PR001 16-Mar-12

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Classification			3. Date/Time	3. Date/Time of Accident 4. Date/T			Time of Death		5. Fatal Case No		
Fatal Injury	Handling Material			03/03/201	03/03/2012 01:30 AM 03/0			03/03/2012 01:30 AM		3		
6. Mine Information :					_					•		
a) Mining Company Name b) Mine Name						c)	Parent of Mining	Company				
Parton Bros. Contracting, Inc.			Timber Tree #	9			Jo	ohn H Parton				
7. Mine Location : a) City		y	b) Co	ounty	c) State		8	B. Mine ID Number	:	9. Union:		
Cui	mberland		Harlan		KY			15-19051		NO	NO	
10. Primary Mineral Mined:		1 34	11. Number of line Employees:	a) Total	b) Underground	c) O _I	en Pit/0	Quarry d) M	Iill/Prep Plan	t e) O	ther	
BITUMINOUS COAL UN	IDERGRO	OUND M	ime Employees.	18	16			0	0		2	
12. Contractor Name:							13. Uni	on	14. Contra	ctor ID Numb	er:	
15. Contractor Address:	a)	City			b) County			c) State	d) Z	ip Code		
16. Number of Contractor En	nployees:	a) Tot	al b)	Underground	c) Op	en Pit/Qua	rry	d) Mill/Pi	rep Plant	e) Other		
45.33 1 05 1 30	. 751				140.37 3	4.70	**	. 15				
17. Number of Persons in Min	ie at Time oi 3		44 El	s: 0	18. Number				4 F	.1	0	
a) Mine Employees: 19) Location of Accident	<u> </u>	b) Con	tractor Employee	s: U	a) Mine E	Employees:		0 в) С	ontractor Em		ng Height:	
X 01-Underground		03-Ope	n Pit	X 07-Adva	nce Mining	30-Mi	ll/Prep	Plant Oth	er (specify)	Feet	Inches	
02-Surface at Undergrou	und	06-Dree	dge Mining	08-Retre	at Mining	99-Of	fice Fac	ility		4	0	
21. Nonfatal Injuries:	0	22. Fatal Inju	ries:									
23. Victim Information :		a) Nam	ie		b) Age							
c) Regular Job Title:	J	James A. B		at Time of A	32				N 3	<i>r</i> :		
Foreman			d) Activity	at Time of A	Foreman				X N	Aine Employ	yee	
	eeks Days		Years Wee	•			s Weeks	•	_	Years Weeks	•	
	0 0	b) at the r	mine: 2 6	3 c)	at activity (23d)	0	32		Contractor	0 0	0	
25. Autopsy Performed: NO	If Yes, Lo	ocation						26. Mine Telepho	one No.: 6) 589-2878			
								`	0) 303-2070			
27. Description of Accident (i							•	•				
A fatal accident occurred Shuttle Car. The victim w canopy. As he was positi currently under investigati	as seated oning the s	in the opera	ator's compartm struck the canop	nent of the s	huttle car and v	vas attem	pting to	o position the ma	achine undei	neath the s	uspended	
The information provided in t		based on pre	liminary data ON	LY and does	not represent final	l determina	ations re	garding the nature	of the incide	nt or conclusio	ons	
regarding the cause of the accident. 28. Equipment Manufacturer: Joy Machinery Co. (Joy Manufacturing Co)				Co)	29. Mo	del:	21	SC				
30. District: 32. Field Office:				00)	<u> </u>							
			32. Field Offic	ce:	30)			33 Fve	nt Number			
	ourville		32. Field Offic	ce: Harla	,			33. Eve	nt Number: 6426	6246		
34. Accident Investigator:	ourville		32. Field Office	Harla	,					5246 Time		
34. Accident Investigator: Robert F. Ashworth	ourville		32. Field Office	Harlar 35. MSHA I	n KY				6426 ate			
Robert F. Ashworth 36. Type of Report:	ourville mended	37. Na	ame of Preparer a	Harla 35. MSHA I Steve	n KY Person Notified: A. Sorke			D	6426 ate	Time 01:40 A		