PR001 28-Jan-11

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. A	cident Class	ification				3,	Date/Time of	Accide	ent	4, Date/	Time of De	ath	5.	Fatal Cas	se No	
Fatal Injury	ry Powered Haulage							01/27/2011 12:25 PM 01/27					7/2011 01:10 PM				
6. Mine Information :	· · · · · · · · · · · · · · · · · · ·																
a) Mining Company Name b) Mine Name								c) Parent of Mining Company									
Baylor Mining Inc	vlor Mining Inc Jims Branch No 3B								Robert L	Worley	orley						
7. Mine Location : a) City				b) County				c) State 8. Min			8. Mine I	ne ID Number: 9. Union:					
New Richmond				Wyoming				WV			4	46-09243			NO)	
10. Primary Mineral Min				Number e e Employe		a) Total	b) Un	iderground	c) O	pen Pit/	Quarry	d) N	lill/Prep Pta	nt	e) Ot	her	
BITUMINOUS COAL	- UNDER	GROUND	(*1111	c Employe		29		26								3	
12. Contractor Name:										13. Un	ion		14. Contr	actor	ID Numbe	er;	
15, Contractor Address:		a) City					b) Co	ounty			c) S	fate	d)	Zip Co	ode		
16, Number of Contracto	er Employe	es:	a) Total		b) I	Inderground	d	e) Open	Pit/Ou	arry		d) Mill/Pi	en Plant	e	Other		
	of open in Quarty and in the real of our control of open in Quarty and an interpretable of our control our control of our control of our control of our control of our control our control of our control																
17. Number of Persons in	1 Mine at 7	Time of Accid	lent;					18. Number o	f Persor	ns Unaco	ounted F	or:					
a) Mine Employees:	9		b) Contra	ctor Emp	loyees	: 0		a) Mine Em	ployees	<u> </u>	0	b) C	ontractor Er			0	
19) Location of Accident X 01-Underground			03-Open l	D:+	1	X 07-Adva	nnce Mi	ining [30.10	fill/Prep	Diant		er (specify)			g Height:	
02-Surface at Under	raraund		06-Dredg		- 1	08-Retre				office Fa			er (speeriy)		Feet 3	Inches 6	
21. Nonfatal Injuries:	rground		tal Injurie		. !		Cat Ivan	ining [rince I'a	CHILY				J		
21. Abaratai ingurius.	0	22, 14	an mjum		1												
23. Victim Information:			a) Name Lester, .	Jr.				b) Age 19									
c) Regular Job Title:			············		tivity	at Time of A	Acciden						х	Mine	Employ	ec	
								O									
General Lab								General Lal									
24. Experience: Year	rs Weeks I	•				s Days			Yea	rs Week	•			Yea	rs Weeks	Days	
24. Experience: Year a) Total: 0	rs Weeks I) 15	4 b)	at the mi		Week	•		tivity (23d)	Yea	ors Week	4		Contractor	Yea	rs Weeks	Days	
24. Experience: Year	rs Weeks I) 15	•				•			Yea		4	ne Telepho	ne No.:		rs Weeks	Days	
24. Experience : Year a) Total; C 25. Autopsy Performed:	rs Weeks I) 15 If	4 b) Yes, Location	1	ne: O	15	4 ε	e) at act	tivity (23d)	Yea	0 15	26. M	ne Telepho (304			rs Weeks	Days	
24. Experience : Year a) Total: 0 25. Autopsy Performed: 27. Description of Accide	rs Weeks I) 15 If ent (includ	4 b) Yes, Location e equipment	involved,	ne: 0	15 locatio	4 c	e) at act	status of rescu	Yea	0 15	26. Mi	ne Telepho (304 ns);	one No.: () 294-810	3			
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