

Preliminary Report of Accident

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



PR001 10/05/2023

1. Accident Type F - Fatal Injury		2. Accident Classification 12 - Powered Haulage		3. Date/Time of Accident 10/02/2023 11:00 AM		4. Date/Time of Death 10/02/2023 12:41 PM		5. Fatal Case No FAI-4012032-1		
6. Mine Information										
a) Mining Company Name:		LCT Energy, LP								
b) Mine Name:		Maple Springs Mine								
c) Parent of Mining Company:		JAZ Ventures LP et al								
7. Mine Location Information			8. Mine ID Number			9. Union				
a) City	b) County	c) State	36-09973			No				
Hollsopple		Somerset		PA						
10. Primary Mineral Mined					11. Number of Employees		c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other
Bituminous Coal Underground Mining					a) Total		b) Underground			
					52		46		0	
							0		6	
12. Contractor Name						13. Contractor Union		14. Contractor ID Number		
15. Contractor Address				b) County		c) State		d) Zip Code		
a) City										
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			
16					0					
19. Accident Location								20. Mining Height		
07 - Advance Mining								4 Feet 2 Inches		
21. Nonfatal Injuries		22. Fatal Injuries								
0		1								
23. Victims Information										
Brandon J Frederick										
a) First Name		a) MI	a) Last Name		b) Age	c) Regular Job Title		d) Activity at Time of Accident		Employee
Brandon		J	Frederick		37	Roof Bolter		laborer		Mine Employee
24. Mining Experience										
a) Total Experience		b) Experience at the Mine			c) Experience at the Activity at the Time of the Accident			d) Experience with Contractor		
13 Years 26 Weeks 0 Days		1 Years 47 Weeks 0 Days			1 Years 47 Weeks 5 Days			Years Weeks Days		
25. Autopsy Performed										
Yes		If Yes, Location Forensics DX, Windber PA								
26. Mine Telephone No.										
(814) 479-5151										
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)										
A miner was fatally injured when he was struck by a shuttle car and pinned against the coal rib.										
<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>										
28. Equipment Manufacturer					29. Model					
Not listed Highland Machinery Company					10/21K-LA64HS					
30. District					32. Field Office			33. Event Number		
C0200 - Mt. Pleasant District					C0205 - Indiana PA Field Office			4012032		
34. Accident Investigator										
First Name		MI	Last Name							
David		J	McDonald							
35. MSHA Person Notified										
First Name		MI	Last Name		Date/Time Notified					
Sarah		J	Smith		10/02/2023 11:19 AM					
36. Type of Report		37. Name of Preparer			Date Prepared					
Initial		Full Name			10/03/2023					
		Joseph M Patula								
38. Reason for Amendment										