

Preliminary Report of Accident



6WF

1. Accident Type: Fatal Injury	2. Accident Classification Machinery	3. Date/Time of Accident 10/17/2011 07:40 PM	4. Date/Time of Death 10/17/2011 09:24 PM	5. Fatal Case No 17
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6. Mine Information :

a) Mining Company Name Consolidation Coal Company	b) Mine Name Shoemaker Mine	c) Parent of Mining Company CONSOL Energy Inc
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7. Mine Location :	a) City Dallas	b) County Marshall	c) State WV	8. Mine ID Number: 46-01436	9. Union: YES
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10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND	11. Number of Mine Employees:	a) Total 702	b) Underground 538	c) Open Pit/Quarry 0	d) Mill/Prep Plant 56	e) Other 108
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12. Contractor Name:	13. Union	14. Contractor ID Number:
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15. Contractor Address:	a) City	b) County	c) State	d) Zip Code
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16. Number of Contractor Employees:	a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
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17. Number of Persons in Mine at Time of Accident:	18. Number of Persons Unaccounted For:
a) Mine Employees:	b) Contractor Employees:

19) Location of Accident	20. Mining Height:
<input type="checkbox"/> 01-Underground <input checked="" type="checkbox"/> 02-Surface at Underground <input type="checkbox"/> 03-Open Pit <input type="checkbox"/> 06-Dredge Mining <input type="checkbox"/> 07-Advance Mining <input type="checkbox"/> 08-Retreat Mining <input type="checkbox"/> 30-Mill/Prep Plant <input type="checkbox"/> 99-Office Facility <input type="checkbox"/> Other (specify)	Feet 5 Inches 8

21. Nonfatal Injuries: 0	22. Fatal Injuries: 1
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23. Victim Information :	a) Name Charles McIntire	b) Age 62
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c) Regular Job Title: Timberman	d) Activity at Time of Accident: Running Equipment	<input checked="" type="checkbox"/> Mine Employee
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24. Experience :	Years Weeks Days	Years Weeks Days	Years Weeks Days	Years Weeks Days	
a) Total:	9 45 0	b) at the mine:	5 44 0	c) at activity (23d):	0 0 1
d) with Contractor:	0 0 0				

25. Autopsy Performed: YES Charleston, West Virginia	26. Mine Telephone No.: (304) 238-1508
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27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

On Monday, October 17, 2011, a fatal accident occurred on the surface area of the Shoemaker Mine when the operator of a trolley powered track mounted ditching hoe attempted to use a jumper cable to move the hoe. The machine had failed to coast through a gap in the trolley wire and the operator had dismantled to connect the jumper cable to the trolley wire to move the machine through the gap. He placed one end of the nip on the energized trolley wire and one end on the harp of the machine's trolley pole. An eyewitness account indicated that when the victim placed the nip on the harp the machine suddenly moved forward and ran over him.

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: Need	29. Model: Need
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30. District: C0300 Morgantown	32. Field Office: St. Clairsville OH	33. Event Number: 6261942
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34. Accident Investigator: Robert N. Talbert	35. MSHA Person Notified: Gregory W. Fetty [DataTrac]	Date 10/17/2011	Time 07:59 PM
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36. Type of Report: Amended	37. Name of Preparer and Date Prepared: LS for Bob E. Cornett, DM	Date 10/31/2011
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38. Reason For Amendment:
Item 3, Time of Accident Item 23, a) Victim's Last Name and b) Age Item 24, Experience a) and b)