PR001 14-Dec-11	Pre	eliminary R	leport of	Accident		. Department e Safety and Heal		ion 🐼
1. Accident Type:	2. Accident Classification			3. Date/Time of	Accident	4. Date/Time of I	Death	5. Fatal Case No
Fatal Injury Fall of Face, Rib, Pillar or Highwal			all	12/07/2011	07:33 AM	12/07/2011	12:28 PM	23
6. Mine Information :						-		<u>. </u>
a) Mining Company Name		b) Mine Name			c) Parent of Mining	, Company	
Fairbanks Coal Company Inc		Fairbanks No 4		Wesley D. Burke				
7. Mine Location : a) City		b) County		c) State 8. Mine		8. Mine ID Numb	er:	9. Union:
Appalachia		Wise		VA 4		44-07256	3	NO
10. Primary Mineral Mined:		11. Number of	a) Total	b) Underground	c) Open Pit/	Quarry d)	Mill/Prep Plant	e) Other
BITUMINOUS		Mine Employees	29	0		29	0	0
12. Contractor Name:					13. Un	ion	14. Contra	ctor ID Number:
15. Contractor Address: a) City			b) County			c) State d) Zip Code		
16. Number of Contractor E	mployees:	a) Total	b) Underground	c) Open	Pit/Quarry	d) Mill/	Prep Plant	e) Other
17. Number of Persons in Mi	ine at Time of Acci	dent:		18. Number of	Persons Unaco	counted For:		
a) Mine Employees:	19	b) Contractor Employ	ees: 0	a) Mine Emj	ployees:	0 b)	Contractor Emj	oloyees: 0
19) Location of Accident 01-Underground 02-Surface at Underground		03-Open Pit 06-Dredge Mining		nce Mining] 30-Mill/Prep] 99-Office Fa		ther (specify)	20. Mining Height: Feet Inches
21. Nonfatal Injuries:	0 22. Fa	ital Injuries: 1						
23. Victim Information :		a) Name		b) Age				
· · · · · · · · · · · · · · · · · · ·	Richa	rd N. Yonts		49				
, , , ,			ity at Time of A					
Equipment Operator			Operating Excavator					
	eeks Days		eeks Days		Years Week	•		Years Weeks Days
a) Total: 20	<u> </u>	at the mine: 2	<u>6</u> c)	at activity (23d)	32		th Contractor	
25. Autopsy Performed: If Yes, Location YES Roanoke, VA						26. Mine Telephone No.: (276) 565-1520		
TES RUBINKE, V						(2)	0) 000-1020	···

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

An excavator operator was fatally injured at approximately 0733 hours on 12/07/2011 in the pit of a surface mine operation. The excavator operator was loading shot material in the pit when a portion of the highwall collapsed on the operator's compartment of the excavator.

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: Koma	tsu	29. Model: PC400
30. District:	32. Field Office:	33, Event Number:
C0500 Norton	Norton VA	4129812
34. Accident Investigator:	35. MSHA Person Notified:	Date Time
Wade T. Gardner	Gary W. Hall	12/07/2011 07:58 A
36. Type of Report:	37. Name of Preparer and Date Prepared:	Date
Amended	Gary W. Hall	12/08/2011

38. Reason For Amendment:

To correct description of accident.