

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 01/27/2011 12:25 PM		4. Date/Time of Death 01/27/2011 01:10 PM		5. Fatal Case No 1		
6. Mine Information :										
a) Mining Company Name Baylor Mining Inc			b) Mine Name Jims Branch No 3B			c) Parent of Mining Company Robert L. Worley				
7. Mine Location :		a) City New Richmond		b) County Wyoming		c) State WV		8. Mine ID Number: 46-09243		9. Union: NO
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND			11. Number of Mine Employees:		a) Total 29	b) Underground 26	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 3
12. Contractor Name:						13. Union		14. Contractor ID Number:		
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: 9		b) Contractor Employees: 0			a) Mine Employees: 0		b) Contractor Employees: 0			
19) Location of Accident									20. Mining Height:	
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit		<input checked="" type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input 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				3	6
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1								
23. Victim Information :										
a) Name John Lester, Jr.					b) Age 19					
c) Regular Job Title: General Laborer				d) Activity at Time of Accident: General Laborer				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total: 0 15 4		b) at the mine: 0 15 4		c) at activity (23d): 0 15 4		d) with Contractor				
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (304) 294-8103				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):  
Victim received fatal injuries when he became caught between the moving No. 3 Conveyor Belt and the metal dip pan over the No. 3 Conveyor Belt that connected to the No. 4 Conveyor Belt discharge head roller.

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:				29. Model:					
30. District: C0400 Mt. Hope			32. Field Office: Pineville WV			33. Event Number: 4119579			
34. Accident Investigator: Daris L. Barker, Jr.				35. MSHA Person Notified: Luther Marrs		Date 01/27/2011		Time 12:38 P	
36. Type of Report: Initial			37. Name of Preparer and Date Prepared: Daris L. Barker, Jr.				Date 01/28/2011		
38. Reason For Amendment:									