<b>a) Total</b> 504		<b>b) Underground</b>		<b>c) Open Pit/Quarry</b> 453	
<b>12. Contractor Name</b> Tri State Maintenance Solutions LLC						<b>13. Contractor Union</b> No		<b>14. Contractor ID Number</b> C3953	
<b>15. Contractor Address</b>									
<b>a) City</b> Washington		<b>b) County</b>			<b>c) State</b> IN		<b>d) Zip Code</b> 47501		
<b>16. Number of Contractor Employees</b>									
<b>a) Total</b> 4		<b>b) Underground</b> 0		<b>c) Open Pit/Quarry</b> 0		<b>d) Mill/Prep Plant</b> 4		<b>e) Other</b> 0	
<b>17. Number of Persons in Mine at Time of Accident</b>					<b>18. Number of Persons Unaccounted for</b>				
<b>a) Mine Employees</b> 228		<b>b) Contractor Employees</b> 47			<b>a) Mine Employees</b> 0		<b>b) Contractor Employees</b> 0		
<b>19. Accident Location</b> 30 - Mill/Prep Plant								<b>20. Mining Height</b> Feet    Inches	
<b>21. Nonfatal Injuries</b>		<b>22. Fatal Injuries</b> 1							
<b>23. Victims Information</b>									
Phillip D Heymann									
<b>a) First Name</b> Phillip	<b>a) MI</b> D	<b>a) Last Name</b> Heymann	<b>b) Age</b> 59	<b>c) Regular Job Title</b> Laborer	<b>d) Activity at Time of Accident</b> Disassembling Shaker Screen			<b>Employee</b> Contractor Employee	
<b>24. Mining Experience</b>									
<b>a) Total Experience</b> 32 Years 20 Weeks 0 Days		<b>b) Experience at the Mine</b> 2 Years 0 Weeks 0 Days		<b>c) Experience at the Activity at the Time of the Accident</b> 0 Years 0 Weeks 1 Days			<b>d) Experience with Contractor</b> 0 Years 14 Weeks 0 Days		
<b>25. Autopsy Performed</b>		<b>If Yes, Location</b>							
<b>26. Mine Telephone No.</b> (812) 659-7100									
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> A contract laborer was fatally injured when he was crushed by a side plate while disassembling a shaker screen.  <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>									
<b>28. Equipment Manufacturer</b> Not listed    Conn Weld Industries					<b>29. Model</b>				
<b>30. District</b> C0800 - Vincennes District					<b>32. Field Office</b> C0801 - Vincennes IN Field Office			<b>33. Event Number</b> 7018573	
<b>34. Accident Investigator</b>									
<b>First Name</b> Todd		<b>MI</b>	<b>Last Name</b> Seilhymmer						
<b>35. MSHA Person Notified</b>									
<b>First Name</b> David		<b>MI</b>	<b>Last Name</b> Stepp		<b>Date/Time Notified</b> 04/20/2023 1:22 PM				
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b> Full Name Todd Seilhymmer			<b>Date Prepared</b> 04/23/2023				
<b>38. Reason for Amendment</b>									