## PR001 20-Nov-13

## **Preliminary Report of Accident**

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

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20-1101-13									~		
1. Accident Type:	2. Accident Classification			3. Date/Time of	4. Date/Time of De	Time of Death 5. Fatal Case No					
Fatal Injury	Fall of Face, F	Fall of Face, Rib, Pillar or Highwall			11/04/2013 01:45 PM 11/04			04/2013 02:50 PM 19			
6. Mine Information :						<u>!</u>					
a) Mining Company Name		b) Mine Name			c	Parent of Mining (	Company				
M-Class Mining LLC	Mining LLC MC#1 Mine					Coalfield Transport Inc					
7. Mine Location : a) City b) County			c) State 8. Mine ID Number: 9. Union:								
Ma	Franklin		IL		11-03189	1-03189					
10. Primary Mineral Mined:		11. Number of Mine	a) Total b	) Underground	c) Open Pit/	Quarry d) M	Iill/Prep Plant	e) Othe	er		
BITUMINOUS COAL UN	IDERGROUND	Employees:	259	218			32		9		
12. Contractor Name:					13. Uni	ion	14. Contrac	ctor ID Number	:		
15. Contractor Address: a) City b				o) County	c) State d) Zip Code						
16. Number of Contractor En	nployees:	a) Total b)	Underground	c) Open	Pit/Quarry	d) Mill/Pr	ep Plant	e) Other			
17. Number of Persons in Min	ne at Time of Accid	ent:		18. Number of	f Persons Unacc	ounted For:					
a) Mine Employees:	84	b) Contractor Employe	es:	a) Mine Em	ployees:	0 <b>b</b> ) C	ontractor Emp	oloyees:			
19) Location of Accident		•					<del></del>	20. Mining	Height:		
X 01-Underground	0	3-Open Pit	07-Advanc		30-Mill/Prep	Plant Oth	er (specify)	Feet I	inches		
02-Surface at Undergrou	und 0	6-Dredge Mining	X 08-Retreat	Mining	99-Office Fac	cility		10			
21. Nonfatal Injuries:	22. Fat	al Injuries: 1									
23. Victim Information :		a) Name	•	b) Age							
	Dallas	D. Travelstead		36							
c) Regular Job Title:		d) Activit	y at Time of Acci		-1-1		X M	line Employe	e		
Longwall Chief		**		Longwall Ma				***			
	eeks Days	Years We at the mine: 0 20	•	44::4 (223)	Years Weeks	•		Years Weeks D 0 0	Oays O		
a) Total: 16 25. Autopsy Performed:	If Yes, Location		6 () c) a	t activity (23d)	3 0		Contractor	0 0			
25. Autopsy Performed: If Yes, Location YES Franklin County Hospital, Benton, IL (618) 435-249											
27. Description of Accident (i			tion in the mine	and status of reser	uo and maaayamy	,	,				
At approximately 1:45 P.N. Longwall Chief was shove coal and cap rock rolled o wide and up to 24 inches	I. on November eling coal and loon nto the victim's r	4,2013, a fatal accid	lent occurred o	on the Headgate longwall panlin	No. 2 longwa	all face at M-Clas received crushing	g injuries wh	en a solid pie	ece of		
The information provided in tregarding the cause of the acc		on preliminary data ON	NLY and does no	t represent final d	eterminations re	egarding the nature	of the inciden	t or conclusions	s		
28. Equipment Manufacturer: Not Reported					29. Model:						
30. District: 32. Field Office:					33. Ever	nt Number:	000				
	ennes		Marion				6427				
34. Accident Investigator:  Harry E. Wilcox  35. MSHA Pe Stever			35. MSHA Per Steven					Time 02:13 PM			
	I	37. Name of Preparer				11/04/		J			
36. Type of Report:	itial	or mame of r reparer	and Date Prepare Harry Wilcox				Date 11/05/201	13			
38. Reason For Amendment:			•				30, 201	-			

MSHA Form 7000-13, March 05 (revised)