

# Preliminary Report of Accident

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



PR001 02/02/2024

|  |            |  |                          |   |  |  |   |   |                           |
|--|------------|--|--------------------------|---|--|--|---|---|---------------------------|
| <b>1. Accident Type</b><br>F - Fatal Injury  |            | <b>2. Accident Classification</b><br>12 - Powered Haulage      |                          | <b>3. Date/Time of Accident</b><br>01/29/2024 5:15 AM         |  | <b>4. Date/Time of Death</b><br>01/29/2024 7:39 AM |   | <b>5. Fatal Case No</b><br>FAI 4315107-1                |                           |
| <b>6. Mine Information</b>   |            |  |                          |   |  |  |   |   |                           |
| a) Mining Company Name:  |            | Reading Anthracite Company                                     |                          |   |  |  |   |   |                           |
| b) Mine Name:  |            | Ellangowan Bank #45  |                          |   |  |  |   |   |                           |
| c) Parent of Mining Company:   |            | Bonnie Ryan et al  |                          |   |  |  |   |   |                           |
| <b>7. Mine Location Information</b>  |            |  | <b>8. Mine ID Number</b> |   |  | <b>9. Union</b>                                    |   |   |                           |
| a) City<br>POTTSVILLE  |            | b) County<br>Schuylkill  |                          | c) State<br>PA  | 36-02234   |  |   | Yes   |                           |
| <b>10. Primary Mineral Mined</b><br>Anthracite Mining  |            |  |                          | <b>11. Number of Employees</b>                                |  | c) Open Pit/Quarry                                 |   | d) Mill/Prep Plant                                      | e) Other                  |
|  |            |  |                          | a) Total<br>11  | b) Underground<br>0  | 0  |   | 0   | 11                        |
| <b>12. Contractor Name</b>   |            |  |                          |   | <b>13. Contractor Union</b>  |  |   | <b>14. Contractor ID Number</b>                         |                           |
| <b>15. Contractor Address</b>  |            |  |                          |   |  |  |   |   |                           |
| a) City  |            | b) County  |                          |   | c) State   |  | d) Zip Code                                     |   |                           |
| <b>16. Number of Contractor Employees</b>  |            |  |                          |   |  |  |   |   |                           |
| a) Total   |            | b) Underground   |                          |   | c) Open Pit/Quarry   |  |   | d) Mill/Prep Plant                                      | e) Other                  |
| <b>17. Number of Persons in Mine at Time of Accident</b>   |            |  |                          |   | <b>18. Number of Persons Unaccounted for</b>   |  |   |   |                           |
| a) Mine Employees<br>5   |            | b) Contractor Employees  |                          |   | a) Mine Employees<br>0   |  | b) Contractor Employees                         |   |                           |
| <b>19. Accident Location</b><br>00 - Other Feed Stock Pile   |            |  |                          |   |  |  |   | <b>20. Mining Height</b><br>0 Feet 0 Inches             |                           |
| <b>21. Nonfatal Injuries</b><br>0  |            | <b>22. Fatal Injuries</b><br>1                                 |                          |   |  |  |   |   |                           |
| <b>23. Victims Information</b>   |            |  |                          |   |  |  |   |   |                           |
| <b>David A Moyer</b>   |            |  |                          |   |  |  |   |   |                           |
| a) First Name<br>David   | a) MI<br>A | a) Last Name<br>Moyer  |                          | b) Age<br>63  | c) Regular Job Title<br>Truck Driver   |  | d) Activity at Time of Accident<br>Truck Driver |   | Employee<br>Mine Employee |
| <b>24. Mining Experience</b>   |            |  |                          |   |  |  |   |   |                           |
| a) Total Experience<br>13 Years 32 Weeks 0 Days  |            | b) Experience at the Mine<br>11 Years 0 Weeks 0 Days           |                          |   | c) Experience at the Activity at the Time of the Accident<br>11 Years 0 Weeks 0 Days |  |   | d) Experience with Contractor<br>0 Years 0 Weeks 0 Days |                           |
| <b>25. Autopsy Performed</b><br>Yes  |            | If Yes, Location<br>Dauphin County Forensic Center Harrisburg  |                          |   |  |  |   |   |                           |
| <b>26. Mine Telephone No.</b><br>(570) 898-3085  |            |  |                          |   |  |  |   |   |                           |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>A miner died when the haul truck he was operating traveled over the edge of a stockpile and overturned.<br><br><i>The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.</i> |            |  |                          |   |  |  |   |   |                           |
| <b>28. Equipment Manufacturer</b><br>Komatsu   |            |  |                          | <b>29. Model</b><br>HD 785                                    |  |  |   |   |                           |
| <b>30. District</b><br>C0200 - Mt. Pleasant District   |            |  |                          | <b>32. Field Office</b><br>C0208 - Frackville PA Field Office |  |  |   | <b>33. Event Number</b><br>4315107                      |                           |
| <b>34. Accident Investigator</b>   |            |  |                          |   |  |  |   |   |                           |
| First Name<br>Stephen  |            | MI<br>J  | Last Name<br>Kowalick    |   |  |  |   |   |                           |
| <b>35. MSHA Person Notified</b>  |            |  |                          |   |  |  |   |   |                           |
| First Name<br>William  |            | MI   | Last Name<br>Kearns      |   |  | Date/Time Notified<br>01/29/2024 6:05 AM           |   |   |                           |
| <b>36. Type of Report</b><br>Initial   |            | <b>37. Name of Preparer</b><br>Full Name<br>Stephen J Kowalick |                          |   | Date Prepared<br>01/30/2024  |  |   |   |                           |
| <b>38. Reason for Amendment</b>  |            |  |                          |   |  |  |   |   |                           |