

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 02/21/2014 03:42 PM		4. Date/Time of Death 02/21/2014 05:41 PM		5. Fatal Case No 02				
6. Mine Information :												
a) Mining Company Name Dominion Coal Corporation			b) Mine Name Mine No. 30			c) Parent of Mining Company SunCoke Energy Incorporated						
7. Mine Location :		a) City Jewell Ridge		b) County Buchanan		c) State VA		8. Mine ID Number: 44-06748		9. Union: NO		
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND			11. Number of Mine Employees:		a) Total 85		b) Underground 77		c) Open Pit/Quarry 0		d) Mill/Prep Plant 0	e) Other 8
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 5		b) Underground 4		c) Open Pit/Quarry 0		d) Mill/Prep Plant 0		e) Other 1		
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:						
a) Mine Employees: 20		b) Contractor Employees: 2		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:			22. Fatal Injuries: 1									
23. Victim Information :												
a) Name Arthur D. Gelentser III					b) Age 24							
c) Regular Job Title: Continuous Miner Operator			d) Activity at Time of Accident: Continuous Miner Operator				<input checked="" type="checkbox"/> Mine Employee					
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days				
a) Total:		5 26 0		b) at the mine: 1 3 4		c) at activity (23d) 2 26 1		d) with Contractor				
25. Autopsy Performed: If Yes, Location YES Roanoke, Virginia						26. Mine Telephone No.: (276) 259-7176						

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

The 2nd shift continuous miner operator was tramming the mining machine in the last open crosscut between the #2 entry and the #1 entry when he was caught between the remote control operated continuous mining machine and the coal rib. The continuous miner operator received fatal crushing 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: Joy Machinery Co. (Joy Manufacturing Co)			29. Model: 1410-11-AX		
30. District: C0500 Norton		32. Field Office: Vansant VA			33. Event Number: 4413797
34. Accident Investigator: Russell Dresch			35. MSHA Person Notified: Hot Line		Date 02/21/2014
					Time 03:47 P
36. Type of Report: Amended		37. Name of Preparer and Date Prepared: Rhonda Hays			Date 02/25/2014

38. Reason For Amendment:

To correct Item No. 25 related to autopsy.