

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Electrical		3. Date/Time of Accident 07/27/2011 08:40 PM		4. Date/Time of Death 07/27/2011 08:40 PM		5. Fatal Case No 12							
6. Mine Information :															
a) Mining Company Name Superior Processing, Inc.			b) Mine Name Superior Cleaning Plant			c) Parent of Mining Company Edward A. Asbury									
7. Mine Location :		a) City Welch		b) County McDowell		c) State WV		8. Mine ID Number: 46-03303		9. Union: NO					
10. Primary Mineral Mined:			11. Number of Mine Employees:		a) Total 16		b) Underground 0		c) Open Pit/Quarry 0		d) Mill/Prep Plant 16		e) Other		
12. Contractor Name: Mike Dover Corporation						13. Union NO		14. Contractor ID Number: LVQ							
15. Contractor Address:			a) City Marion			b) County Franklin			c) State IL		d) Zip Code 62959				
16. Number of Contractor Employees:			a) Total 5		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant 5		e) Other				
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:									
a) Mine Employees:			b) Contractor Employees: 5			a) Mine Employees: 0			b) Contractor Employees: 0						
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 checked="" 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									
21. Nonfatal Injuries: 0			22. Fatal Injuries: 1												
23. Victim Information :				a) Name Jason Stacey			b) Age 40								
c) Regular Job Title: Superintendent				d) Activity at Time of Accident: Welder				<input checked="" type="checkbox"/> Contractor Employee							
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days			
a) Total:		22 0 0		b) at the mine:		1 26 0		c) at activity (23d)		22 0 0		d) with Contractor		12 0 0	
25. Autopsy Performed: If Yes, Location YES Charleston, WV						26. Mine Telephone No.: (304) 436-2060									

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

At approximately 8:20 p.m. on July 27, 2011, a superintendent of a contracting company was electrocuted while performing procedures to connect two pipes together in a confined area near the ceiling of the filter room of a preparation plant. The area where the welding was being conducted was wet. The victim came into contact with the energized welding electrode causing the fatal injuries.

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: Miller			29. Model: 250						
30. District: C1200 Pineville		32. Field Office: Princeton WV			33. Event Number: 6292660				
34. Accident Investigator: Robert H. Hatfield			35. MSHA Person Notified: David S. Mandeville			Date 07/27/2011		Time 09:54 P	
36. Type of Report: Amended		37. Name of Preparer and Date Prepared: Robert Hatfield			Date 07/28/2011				

38. Reason For Amendment:

The spelling of the victim's last name and his age was corrected.