## PR001 05-Jun-12

## **Preliminary Report of Accident**

## U.S. Department of Labor

Mine Safety and Health Administration

										<del>-</del>	
1. Accident Type:	2. Accident Classification				3. Date/Time o	3. Date/Time of Accident 4.			4. Date/Time of Death		
Fatal Injury	Slip or Fall of Person				05/15/2012 10:45 PM			05/24/2012 07:15 PM		09	
6. Mine Information :											
a) Mining Company Name	c) Parent of Mining Company										
Gibson County Coal, LLC Gibson South					Alliance Resource Partners LP c) State 8. Mine ID Number: 9. Union:						
7. Mine Location : a) City			b) Co	c) State	· · · · · · · · · · · · · · · · · · ·						
Owensville			Gibson	IN				02388 NO			
10. Primary Mineral Mined: BITUMINOUS COAL UN	IDERGROUN		Number of Mine Employees:	a) Total li	) Underground 6	c) C	)pen Pit/	Quarry d) M	ill/Prep Plant	e) Other	
12, Contractor Name: Frontier-Ke	IC.				13. Un	ion NO	14. Contrac A01	ctor ID Number:			
15. Contractor Address:			) County			c) State		ip Code			
Eva		Van	derburgh			IN	47	719-0690			
16. Number of Contractor En		a) Tot	al b)	Underground		n Pit/Qu	arry	d) Mill/Pro		e) Other	
			50	35						15	
17. Number of Persons in Mine at Time of Accident: 18. Numb							er of Persons Unaccounted For:				
a) Mine Employees: 0 b) Contractor Employees: 5 a) Mine Employees: 0 b) Contractor Ed									ntractor Emp	oloyees: 0	
19) Location of Accident  X 01-Underground		03-Оре	n Pit	07-Advanc	e Mining	30-M	IiII/Prep	Plant Othe	er (specify)	20. Mining Height: Feet Inches	
02-Surface at Undergrou	ınd	06-Drec	lge Mining	08-Retreat	Mining	99-0	ffice Fa	cility			
21. Nonfatal Injuries:	0 22. I	atal Inju	ıries:							· <u>-</u>	
23. Victim Information :	lom	a) Nam es A. F			b) Age		<del></del>	<del></del>			
c) Regular Job Title:	Jam	es A. F		at Time of Acc	43						
Laborer			u) Activity	at Time of Acc	Pouring co	ncrete			X C	ontractor Employee	
24. Experience : Years W	eeks Days		Years Wee	ks Days		Yea	rs Week	is Days		Years Weeks Days	
a) Total:	9 0 i	b) at the	mine: 0 22	0 c) a	t activity (23d)		0 39	0 d) with	Contractor	0 39 0	
25. Autopsy Performed: YES Williamson	If Yes, Locati County Morgu			_				26. Mine Telephor	ne No.:		
27. Description of Accident (in	<u> </u>		d the sweet least							<u>.</u>	
On May 15, 2012, the victhe forms lining the shaft treated at the Gibson Ge injuries.	wall surged a	ind caus	sed the victim t	to lose his ba	lance and fall	backw	ard, re	sulting in a fractu	re to his lef	t leg. He was	
The information provided in tregarding the cause of the acc 28. Equipment Manufacturers	ident.	ed on pre	liminary data ON	LY and does no	ot represent final	determi		regarding the nature	of the incider	nt or conclusions	
30. District: C0800 Vince				32. Field Office: Vincennes IN			33. Event Number: 4252			106	
34. Accident Investigator:				35. MSHA Per	son Notified:			Dat	te	Time	
Dean R. Cripps				Mary J	l. Bishop			06/01/2	2012	08:00 A	
36. Type of Report:	of Report: 37. N Initial		me of Preparer ar	ed ps				Date 06/05/2012			
38. Reason For Amendment:		<del></del>							35.50.201.		