

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification: Exploding Vessels under Pressure		3. Date/Time of Accident: 01/11/2012 07:40 PM		4. Date/Time of Death: 01/18/2012 04:12 PM		5. Fatal Case No: 1		
6. Mine Information :										
a) Mining Company Name: Consolidation Coal Company			b) Mine Name: Buchanan Mine #1			c) Parent of Mining Company: CONSOL Energy Inc				
7. Mine Location :					8. Mine ID Number:		9. Union:			
a) City: Mavisdale		b) County: Buchanan		c) State: VA		44-04856		NO		
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND			11. Number of Mine Employees:		a) Total: 759		b) Underground: 694		c) Open Pit/Quarry: 53	
							d) Mill/Prep Plant: 12		e) Other: 12	
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:		b) Underground:		c) Open Pit/Quarry:		d) Mill/Prep Plant:		e) Other:		
17. Number of Persons in Mine at Time of Accident:					18. Number of Persons Unaccounted For:					
a) Mine Employees: 132		b) Contractor Employees:			a) Mine Employees:		b) Contractor Employees:			
19. Location of Accident										
<input checked="" type="checkbox"/> 01-Underground		<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)		
<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		20. Mining Height: Feet Inches 7		
21. Nonfatal Injuries: 0			22. Fatal Injuries: 1							
23. Victim Information :										
a) Name: Joe E. Saunders					b) Age: 44					
c) Regular Job Title: Utility				d) Activity at Time of Accident: Utility				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :										
Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days				
a) Total: 1 32		b) at the mine: 25		c) at activity (23d): 25		d) with Contractor:				
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (276) 498-6900				

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

On January 11, 2012 at approximately 7:40 p.m., a miner was injured while repairing a damaged 1-1/2 inch fire valve along the main track/belt entry. When pressure was re-applied to the water line, the fire valve catastrophically failed, separated from the 6 inch water line and struck the victim in the forehead/face causing serious injuries. First aid was given and the injured miner was transported by ambulance to a local medical facility. Later in the evening, he was transferred to Bristol Regional Medical Center in Bristol, Tennessee where he received treatment in the Intensive Care Unit until January 18, 2012. At 16:12 on January 18, 2012 the victim died as a result of the injuries he sustained in the accident.

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:				29. Model:	
30. District: C0500 Norton		32. Field Office: Vansant VA		33. Event Number: 4413274	
34. Accident Investigator: Jason D. Hess			35. MSHA Person Notified: Scott Beverly		Date: 01/11/2012
					Time: 08:03 P
36. Type of Report: Amended		37. Name of Preparer and Date Prepared: Jason D. Hess			Date: 01/19/2012
38. Reason For Amendment: Changed from non-fatal to fatal					